# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages t	filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Diana Y.	FIRST		МІ	OFFICI	E USE ONLY
NAME	NICKNAME	LAST Serna		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 602 E. Gore P	APT / SUITE #; Pharr, TX 78577	CITY; STATE;	ZIP CODE		PSJA FINANCE-R 15 Jan '25 at1
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 65	PHONE NUMBER 5-9788	EXTEN	SION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		Amount \$
NAME	Sandra NICKNAME	LAST Serna		SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N		suite #; cit 7857	Υ;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 65	PHONE NUMBER	EXTEN	SION		
9 REPORT TYPE	X January 15	30th day before	election R	lunoff	treasurer	after campaign appointment Ider Only)
	July 15	8th day before e		xceeded Modified eporting Limit	Final Rep	port (Attach C/OH - FR)
10 PERIOD COVERED	Month 07 /	Day Year / 01 / 2024	THROUGH	Month	1 1	9ar 024
11 ELECTION	ELECTION DA	Year Primary		ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	E SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER, THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ COMMITTEE NAME	ES MAY HAVE BEEN MAD	E WITHOUT THE CAN	IDIDATE'S OR OFFICE	IOLDER'S KNOWLEDGE OR
Additional Pages		COMMITTEE CAMPAIGN TR				
	K	GO TO	PAGE 2			

I

15 C/OH NAME	1	6 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 OF REPORTING PERIOD	<sup>r DAY</sup> \$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	тне \$-0-
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Dperna	-
	Signature of Car	ndidate or Officeholder
	Please complete either option below	
Nota	TELLA G GARZA ry Public, State of Texas ID# 469101-5 Commission Expires 11-14-2025 Diana Y. Serna this the	<u>15th</u> day_ofJanuary,
	y which, witness my hand and seal of office.	211
Estella G. GR	ering oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer administ	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
	· · · · · · · · · · · · · · · · · · ·	,,,
		state) (zip code) (country)
Executed in	County, State of, on theday of (month	, 20 ) (year)
	Signature of Candi	date/Officeholder (Declarant)

The C/OH Instruction Gu					stat a same file	d C	
	ide explains how to	o complete this form.	1 Filer ID (Ethics Commis	sion Filers) 2 10	otal pages file	u.	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI	1	OFFICE	USE ONLY	
NAME		Ricardo			Received		
	NICKNAME	Rodrigjuez	SU	JFFIX			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIF	P CODE	Ĩ	PSJA FINANCE	
MAILING	1806 Wes	t Texas Ave			3	15 JAN '25 P	
ADDRESS	San Juan,	TX 78589				Le chine Le ,	
	AREA CODE	PHONE NUMBER	EXTENSION		Hand dallward	or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE		-3787		Date Recei		Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	M		pi #	Amount	
TREASURER NAME		Gilbert		Date	Processed	d,	
	NICKNAME	LAST	ડા	JFFIX Date	Imaged		
		Herrera					
7 CAMPAIGN	STREET ADDRESS (N	IO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE	
TREASURER ADDRESS	1030 W. Ell	is Ave Alamo, TX	78516				
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER	( 956 ) 330-5566						
PHONE	( 956 ) 55	0-5500					
9 REPORT TYPE	January 15	30th day before	election Runoff		15th day af treasurer ap (Officeholde		
	July 15	8th day before e	lection Exceeded Reporting	d Modified	Final Repor	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month D	Day Year	r.	
COVERED	10 /	28 / 2024	THROUGH	12 / 31	202	24	
11 ELECTION	ELECTION DAT	E	ELE	CTION TYPE			
	Month Day Year Primary Runoff Other Description						
	1	/ Genera	I Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUC	SHT (if known)			
14 NOTICE FROM POLITICAL	THE ASSIDIDATE / OFFIC	FUOIDED THESE EVDENDITIO	S ACCEPTED OR POLITICAL EXP ES MAY HAVE BEEN MADE WITH UIRED TO REPORT THIS INFORMA	INIT THE CANDIDATE?	S OR OFFICEHOI	LDER'S ANUWLEDGE OR	
COMMITTEE(S)	CONSENT. CANDIDATES	COMMITTEE NAME	JIRED TO REPORT THIS INFORMA			- Goon Ext Enditories.	
	COMMITTEE ITPE						
	GENERAL	COMMITTEE ADDRESS					
Additional Pages	_						
		COMMITTEE CAMPAIGN TR	LASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS				

