

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Diana Y.</div> <div>FIRST MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Serna</div> <div>SUFFIX</div> </div>	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="margin-top: 10px;">602 E. Gore Pharr, TX 78577</p>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="margin-top: 10px;">(956) 655-9788</p>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Sandra</div> <div>FIRST MI</div> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Serna</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="margin-top: 10px;">1101 W. Douglas St. Pharr, TX 7857</p>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="margin-top: 10px;">(956) 655-1275</p>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 2024 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2024 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: small; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px; font-weight: bold;">GO TO PAGE 2</div>											

PSJA FINANCE RCVD
15 JAN '25 AM 10:54

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

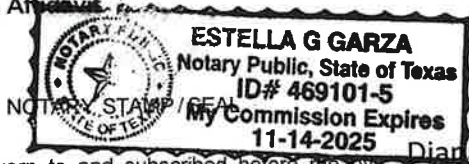
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

D. Serna
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Diana Y. Serna this the 15th day of January,

20 25, to certify which, witness my hand and seal of office.

Estella G. Garza
Signature of officer administering oath

Estella G. Garza
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ricardo NICKNAME LAST SUFFIX Rodriguez	OFFICE USE ONLY Date Received PSJA FINANCE-RCVD 15 JAN '25 PM 12:03 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1806 West Texas Ave San Juan, TX 78589		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 331-3787		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Gilbert NICKNAME LAST SUFFIX Herrera		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1030 W. Ellis Ave Alamo, TX 78516		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 330-5566		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 28 / 2024 THROUGH 12 / 31 / 2024		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

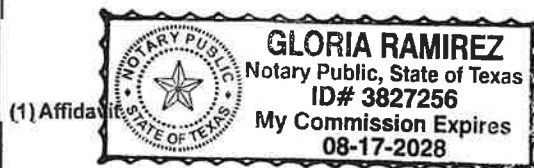
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,548.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (1,923.35)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ricardo Rodriguez
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ricardo Rodriguez this the 15th day of January
20 25 to certify which, witness my hand and seal of office.
[Signature] Gloria Ramirez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 10-29-24 D'Hanlon, Demerath + Castillo	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 426 W. Cattery Pharr TX 78577		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
10-29-24	Rapid Transport	\$ 250.00
Contributor address; City; State; Zip Code PO Box 4220 McAllen TX 78502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
10-31-24	Alida Gonzalez	\$ 625.00
Contributor address; City; State; Zip Code 2307 Silverado Mission TX 78573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
11-2-24	Carlos Alberto Canales	\$ 250.00
Contributor address; City; State; Zip Code 100 Austin Dr. Pharr TX 78577		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Costa Messa Restaurant N.	7 Amount of contribution (\$) \$ 250.00
11-4-24	6 Contributor address; City; State; Zip Code 5248 N. 10th McAllen TX 78504	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Zacarias DDS PA	Amount of contribution (\$) \$ 125.00
11-4-24	Contributor address; City; State; Zip Code 820 Nolana Ave McAllen Tx 78504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Halon, Demerath, Castillo	Amount of contribution (\$) \$ 375.00
11-5-24	Contributor address; City; State; Zip Code 426 W. Caffrey Pharr TX 78504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coldwell Banker La Mancini RE	Amount of contribution (\$) \$ 250.00
11-5-24	Contributor address; City; State; Zip Code 508 E. Dove Ave McAllen TX 78501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="border-top: 1px dotted black; padding-top: 5px;">6 Contributor address; City; State; Zip Code</div>	7 Amount of contribution (\$)
11-7-24	Ana Lucila Canales 2405 W. Hampton Edinburg, TX 78539	+ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="border-top: 1px dotted black; padding-top: 5px;">Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
11-12-24	Joe Zacarias DDS, PA 820 Nolana Ave McAllen, TX 78504	\$ 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="border-top: 1px dotted black; padding-top: 5px;">Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
11-12-24	Hiram Gutierrez 701 N. Bentsen Rd McAllen TX 78501	\$ 625.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="border-top: 1px dotted black; padding-top: 5px;">Contributor address; City; State; Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>Selena Medrano Hayes</i>			
6 Amount (\$) <i>\$ 36.60</i>		7 Payee address; <i>612 West Nolana</i>		City; <i>McAllen</i>	State; <i>TX</i>
				Zip Code <i>78501</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>11-4-24</i>		Payee name <i>Clara Casas</i>			
Amount (\$) <i>\$ 187.50</i>		Payee address; <i>506 E. Villegas</i>		City; <i>Pharr</i>	State; <i>TX</i>
				Zip Code <i>78577</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Services</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date <i>11-4-24</i>		Payee name <i>Maria C. Gonzales</i>			
Amount (\$) <i>\$ 125.00</i>		Payee address; <i>3533 Lessna Ave</i>		City; <i>Edinburg</i>	State; <i>TX</i>
				Zip Code <i>78542</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Services</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-6-24		5 Payee name Janie Cron			
6 Amount (\$) \$ 375.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-7-24		Payee name Ricardo Rodriguez			
Amount (\$) \$ 52.50		Payee address; City; State; Zip Code 1806 W. Texas Ave San Juan TX 78589			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Supplies/Reimbursement				