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 LAS	ST DAY \$ (1.923.35)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	Signature of Ca Please complete either option below	andidate or Off echolder
Contraction of the second	GLORIA RAMIREZ	
1) Affida it is to File	ID# 3827256 My Commission Expires 08-17-2028	
NOTARY STAMP/SEAL	D' Potri	VILLA TH
Sworn to and subscribed 1 20, to certify v	which, witness my hand and seal of office.	A htar Public
Signature of officer administer		Title of officer administering oath
	ÖR	
2) Unsworn Declaratio	n	
My name is	, and my date of birth is	
Ay address is		state) (zip code) (country)
executed in	(street) (city)	
	Signature of Candi	date/Officeholder (Declarant)
orms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Revised 1/1/202

2 FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
		3 Filer ID (Ethics Commission Filers
4 Date 10 -29 -24	5 Fuil name of contributor [] out-of-state PAC (10#) D'Hanlon, Demerature + Castillo 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 4500.00
B 'Principal occu	426 W. Caffery Pharr Tx 78577 apation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
		······
Date 0 - 29 -24	Full name of contributor Dout-of-state PAC (ID#) Rapid. Transport Contributor address; City; State; Zip Code PO Box 4220 M'Allen TX 78502	Amount of contribution (5) $\frac{4}{250.00}$
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	(	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
0-31-24	Alida Gonzalez Contributor address; City; State; Zip Code	\$ 625.00
	2307 Silverado Mission TX 78573	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-2-24		1 250.00
	100 Austin Dr. Pharr TX 78577	
Рппсра осси	pation / Job title (See Instructions) Employer (See Instruc	tions)
		n an

	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted infformation is not applicable, <b>DO NOT include this page in the</b>	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 out-of-state PAC (1D#) Custa Messa Restaurant N.	Ł
11-4-24	6 Contributor address; City; State; Zip Code 5248 N. 104 McAllen TX 78504	250.00
	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date	Full name of contributor [] out-of-state PAC (IDE) Joe Zacanias DDS PA Contributor address; City: State; Zip Code	
[[- 9-69	Contributor address; City; State; Zip Code 820 Nolana Ave McAllen Tx 78504	125.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Fuil name of contributor	Amount of contribution (\$)
11-524	O'Halon, Demerath, Castillo Contributor address; City; State; Zip Code	375.00
Principal occu	426 W. Cattrey Phan TX 78504       pation / Job title (See Instructions)       Employer (See Instructions)	
Date	Full name of contributor [] out-of-state PAC (10#:) Cold well Bancier La Mancim RE	Amount of contribution (\$)
11-5-24		\$ 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
	E B	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) Ana Lucila Canales 6 Contributor address; City; 11-7-24 250.00 State; Zip Code 2405 W. Hampton Edinburg, TX 78539 8 Principal occupation / Job title (See Instructions Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (S) Jue Zacarias DDS, PA Contributor address; City; State; Zip Code 11-12-24 \$ 125.00 820 Nolana Ave MCAllen, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Hivam Gutierrez 11-12-24 Contributor address; City; \$ 625.00 State; Zip Code 2d MGAILen TX 78501 Principal occupation / Job title (See Instructions Employer (See Instructions) Date Full name of contributor 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.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPE	NDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking ConsultingExpense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCardPayment	use age Expense Memorials Expense xes ruction Guide explain				sing Expense oment & Related Expense st ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name	Hened	rand			