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 10-6-24		Payee name Printing B			
Amount (\$) \$ 66.25		Payee address; City; State; Zip Code 315 Main Donna, TX 78537			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Printing Expenses				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-7-24		5 Payee name Griselda Quintanilla			
6 Amount (\$) \$66.25		7 Payee address; City; State; Zip Code 1707 W Ventura Dr Pharr TX 78577			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursements		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-7-24		Payee name Ramona Barron			
Amount (\$) \$387.50		Payee address; City; State; Zip Code 1127 Ortega Circle Alamo TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-27-24		Payee name Griselda Quintanilla			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1707 W. Ventura Dr Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-24		5 Payee name Olive Garden			
6 Amount (\$) \$382.75		7 Payee address; City; State; Zip Code 1403 E Interstate 2 San Juan TX 78589			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-7-24		Payee name Ramona Barron			
Amount (\$) \$47.00		Payee address; City; State; Zip Code 1127 Ortega Circle Alamo, TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 10-30-24		Payee name Joel Lopez			
Amount (\$) \$600.00		Payee address; City; State; Zip Code Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Miriam Rodriguez			
6 Amount (\$) \$250.00		7 Payee address; 739 N 9th Place		City; Alamo	State; TX Zip Code 78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Ramona Rodriguez			
Amount (\$) \$112.50		Payee address; PO Box 944		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Isaac Garcia			
Amount (\$) \$112.50		Payee address; 1025 W Bowie		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Alvina Morales			
6 Amount (\$) \$ 112.50		7 Payee address; PO Box 674		City; Alamo	State; TX Zip Code 78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Josefina Salinas			
Amount (\$) 250.00		Payee address; PO Box 1101		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Rosa Torres			
Amount (\$) 100.00		Payee address; PO Box 964		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Luisa Vera			
6 Amount (\$) 100.00		7 Payee address; PO Box 964		City; Alamo	State; TX
				Zip Code 78516	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Pablo Rodriguez			
Amount (\$) 162.50		Payee address; 739 N. 9th Place		City; Alamo	State; TX
				Zip Code 78516	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Services		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Pablo Rodriguez Jr.			
Amount (\$) 125.00		Payee address; 739 N. 9th Ave		City; Alamo	State; TX
				Zip Code 78516	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Services		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12-2-24		5 Payee name Raul Gonzalez			
6 Amount (\$) 1250.00		7 Payee address; City; State; Zip Code 1316 E Daffodil Pharr TX 78577			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-2-24		Payee name Pablo Hernandez			
Amount (\$) 250.00		Payee address; City; State; Zip Code PO Box 6383 McAllen TX 78502			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 12-2-24		Payee name Jesse Sandoval			
Amount (\$) 125.00		Payee address; City; State; Zip Code 804 W. Hawk Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complea Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12-2-24		5 Payee name Fernando Guajardo			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 110 17th St. San Juan TX 78589			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11-18-24		Payee name Ida Cuellar			
Amount (\$) \$155.75		Payee address; City; State; Zip Code 1302 East Jackson Ave Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11-18-24		Payee name Rolando Garcia			
Amount (\$) \$31.25		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 11-18-24	5 Payee name Rafael Gonzalez Sr.	
6 Amount (\$) 585.00	7 Payee address; City; State; Zip Code 1304 North 5th McAllen TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	
	(b) Description	
(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Ramona</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Barron</div>	<div style="text-align: center; font-weight: bold; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-top: 5px;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">1127 Ortega Circle Alamo, Tx 78516</div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">(956) 821-1128</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Gilbert</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Herrera</div>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Receipt #</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Amount \$</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Imaged</div>									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">PO Box 166 Alamo Tx 78516</div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">(956) 330-5566</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div>THROUGH</div> <div>Month Day Year</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">10 / 28 / 24 12 / 31 / 2024</div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE</div> <div>ELECTION TYPE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Month Day Year</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</div> <div style="display: flex; margin-top: 10px;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="width: 80%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="font-size: 0.8em;">COMMITTEE TYPE</td><td style="font-size: 0.8em;">COMMITTEE NAME</td></tr> <tr><td style="font-size: 0.8em;">COMMITTEE ADDRESS</td><td></td></tr> <tr><td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td><td></td></tr> <tr><td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td></td></tr> </table> </div> </div>			COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
COMMITTEE TYPE	COMMITTEE NAME										
COMMITTEE ADDRESS											
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

3,625.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$

5,548.35

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

(1,923.35)

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ramona Barron

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ramona Barron this the 15th day of January

20 2025 to certify which, witness my hand and seal of office.

[Signature]

[Signature]

Gloria Ramirez

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 10-29-24 D'Hanlon, Demerath + Castillo	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 426 W. Cattery Pharr TX 78577		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
10-29-24	Rapid Transport	\$ 250.00
Contributor address; City; State; Zip Code PO Box 4220 McAllen TX 78502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
10-31-24	Alida Gonzalez	\$ 625.00
Contributor address; City; State; Zip Code 2307 Silverado Mission TX 78573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
11-2-24	Carlos Alberto Canales	\$ 250.00
Contributor address; City; State; Zip Code 100 Austin Dr. Pharr TX 78577		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11-4-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Costa Messa Restaurant N. 6 Contributor address; City; State; Zip Code 5248 N. 10th McAllen TX 78504	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Zacarias DDS PA Contributor address; City; State; Zip Code 820 Nolana Ave McAllen Tx 78504	Amount of contribution (\$) \$ 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Halon, Demerath, Castillo Contributor address; City; State; Zip Code 426 W. Coffey Pharr TX 78504	Amount of contribution (\$) \$ 375.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coldwell Banker La Mancini RE Contributor address; City; State; Zip Code 508 E. Dove Ave McAllen TX 78501	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 11-7-24 Ana Lucila Canales	7 Amount of contribution (\$) + 250.00
6 Contributor address; City; State; Zip Code 2405 W. Hampton Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 11-12-24 Joe Zacarias DDS, PA	Amount of contribution (\$) \$ 125.00
Contributor address; City; State; Zip Code 820 Nolana Ave McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 11-12-24 Hiram Gutierrez	Amount of contribution (\$) \$ 625.00
Contributor address; City; State; Zip Code 701 N. Bentsen Rd McAllen TX 78501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>Selena Medrano Hayes</i>			
6 Amount (\$) <i>\$36.60</i>		7 Payee address; <i>612 West Nolana</i>		City; <i>McAllen</i>	State; <i>TX</i>
				Zip Code <i>78501</i>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>11-6-24</i>		Payee name <i>Clara Casas</i>			
Amount (\$) <i>\$187.50</i>		Payee address; <i>506 E. Villegas</i>		City; <i>Pharr</i>	State; <i>TX</i>
				Zip Code <i>78577</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contract Services</i>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date <i>11-6-24</i>		Payee name <i>Maria C. Gonzales</i>			
Amount (\$) <i>\$125.00</i>		Payee address; <i>3533 Lessna Ave</i>		City; <i>Edinburg</i>	State; <i>TX</i>
				Zip Code <i>78542</i>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contract Services</i>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-6-24		5 Payee name Janie Cron			
6 Amount (\$) \$375.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-7-24		Payee name Ricardo Rodriguez			
Amount (\$) \$52.50		Payee address; City; State; Zip Code 1806 W. Texas Ave San Juan Tx 78589			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Supplies/Reimbursement				
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 10-6-24		Payee name Printing B			
Amount (\$) \$66.25		Payee address; City; State; Zip Code 315 Main Donna, TX 78537			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Printing Expenses				
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-7-24		5 Payee name Griselda Quintanilla			
6 Amount (\$) \$66.25		7 Payee address; City; State; Zip Code 1707 W Ventura Dr Pharr TX 78577			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursements		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-7-24		Payee name Ramona Barron			
Amount (\$) \$387.50		Payee address; City; State; Zip Code 1127 Ortega Circle Alamo TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-27-24		Payee name Griselda Quintanilla			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1707 W. Ventura Dr Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-24		5 Payee name Olive Garden			
6 Amount (\$) \$382.75		7 Payee address; City; State; Zip Code 1403 E Interstate 2 San Juan TX 78589			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-7-24		Payee name Ramona Barron			
Amount (\$) \$47.00		Payee address; City; State; Zip Code 1127 Ortega Circle Alamo, TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 10-30-24		Payee name Joel Lopez			
Amount (\$) \$600.00		Payee address; City; State; Zip Code Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Miriam Rodriguez			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 739 N 9th Place Alamo TX 78516			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-24		Payee name Ramona Rodriguez			
Amount (\$) \$112.50		Payee address; City; State; Zip Code PO Box 944 Alamo TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 11-1-24		Payee name Isaac Garcia			
Amount (\$) \$112.50		Payee address; City; State; Zip Code 1025 W Bowie Alamo TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Alvina Morales			
6 Amount (\$) \$112.50		7 Payee address; PO Box 674		City; Alamo	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Josefina Salinas			
Amount (\$) 250.00		Payee address; PO Box 1101		City; Alamo,	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Services		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Rosa Torres			
Amount (\$) 100.00		Payee address; PO Box 964		City; Alamo	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Services		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Luisa Vera			
6 Amount (\$) 100.00		7 Payee address; PO Box 964		City; Alamo	State; TX Zip Code 78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Pablo Rodriguez			
Amount (\$) 162.50		Payee address; 739 N. 9th Place		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Pablo Rodriguez Jr.			
Amount (\$) 125.00		Payee address; 739 N. 9th Ave		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12-2-24		5 Payee name Raul Gonzalez			
6 Amount (\$) 1250.00		7 Payee address; 1316 E Daffodil		City; Pharr	State; TX Zip Code 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12-2-24		Payee name Pablo Hernandez			
Amount (\$) 250.00		Payee address; PO Box 6383		City; McAllen	State; TX Zip Code 78502
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 12-2-24		Payee name Jesse Sandoval			
Amount (\$) 125.00		Payee address; 804 W. Hawk		City; Pharr,	State; TX Zip Code 78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 12-2-24		5 Payee name Fernando Guajardo			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 110 17th St. San Juan TX 78589			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-18-24		Payee name Ida Cuellar			
Amount (\$) 155.75		Payee address; City; State; Zip Code 1302 East Jackson Ave Pharr TX 78577			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expenses		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 11-18-24		Payee name Rolando Garcia			
Amount (\$) 31.25		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expenses		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-24		5 Payee name Rafael Gonzalez Sr.			
6 Amount (\$) \$585.00		7 Payee address; 1304 North 5th		City; McAllen	State; TX
				Zip Code 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City;			
State;		Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate: / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City;			
State;		Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;		City;			
State;		Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Griselda

NICKNAME

LAST

SUFFIX

Quintanilla

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1707 W. Ventura Dr.

Pharr, TX 78577

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Gilbert

NICKNAME

LAST

SUFFIX

Herrera

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1030 W. Ellis Ave Alamo, TX 78516

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 330-5566

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

10 / 28 / 2024

THROUGH

12 / 31 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,548.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (1,923.35)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Griselda Quintanilla this the 23rd day of January, 2025, to certify which, witness my hand and seal of office.