6 Amount (\$)	7 Payee address;	1101 2		City;	State;	Zip Code
\$ 36.60	612 W	2st Mol	ana	mcAllen	72	78501
8	(a) Category (See Catego	ories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Supplies					
	(c) Checkil travel	outside of Texas Complete	Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office held
Date	Payee name					
11-4-24	Clara (	-usas				
Amount (\$)	Payee address;			City;	State;	Zip Code
*187.50	506 E.	Villegas	5	Pharr	Tx	78577
	Category (See Catego	ries listed at the lop of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Cuntract	· Servic	15	,		
	Chreck if Irave	outside of Texas Complete	Schedule 1;	Check if Aust	in. TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate: / Office	eholder name		Office sought		Office held
Date	Payee name					
11-4-24	Maria	C. Gon	Zales			
Amount (\$)	Payee address;			City:	State:	Zip Code
\$ 125.00	3533 La	essna Au	re	Edinbu.	g TX	78542
PURPOSE OF EXPENDITURE	Category (See Catego			Description		
(4)	Checkiftrave	loutside of Texas Complete	Schedule T.	Check if Ausli	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Offic			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Danations Made By Candidate/Officeholder/Political Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-6 - 24	5 Payee name Jonie 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 s	chedule) (b) Description		
	(c) Check if travel outside of Texas Complete So	hedule T. Check if Aus	lin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-7-24 Amount (\$)	Ricordo Rodria Payee address;	City;	State; Zip Code	
\$2.50	1806 W. Texas A Category (See Calegories listed at the top of this so	ve San Fr	an TX 78589	
PURPOSE OF EXPENDITURE	Supplies Reinburg	emist		
	Chiedk if Iravel outside of Texas Complete S		stin, 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			
10-4-24 Amount (\$)	Printing B Payee address;	City;	State: Zip Code	
*66.25	315 Main	Donn	a, TX 78537	
PURPOSE OF EXPENDITURE	Printing Expen	5 2 5		
	Checkiftraveloutside of Texas Complete S		slin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.									
		EXPEND	ITURE CATEO	ORIES F	ORBO	DX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instructio		Office Ove Polling Exp Printing Ex Salaries/W	rhead/Reponse pense pense /ages/Cor	imbursement ntal Expense ntractLabor this form.	Transport Travel In Travel Ou	District It Of District	ment & Related Expense
1 Total pages Schedule F1	2 FILER N	AME					3 Filer	ID (Ethics	Commission Filers)
4 Date //-7-24	5 Payee na	selda	Quint	ani	11a				
6 Amount (\$)	7 Payee ad	idress; 7 W V	enture	e D	r I	City;		State;	Zip Code
8 PURPOSE OF	9		sted at the top of this s	schedule)	(в) D	escription			
EXPENDITURE		burseme	e of Texas Complete So	abadula T	<u>ا</u>	Check if Aust	in TV office	bolder living	eynense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Jate / Officehold			Of	ffice sought	,, , , , , , , , , , , , , , , , , , ,		Office held
Date	Payee na	ame							
11-7-24	Ra	mona	Bar	ror					
Amount (\$)	Payee a	ddress;				City;		State;	Zip Code
*387.50	112-	a arta		Vele		Alamo		TX	78516
PURPOSE OF			sted at the top of this s	chedule)		escription			
EXPENDITURE	Kein	bursen	ient		<u>l</u> ,				
			de of Texas Complete S	Schedule T.			stin, TX, offic	eholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date: / Officehold	ler name		0	office sought			Office held
Date	Payee r	name							
11-27-24	Gris	selda	Quin	tan	; 11	a			
Amount (\$)	Payee a	ddress;				City;		State:	Zip Code
250.00	170	7 W. 1	lentu.	ra t	31	Phan	1	TX	78577
PURPOSE OF EXPENDITURE	P	y (See Categories li	sted at the top of this :	schedule)		Description			
			le of Texas Complete S	Schedule T.	E	Check if Aus	ilin, TX, offic	eholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officehol	der name		C	Office sought			Office held
	A	TTACH ADDIT	ONAL COPIES	OF THIS	SCHE	DULE AS NE	EDED		

Forms provided by Texas Ethics Commission

Revised 1/1/2024

SCHEDULE F1

If the requested info	rmation is not applicable, DO NOT inc	lude this page in the re	eport.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political CreditCardPayment	Fees 0 Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Difice Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor frow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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 (\$)	7 Payee address; 1403 E Juterstat	city: ie Z San Ju	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this set Event Expenses	edule) (b) Description	
	(c) Check if travel outside of Texas Complete Sche	edwle T. Check if Aust	in, 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		
11-7-24	Ramona Barro	City;	State; Zip Code
Amount (\$)	Payee address;	Uly,	
47.00	1127 Ortega Civel	e Alamo	, TX 78516
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sch Supplices	edule) Description	
	Ch:eckifIraveloutside of Texas Complete Sch	nedule 7. Check if Au	stin. 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		
10-30-24	Joel Lopez		
Amount (\$)	Payee address;	City;	State: Zip Code
<sup>3</sup> le00.00			1 Tx 78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci Contract Servic		
	Checkiftraveloutside of Texas Complete Sch	neduleT. Check if Au	slin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

Forms provided by Texas Ethics Commission

Revised 1/1/2024

#### 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/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           Gift/Awards/Memonials Expense         Printing Expense         T		ng Expense ment & Related Expense ry 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 Rodrigue	:2			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
250.00	739 N 9th Place	Alamo	Tx	78516	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Contract Service				
	(c) Check il travel outside of Texas Complete Sch	eduleT. Check if Aust	in, TX, officeholder living	ехрелѕе	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11-1-24	Ramona Rodrig	uez			
Amount (\$)	Payee address;	City;	State;	Zip Code	
*112.50	PO Box 944	Alamo	Tx	78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Contract Service				
	Chreck if travel outside of Texas Complete Sc	hedule 1. Check if Au	stin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Or	Candidate: / Officeholder name	Office sought		Office held	
Date	Payee name				
1(-1-24	Isaac Garci	a			
Amount (\$)	Payee address;	City	State:	Zip Code	
\$ 112.50	1025 W Bowie	Alam	o Tx	78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Contract Service				
	Checkiftraveloutside of Texas Complete So	heduleT. Check if Au	stin, TX, officeholder livin	ig expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Iaries/Wages/ContractLabor Iaries/Wages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-1-24	5 Payee name Alving Morales			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 112.50	PO Box 674	Alamo	TX 78516	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description		
PURPOSE OF EXPENDITURE	Contract Services			
	(c) Checkil travel outside of Texas Complete Sched	uleT. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-1-24	Josefina Salir			
Amount (\$)	Payee address;	City;	State; Zip Code	
7250.00	PO BOXILOI	Alamo,	TX 78516	
	Category (See Categories listed at the top of this sched	lule) Description		
PURPOSE OF EXPENDITURE	Contract Services			
	Chreck if Iravel outside of Texas Complete Sche	dule T. Check if Aus	itin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name	Office sought	Office held	
Date	Payee name			
11-1-24	Rosa Torres			
Amount (\$)	Payee address;	City;	State: Zip Code	
\$ 100.00	PO Box 944	Alam	0 TX 78516	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sche Contrast Servic			
	Checkiftraveloutside of Texas Complete Sche	duleT. Check if Aus	tin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 CreditCardPayment	Fees         Office Over Pool/Beverage Expense         Office Over Polling Expense           Gitt/Awards/Memorials Expense         Printing Expense         Printing Expense           Committee         Legal Services         Salaries/Memorials	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense				
1 Total pages Schedule F1.	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
4 Date 11-1-24	5 Payee name Luisa Vera					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
100.00	PD Box 944	Alama	7 TX 78516			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Centract Services					
	(c) Checkrif travel outside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11-1-24	Pablo Rodriguez					
Amount (\$)	Payee address;	City;	State; Zip Code			
· 142.50	739 N. 9th Place	Alan	no TX 78516			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Contract Services					
	Ch, eck if Iravel outside of Texas Complete Schedule T.	Check if Au	stin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/Or	Candidate: / Officeholder name	Office sought	Office held			
Date	Payee name					
11-1-24	Pablo Rodriguez	Jr.				
Amount (\$)	Payee address;	City	State: Zip Code			
125.00	739 N. 9th Ave	Alam	0 TX 78516			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Cul u Sa una					
EXPENDITURE	Contract Services		slín, TX, officeholder living expense			
	Checkiftraveloutside of Texas Complete Schedule T. Candidate / Officeholder name	Office sought	Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI						
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Domations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees 0 Food/Beverage Expense P Gift/Awards/Memorials Expense P I Committee Legal Services S	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense				
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 (\$)	7 Payee address;	City;	State; Zip Code			
1250.00	1316 E Daffod:1	Pharr	TX 78577			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description				
PURPOSE OF EXPENDITURE	Contract Services					
	(c) Check if travel outside of Texas Complete Sche	dwleT. Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
12-2-24	Pablo Hernand		T. O.t.			
Amount (\$)	Payee address;	City;	State; Zip Code			
250.00	PO Box 6383	McAller	TY 78502			
	Category (See Categories listed at the top of this sche	edule) Description				
PURPOSE OF EXPENDITURE	Contract Service:	5				
	Ch.eck if Iravel outside of Texas Complete Sch	edule ]. Check if Au	stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name	Office sought	Office held			
Date	Payee name					
(2-2-24	Jesse Sandon	al				
Amount (\$)	Payee address;	City;	State: Zip Code			
125.00	804 W. Hawk	Pharr,	Tx 78577			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the lop of this sch Contract Service					
e	Checkiftraveloutside of Texas Complete Sch	eduleT. Check if Aus	slin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED			

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCardPayment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date 12-2-24	5 Payee name Fernando Gua	jardo				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$250.00	110 17# st.		an TX 78589			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Centrait Services	,				
	(c) Checkil travel outside of Texas Complete So	heduleT. Check if Aus	lin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11-18-24	Ida Cuellar					
Amount (\$) \$155.75	Payee address; 1302 East Jackg	on Ave Pharr	State; Zip Code TV 78577			
	Category (See Categories listed at the top of this s	chedule) Description				
PURPOSE OF EXPENDITURE	Event Eapens	es				
	Chieckif travel outside of Texas Complete S		slin, TX, officeholder living expense Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name H	Office sought				
Date	Payee name					
11-18-24	Rolando Gare	ia				
Amount (\$)	Payee address;	City;	State: Zip Code			
31.25						
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	Event Expens	es				
	Checkiftraveloutside of Texas Complete S		stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED			