[Signature] Gloria Ramirez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10-29-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) D'Hanlon, Demerath + Castillo 6 Contributor address; City; State; Zip Code 426 W. Cattery Pharr TX 78577	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-29-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rapid Transport Contributor address; City; State; Zip Code PO Box 4220 McAllen TX 78502	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-31-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alida Gonzalez Contributor address; City; State; Zip Code 2307 Silverado Mission TX 78573	Amount of contribution (\$) \$ 625.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Alberto Canales Contributor address; City; State; Zip Code 100 Austin Dr. Pharr TX 78577	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
11-4-24	Costa Messa Restaurant N. 5248 N. 10th McAllen TX 78504	\$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-4-24	Joe Zacarias DD SPA 820 Nolana Ave McAllen Tx 78504	\$ 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-5-24	O'Halon, Demerath, Castillo 426 W. Coffey Pharr TX 78504	\$ 375.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
11-5-24	Coldwell Banker La Mancini RE 508 E. Dove Ave McAllen TX 78501	\$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ana Lucila Canales 6 Contributor address; City; State; Zip Code 2405 W. Hampton Edinburg, TX 78539	7 Amount of contribution (\$) + 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-12-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Zacarias DDS, PA Contributor address; City; State; Zip Code 820 Nolana Ave McAllen, TX 78504	Amount of contribution (\$) \$ 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-12-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hiram Gutierrez Contributor address; City; State; Zip Code 701 N. Bentsen Rd McAllen TX 78501	Amount of contribution (\$) \$ 625.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <i>Selena Medrano Hayes</i>			
6 Amount (\$) <i>\$36.60</i>		7 Payee address; City; State; Zip Code <i>612 West Nolana McAllen TX 78501</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <i>11-6-24</i>		Payee name <i>Clara Casas</i>			
Amount (\$) <i>\$187.50</i>		Payee address; City; State; Zip Code <i>506 E. Villegas Pharr TX 78577</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Services</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate: / Officeholder name Office sought Office held					
Date <i>11-6-24</i>		Payee name <i>Maria C. Gonzales</i>			
Amount (\$) <i>\$125.00</i>		Payee address; City; State; Zip Code <i>3533 Lessna Ave Edinburg TX 78542</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Services</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-6-24		5 Payee name Janie Cron			
6 Amount (\$) \$375.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11-7-24		Payee name Ricardo Rodriguez			
Amount (\$) \$52.50		Payee address; City; State; Zip Code 1806 W. Texas Ave San Juan Tx 78589			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies/Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10-6-24		Payee name Printing B			
Amount (\$) \$66.25		Payee address; City; State; Zip Code 315 Main Donna, TX 78537			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-7-24		5 Payee name Griselda Quintanilla			
6 Amount (\$) \$66.25		7 Payee address; City; State; Zip Code 1707 W Ventura Dr Pharr TX 78577			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursements		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 11-7-24		Payee name Ramona Barron			
Amount (\$) \$387.50		Payee address; City; State; Zip Code 1127 Ortega Circle Alamo TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	

Date 11-27-24		Payee name Griselda Quintanilla			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1707 W. Ventura Dr Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-24		5 Payee name Olive Garden			
6 Amount (\$) \$382.75		7 Payee address; City; State; Zip Code 1403 E Interstate 2 San Juan TX 78589			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-7-24		Payee name Ramona Barron			
Amount (\$) \$47.00		Payee address; City; State; Zip Code 1127 Ortega Circle Alamo, TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 10-30-24		Payee name Joel Lopez			
Amount (\$) \$600.00		Payee address; City; State; Zip Code Pharr TX 78577			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Miriam Rodriguez			
6 Amount (\$) 250.00		7 Payee address; 739 N 9th Place		City; Alamo	State; TX Zip Code 78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Ramona Rodriguez			
Amount (\$) 112.50		Payee address; PO Box 964		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Isaac Garcia			
Amount (\$) 112.50		Payee address; 1025 W Bowie		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Alvina Morales			
6 Amount (\$) \$ 112.50		7 Payee address; City; State; Zip Code PO Box 674 Alamo TX 78516			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11-1-24		Payee name Josefina Salinas			
Amount (\$) \$ 250.00		Payee address; City; State; Zip Code PO Box 1101 Alamo, TX 78516			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Services		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought Office held	
Date 11-1-24		Payee name Rosa Torres			
Amount (\$) \$ 100.00		Payee address; City; State; Zip Code PO Box 964 Alamo TX 78516			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Services		Description	
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24		5 Payee name Luisa Vera			
6 Amount (\$) 100.00		7 Payee address; PO Box 964		City; Alamo	State; TX Zip Code 78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Pablo Rodriguez			
Amount (\$) 162.50		Payee address; 739 N. 9th Place		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate: / Officeholder name		Office sought	Office held
Date 11-1-24		Payee name Pablo Rodriguez Jr.			
Amount (\$) 125.00		Payee address; 739 N. 9th Ave		City; Alamo	State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 12-2-24	5 Payee name Raul Gonzalez	
6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code 1316 E Daffodil Pharr TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-2-24	Payee name Pablo Hernandez	
Amount (\$) 250.00	Payee address; City; State; Zip Code PO Box 6383 McAllen TX 78502	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services	Description
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12-2-24	Payee name Jesse Sandoval	
Amount (\$) 125.00	Payee address; City; State; Zip Code 804 W. Hawk Pharr TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Services	Description
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---------------------------	--------------	---------------------------------------

4 Date 12-2-24	5 Payee name Fernando Guajardo
-------------------	-----------------------------------

6 Amount (\$) 250.00	7 Payee address; 110 17th St.	City; San Juan TX	State; TX	Zip Code 78589
-------------------------	----------------------------------	----------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Services	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-18-24	Payee name Ida Cuellar
------------------	---------------------------

Amount (\$) 155.75	Payee address; 1302 East Jackson Ave	City; Pharr	State; TX	Zip Code 78577
-----------------------	---	----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-18-24	Payee name Rolando Garcia
------------------	------------------------------

Amount (\$) 31.25	Payee address;	City;	State;	Zip Code
----------------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 11-18-24	5 Payee name Rafael Gonzalez Sr.	
6 Amount (\$) 585.00	7 Payee address; City; State; Zip Code 1304 North 5th McAllen TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	
	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">Yolanda</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">Castillo</div>	OFFICE USE ONLY Date Received <div style="text-align: right; color: blue; font-weight: bold;">PSJA FINANCE RCVD 15 JAN '25 PM4:23</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">1036 S. Cesar Chavez Alamo, TX 78516</div>	Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed Date Imaged									
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">(956) 460-6200</div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">Mariela</div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">Castillo</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">1306 S. Cesar Chavez Alamo, TX 78516</div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="border-bottom: 1px solid black; padding: 2px 0;">(956) 460-6200</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 07 / 01 / 2024 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2024 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year / / </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: small; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ -0-

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ -0-

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

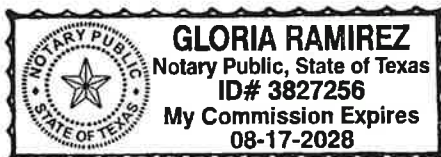
\$ -0-

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Yolanda Castillo
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Yolanda Castillo this the 15th day of January,

20 25, to certify which, witness my hand and seal of office.

Gloria Ramirez
Signature of officer administering oath

Gloria Ramirez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:
30

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Cynthia	MI A	OFFICE USE ONLY		
	NICKNAME	LAST Gutierrez	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 400 W. 12th St.,		APT / SUITE #; San Juan,	CITY; TX	STATE; TX	ZIP CODE 78589
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 515-3502	EXTENSION		Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Maria	MI A	Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Pena	SUFFIX	Receipt # Amount \$		
				Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 116 E. Gardenia St.,		APT / SUITE #;	CITY; McAllen,	STATE; TX	ZIP CODE 78501
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 331-9883	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year 10 / 29 / 2024		THROUGH Month Day Year 01 / 15 / 2025			
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special			
12 OFFICE	OFFICE HELD (if any) PSJA ISD Board Trustee Pl. 7			13 OFFICE SOUGHT (if known) PSJA ISD Board Trustee Pl. 7		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Cynthia A. Gutierrez		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,889.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 763.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,700.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cynthia A. Gutierrez this the 13 day of January,

20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Cynthia A. Gutierrez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,500.00
X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 9,700.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,889.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,500.00
X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 320.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)
4 Date 11/07/2024	5 Full name of contributor out-of-state PAC (ID#: O'HANLON, DEMERATH, & CASTILLO 6 Contributor address; City; State; Zip Code 426 W. CAFFERY AVE, PHARR, TX 78577	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney's At Law		9 Employer (See Instructions) O'HANLON, DEMERATH, & CASTILLO
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$	0.00
----	------

9 In-kind contribution description

\$3,000.00

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

Self Employed

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

N/A

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

N/A

In-kind contribution description

\$3,000.00

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Retired

Contributor's job title (FOR JUDICIAL) (See Instructions)

N/A

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

N/A

N/A

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 2 of 2	
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Cynthia A. Gutierrez</div>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 0.00	
5 Date <div style="text-align: center;">11/05/2024</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Jesus R. Pena</div>			8 Amount of Contribution \$ <div style="text-align: center; font-size: 1.2em;">\$300.00</div>	9 In-kind contribution description <div style="text-align: center; font-size: 1.2em;">Campaign Meals for Staff</div>
7 Contributor address; City; State; Zip Code <div style="text-align: center;">2027 Gateway Drive., Edinburg, TX 78532</div>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Public Works Assistant Director				11 Employer (FOR NON-JUDICIAL) (See Instructions) City of Pharr	
12 Contributor's principal occupation (FOR JUDICIAL) N/A				13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
14 Contributor's employer/law firm (FOR JUDICIAL) N/A				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A					
Date <div style="text-align: center;">11/01/2024</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Dr. Fernando Castillo</div>			Amount of Contribution \$ <div style="text-align: center; font-size: 1.2em;">\$200.00</div>	In-kind contribution description <div style="text-align: center; font-size: 1.2em;">Campaign Meals for Staff</div>
Contributor address; City; State; Zip Code <div style="text-align: center;">112 N. Nebraska Ave., San Juan, TX 78589</div>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Superintendent of Schools				Employer (FOR NON-JUDICIAL) (See Instructions) Hidalgo ISD	
Contributor's principal occupation (FOR JUDICIAL) N/A				Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A				Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 1 of 5	
2 FILER NAME Cynthia A. Gutierrez				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 10/30/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A. Gutierrez		9 Loan Amount (\$) \$1,500.00	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code 400 W. 12th St., San Juan, TX 78589		10 Interest rate N/A	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) President/CEO			13 Employer (See Instructions) Ingenious Public Health Solutions, LLC		
14 Description of Collateral none None			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION N/A not applicable		17 Name of guarantor N/A		19 Amount Guaranteed (\$) N/A	
		18 Guarantor address; City; State; Zip Code N/A			
20 Principal Occupation (See Instructions) N/A			21 Employer (See Instructions) N/A		
Date of loan 10/30/2024		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Benito Pena		Loan Amount (\$) \$2,000.00	
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Lender address; City; State; Zip Code P.O. Box 1364, San Juan, TX 78589		Interest rate N/A	
				Maturity date N/A	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) N/A		
Description of Collateral none None			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION N/A not applicable		Name of guarantor N/A		Amount Guaranteed (\$) N/A	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions) N/A			Employer (See Instructions) N/A		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 2 of 5	
2 FILER NAME Cynthia A. Gutierrez				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 10/31/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A. Gutierrez		9 Loan Amount (\$) \$1,500.00	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code 400 W. 12th St., San Juan TX 785899		10 Interest rate N/A	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) PPresident/CEO			13 Employer (See Instructions) Ingenious Public Health Solutions, LLC		
14 Description of Collateral N/Ane			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION N/A		17 Name of guarantor N/A		19 Amount Guaranteed (\$) N/A	
		18 Guarantor address; City; State; Zip Code N/A			
20 Principal Occupation (See Instructions) N/A			21 Employer (See Instructions) N/A		
Date of loan 11/05/2024		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A. Gutierrez		Loan Amount (\$) \$100.00	
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Lender address; City; State; Zip Code 400 W. 12th St, San Juan TX 78589		Interest rate N/A	
				Maturity date N/A	
Principal occupation / Job title (See Instructions) President/CEO			Employer (See Instructions) Ingenious Public Health Solutions		
Description of Collateral N/Ane			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION N/A		Name of guarantor N/A		Amount Guaranteed (\$) N/A	
		Guarantor address; City; State; Zip Code N/A			
Principal Occupation (See Instructions) N/A			Employer (See Instructions) N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 3 of 5	
2 FILER NAME Cynthia A. Gutierrez				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 11/05/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CCynthia A. Gutierrez		9 Loan Amount (\$) \$800.00	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code 400 W. 12th St., San Juan, TX 78589		10 Interest rate N/A	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) President/CEO			13 Employer (See Instructions) Ingenious Public Health Solutions, LLC		
14 Description of Collateral N/A			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION N/A		17 Name of guarantor N/A		19 Amount Guaranteed (\$) N/A	
		18 Guarantor address; City; State; Zip Code N/A			
20 Principal Occupation (See Instructions) N/A			21 Employer (See Instructions) N/A		
Date of loan 11/06/2024		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A. Gutierrez		Loan Amount (\$) \$1,000.00	
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Lender address; City; State; Zip Code 400 W. 12th St., SSan Juan, TX 78589		Interest rate N/A	
				Maturity date N/A	
Principal occupation / Job title (See Instructions) President / CEO			Employer (See Instructions) Ingenious Public Health Solutions LLC		
Description of Collateral N/A			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION N/A		Name of guarantor N/A		Amount Guaranteed (\$) N/A	
		Guarantor address; City; State; Zip Code N/A			
Principal Occupation (See Instructions) N/A			Employer (See Instructions) N/A		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 4 of 5	
2 FILER NAME Cynthia A. Gutierrez				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 11/12/2024		7 Name of lender Cynthia A. Gutierrez <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$) \$500.00	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code 400 W. 12th St., San Juan TX 785899		10 Interest rate N/A	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) President/CEO			13 Employer (See Instructions) Ingenious Public Health Solutions, LLC		
14 Description of Collateral N/A			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION N/A		17 Name of guarantor N/A		19 Amount Guaranteed (\$) N/A	
		18 Guarantor address; City; State; Zip Code N/A			
20 Principal Occupation (See Instructions) N/A			21 Employer (See Instructions) N/A		
Date of loan 11/15/2024		Name of lender Cynthia A. Gutierrez <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$) \$300.00	
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Lender address; City; State; Zip Code 400 W. 12th St., San Juan, TX 78589		Interest rate N/A	
				Maturity date N/A	
Principal occupation / Job title (See Instructions) PPresident/CEO			Employer (See Instructions) Ingenious Public Health Solutions, LLC		
Description of Collateral N/A			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION N/A		Name of guarantor N/A		Amount Guaranteed (\$) N/A	
		Guarantor address; City; State; Zip Code N/A			
Principal Occupation (See Instructions) N/A			Employer (See Instructions) N/A		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS**SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 5 of 5	
2 FILER NAME Cynthia A. Gutierrez				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 0.00	
5 Date of loan 11/15/2024		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A. Gutierrez		9 Loan Amount (\$) \$500.00	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		8 Lender address; City; State; Zip Code 400 W. 12th St., San Juan TX 785899		10 Interest rate N/A	
				11 Maturity date N/A	
12 Principal occupation / Job title (See Instructions) President/CEO			13 Employer (See Instructions) Ingenious Public Health Solutions, LLC		
14 Description of Collateral N/A			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION N/A		17 Name of guarantor N/A		19 Amount Guaranteed (\$) N/A	
		18 Guarantor address; City; State; Zip Code N/A			
20 Principal Occupation (See Instructions) N/A			21 Employer (See Instructions) N/A		
Date of loan 11/20/2024		Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia A. Gutierrez		Loan Amount (\$) \$800.00	
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Lender address; City; State; Zip Code 400 W. 12th St., San Juan, TX 78589		Interest rate N/A	
				Maturity date N/A	
Principal occupation / Job title (See Instructions) PPresident/CEO			Employer (See Instructions) Ingenious Public Health Solutions, LLC		
Description of Collateral N/A			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION N/A		Name of guarantor N/A		Amount Guaranteed (\$) N/A	
		Guarantor address; City; State; Zip Code N/A			
Principal Occupation (See Instructions) N/A			Employer (See Instructions) N/A		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Payee name Lonestar National Bank - ATM Withdrawal	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 300 S. Cage Blvd., Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (GOTV)	(b) Description Fuel Expense
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/28/2024	Payee name HEB	
Amount (\$) \$13.64	Payee address; City; State; Zip Code 901 W Expy 83, San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Waters, Ice, Sodas, Snacks
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/28/2024	Payee name Delia's Tamales	
Amount (\$) \$18.22	Payee address; City; State; Zip Code 106 Nolana Loop, San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign Meals
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Payee name Valero Station SE40623	
6 Amount (\$) \$43.19	7 Payee address; City; State; Zip Code 328 E. US HIGHWAY 83 PHARR, TX 78577-4835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (GOTV)	(b) Description Fuel Expense
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Sunoco Gas Station - 0936038900	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 600 E. BUSINESS 83 SAN JUAN, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District (GOTV)	Description Fuel Expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Rick's Quick Stop, Inc. #0936038900	
Amount (\$) \$283.77	Payee address; City; State; Zip Code 402 W State Ave, Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Poll/GOTV Staff Meals
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Payee name Dora Aleman	
6 Amount (\$) \$350.00	7 Payee address; 610 E. Jones Ave., Pharr TX 78577	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description GOTV/Poll Supervisor
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Rick's Quick Stop	
Amount (\$) \$172.98	Payee address; 402 W State Ave, Pharr, TX 78577	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Poll/GOTV Staff Meals
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Mario Abelardo Murillo	
Amount (\$) \$450.00	Payee address; 206 W. 3rd St., San Juan, TX 78589	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description GOTV/Poll Supervisor
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
---	---	--	---

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2024	5 Payee name Javier Moreno	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 504 W. Ebony St., San Juan, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description GOTV/Social Media Specialist
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/31/2024	Payee name Rick's Quick Stop	
Amount (\$) \$173.63	Payee address; City; State; Zip Code 402 W State Ave, Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Poll/GOTV Staff Meals
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/31/2024	Payee name Leticia Rodriguez	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 115 W. 9th St., Pharr, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description GOTV/Field Manager
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17		2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2024		5 Payee name Belle Ann Martinez			
6 Amount (\$) \$350.00		7 Payee address; 127 Alamo Road.,		City; Alamo,	State; TX
				Zip Code 78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description GOTV/Poll Supervisor		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/01/2024		Payee name Rick's Quick Stop			
Amount (\$) \$206.11		Payee address; 402 W State Ave,		City; Pharr,	State; TX
				Zip Code 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Poll/GOTV Staff Meals		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/01/2024		Payee name Dora Aleman			
Amount (\$) \$400.00		Payee address; 610 E. Jones Ave.,		City; Pharr,	State; TX
				Zip Code 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description GOTV/Poll Supervisor		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2024	5 Payee name Aurora Garcia	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 301 W. Eller, Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description GOTV/ Poll Supervisor
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/04/2024	Payee name Rick's Quick Stop	
Amount (\$) \$6.06	Payee address; City; State; Zip Code 402 State Ave., Pharr, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Poll/GOTV Staff Meals
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/04/2024	Payee name Rick's Quick Stop	
Amount (\$) \$29.85	Payee address; City; State; Zip Code 402 State Ave., Pharr, TX 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Poll/GOTV Staff Meals
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17		2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/04/2024		5 Payee name Rick's Quick Stop			
6 Amount (\$) \$200.43		7 Payee address; 402 State Ave.,		City; Pharr,	State; TX
				Zip Code 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food /Beverage Expense		(b) Description GOTV/Poll Staff Meals		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/04/2024		Payee name Edna Martinez			
Amount (\$) \$250.00		Payee address; 127 Alamo Rd.,		City; Alamo,	State; TX
				Zip Code 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description GOTV/Poll Supervisor		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/04/2024		Payee name Leticia Rodriguez			
Amount (\$) \$500.00		Payee address; 115 W. 9th St.,		City; Pharr,	State; TX
				Zip Code 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description GOTV/Field Manager		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/04/2024	5 Payee name Brianda Espinoza			
6 Amount (\$) \$500.00	7 Payee address; 1209 Victory St.,	City; San Juan,	State; TX	Zip Code 78589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description GOTV/Field Manager	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 11/05/2024	Candidate / Officeholder name Rancho Grande Restaurant			
Amount (\$) \$105.00	Payee address; 101 S. Nebraska Ave.,	City; San Juan,	State; TX	Zip Code 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Result Watch Party - Food and Drinks	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 11/05/2024	Candidate / Officeholder name Enterprise Rent-A-Car			
Amount (\$) \$429.23	Payee address; 600 E. Expressway 83,	City; Pharr,	State; TX	Zip Code 78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description GOTV Expense	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
17	Cynthia A. Gutierrez			
4 Date	5 Payee name			
11/06/2024	Caridad Murillo			
6 Amount (\$)	7 Payee address;		City;	State; Zip Code
\$1,000.00	206 W. 3rd St.,		San Juan,	TX 78589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Consulting Expense		GOTV/Field Manager	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
Date	Payee name			
11/06/2024	Gabriel Aguilar			
Amount (\$)	Payee address;		City;	State; Zip Code
\$150.00	127 Alamo Rd.,		Alamo,	TX 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Consulting Expense		GOTV/Poll Supervisor	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
Date	Payee name			
11/08/2024	Lonestar National Bank			
Amount (\$)	Payee address;		City;	State; Zip Code
\$3.00	300 S. Cage Blvd.,		Pharr,	TX 78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Accounting/Banking Fees		Paper Statement Bank Charge	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2024	5 Payee name Lisa Pena	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 116 E. Gardenia St., McAllen, TX 78589	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description GOTV/Poll Supervisor
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/08/2024	Payee name PNC Bank ATM	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 235 W. US Highway 83, San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Base Fee/Service Charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/12/2024	Payee name PNC Bank ATM Withdrawal	
Amount (\$) \$63.75	Payee address; City; State; Zip Code 235 W. US Highway 83, San Juan, TX 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift / Awards / Memorials Expense	Description Prizes for Adult Daycare Bingo
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2024	5 Payee name PNC Bank ATM Withdrawal - Oscar J. Gutierrez	
6 Amount (\$) \$280.00	7 Payee address; 400 W. 12th St.,	City; State; Zip Code San Juan, TX 78589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Repairs on Campaign Trailers
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/12/2024	Payee name PNC Bank ATM	
Amount (\$) \$1.00	Payee address; 235 W. US Highway 83,	City; State; Zip Code San Juan, TX 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Base Fee/Service Charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/12/2024	Payee name PNC Bank ATM	
Amount (\$) \$2.00	Payee address; 235 W. US Highway 83,	City; State; Zip Code San Juan, TX 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Base Fee/Service Charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/2024	5 Payee name Cynthia A. Gutierrez	
6 Amount (\$) \$1,800.00	7 Payee address; 400 W. 12th St.,	City; State; Zip Code San Juan, TX 78589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Partial Reimbursement on Personal Loan
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/12/2024	Payee name Lisa Pena	
Amount (\$) \$500.00	Payee address; 116 E. Gardenia Ave.,	City; State; Zip Code McAllen, TX 78501
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description GOTV/Poll Supervisor
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/2024	Payee name El Primo de China Restaurant / Carlos Cantu	
Amount (\$) \$220.00	Payee address; 514 S .Standard Ave,	City; State; Zip Code San Juan, TX 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Poll/GOTV Staff Meals
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	5 Payee name Bernardo Gomez	
6 Amount (\$) \$192.00	7 Payee address; 301 N McColl Rd Suite G, City; McAllen, State; TX Zip Code 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printed Materials
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/18/2024	Payee name Rosa Hernandez	
Amount (\$) \$500.00	Payee address; 1209 Victory St., City; San Juan, State; TX Zip Code 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description GOTV/Field Manager
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/19/2024	Payee name XOOM EXXON # 36084600	
Amount (\$) \$25.69	Payee address; 822 W US Highway 83, San Juan, TX City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel Expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)			
4 Date 11/21/2024	5 Payee name XOOM EXXON # 36084600				
6 Amount (\$) \$2.80	7 Payee address; City; State; Zip Code 822 W US Highway 83, San Juan, TX 78589				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Service Charge			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 12/10/2024	Payee name Lonestar National Bank				
Amount (\$) \$3.00	Payee address; City; State; Zip Code 300 S. Cage Blvd., Pharr, TX 78577				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking Fees	Description Paper Statement Charge			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 12/10/2024	Payee name Lonestar National Bank				
Amount (\$) \$10.00	Payee address; City; State; Zip Code 300 S. Cage Blvd., Pharr, TX 78577				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Service Charge			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/10/2024	5 Payee name Lonestar National Bank			
6 Amount (\$) \$10.00	7 Payee address; 300 S. Cage Blvd.,	City; Pharr,	State; TX	Zip Code 78589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Base Fee in Service Charge	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/>				
Date 12/12/2024	Payee name Rancho Grande Restaurant			
Amount (\$) \$19.79	Payee address; 101 S. Nebraska Ave.,	City; San Juan,	State; TX	Zip Code 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description School Business Meals	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/>				
Date 12/16/2024	Payee name Poncho's Mexican Restaurant			
Amount (\$) \$103.99	Payee address; 601 W. Expressway 83,	City; McAllen,	State; TX	Zip Code 78503
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift / Awards / Memorials Expense		Description Raffle Prizes for AFT Christmas Posada	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name <input type="checkbox"/> Office sought <input type="checkbox"/> Office held <input type="checkbox"/>				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17		2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/2025		5 Payee name Lonestar National Bank			
6 Amount (\$) \$2.00		7 Payee address; 300 S. Cage Blvd.,		City; Pharr,	State; TX
				Zip Code 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Service Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/08/2025		Payee name Circle K #2741519			
Amount (\$) \$21.64		Payee address; 3912 N Mccoll Rd,		City; McAllen,	State; TX
				Zip Code 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District		Description Fuel Expense		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/10/2025		Payee name Lonestar National Bank			
Amount (\$) \$3.00		Payee address; 300 S. Cage Blvd.,		City; Pharr,	State; TX
				Zip Code 78577	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Paper Statement Fee		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2025	5 Payee name Lonestar National Bank	
6 Amount (\$) \$10.00	7 Payee address; 300 S. Cage Blvd., Pharr, TX 78577	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Paper Statement Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Seven-Eleven Gas Station	
Amount (\$) \$20.79	Payee address; 1621 W Sam Houston Blvd., Pharr TX 78577	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description Fuel Expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Type text here	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0.00			
5 Date 11/05/2024	6 Payee name Leslie Gower				
7 Amount (\$) \$2,500.00	8 Payee address; 503 Emerald St.,		City; Pharr,	State; TX	Zip Code 78577
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Data Analytics, Phone Banking, Texting		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2024	5 Name of person from whom amount is received Enterprise Renta-A-Car	8 Amount (\$) \$ 300.00
	6 Address of person from whom amount is received; City; State; Zip Code 600 E. Expressway 83, Pharr, TX 78577	
	7 Purpose for which amount is received Car Rental Deposit Refund	
Date 11/08/2024	Name of person from whom amount is received Lonestar National Bank	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code 300 S. Cage Blvd., Pharr, TX 78577	\$10.00
	Purpose for which amount is received Bonus Reward	
Date 01/10/2025	Name of person from whom amount is received Lonestar National Bank	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code 300 S. Cage Blvd., Pharr, TX 78577	\$10.00
	Purpose for which amount is received Bonus Reward	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Carlos
NICKNAME LAST SUFFIX
Villegas, Jr.

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCVD
15 JAN '25 PM3:38

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1308 S. Kumquat St. Pharr, TX 78577

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 784-1369

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Rosalinda F.
NICKNAME LAST SUFFIX
Villegas

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1308 S. Kumquat St. Pharr, TX

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 784-1369

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 01 / 2024 THROUGH **12 / 31 / 2024**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other
Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

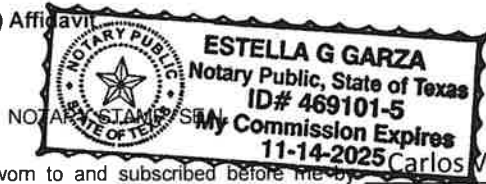
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carlos Villegas Jr
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Carlos Villegas, Jr. this the 15th day of January,

20 25 to certify which, witness my hand and seal of office.

Estella G. Garza
Signature of officer administering oath

Estella G. Garza
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)