Forms provided by Texas Ethics Commission

Revised 1/1/2024

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.							
		EXPENDITUR	E CATEGORI	ESF	OR BOX 8(a)		
Accounting/Banking F Consulting Expense F Contributions/Donations Made By (		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     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)			
1 Total pages Schedule F1	2 FILER N	IAME				3 Filer ID (Ethic	s Commission Filers)
4 Date 11-18-24	5 Payeen	ane Go	nzalez	S	×.		
6 Amount (\$) 585.00	7 Payee a 130 4		th	6.	City; McAllen	State;	Zip Code 7850
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at		le)	(b) Description		
EXPENDITORE	(c)	Check if travel outside of Texa		т.	Check if Ausli	n, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder nai			Office sought		Office held
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	у (See Categories listed at t	he lop of this schedul	e)	Description	<u></u>	
		Ch; eck if Iravel oulside of Te:	xas CompleteSchedul	e7.	Check if Aus	tin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date: / Officeholder na	me		Office sought		Office held
Date	Payee	name					
Amount (\$)	Payee a	address;			City;	State:	Zip Code
PURPOSE OF EXPENDITURE	Catego	ry (See Calegories listed at	the top of this schedu	le)	Description		
		Checkifbravel outside of Tex	kas Complete Schedul	eT.	Check if Aust	un, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder n	ame		Office sought		Office held
	A	TTACH ADDITIONA	L COPIES OF	THIS	SCHEDULE AS NE	EDED	

Forms provided by Texas Ethics Commission

1

## SUBTOTALS - C/OH

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

The C/OH Instruction Guide explains how to complete this form.
3 CANDIDATE / OFFICEHOLDER Ramong MI OFFICE USE ONLY
NAME LAST SUFFIX Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS ADDRESS / PO: BOX: APT / SUITE #: CITY: STATE: ZIP CODE II 27 Driega Circle Alame, Tx 785%
Change of Address
S CANDIDATE/     AREA CODE     PHONE NUMBER     EXTENSION       OFFICEHOLDER     (956)     S 21-1128
6 CAMPAIGN TREASURER NAME
NAME LAST SUFFIX
Hervera Date Imaged
7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
ADDRESS PO Box 166 Alamo TX 7851
(Residence or Business)  8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION
8 CAMPAIGN TREASURER PHONE (957) 330-5566
9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Orly)
July 15 Bth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FF
10 PERIOD Month Day Year Month Day Year COVERED
10 28 24 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 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUIT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLED CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDIT
COMMITTEE(S)
Additional Pages
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
GO TO PAGE 2

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

15 C/OH NAME	<b>16</b> Fi	er 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	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>	\$
	Please complete either option below: GLORIA RAMIREZ otary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028	
(1) Affildave or No NOTARY STAMP/SEA Sworn to and subscribed 20 20 20 10 certify	GLORIA RAMIREZ bitary Public, State of Texas ID# 3827256 Ay Commission Expires 08-17-2028 L before me by Ramon Barron this the 15- which, witness my hand and seal of office. Which, witness my hand and seal of office.	M day of Jamany Jotary Public Title of officier administering oath
(1) Affidave of Notary STAMP/SEA	GLORIA RAMIREZ bitary Public, State of Texas ID# 3827256 Ay Commission Expires 08-17-2028 L before me by Ramon Barron this the 15- which, witness my hand and seal of office. Which, witness my hand and seal of office.	Jotary Public
(1) Affildave or No NOTARY STAMP/SEA Sworn to and subscribed 20 20 20 10 certify	GLORIA RAMIREZ Datary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028 L before me by Ramon Barron this the 15- which, witness my hand and seal of office. Which, witness my hand and seal of office. Bur a Ramon State Bur a Ramon State Printed name of officer administering oath OR	Jotary Public
(1) Affildave or No NOTARY STAMP/SEA Sworn to and subscribed 20 Total to certify Signature of officer administer (2) Unsworn Declaration My name is	GLORIA RAMIREZ Dary Public, State of Texas ID# 3827256 Ay Commission Expires 08-17-2028 L before me by Ramon Barron this the 15- which, witness my hand and seal of office. Which, witness my hand and seal of office. Blona Ramies Printed name of officer administering oath OR OR ON	Jotary Public Title of officer administering oath
(1) Affildavior N NOTARY STAMP/SEA Sworn to and subscribed 20 To certify Signature of officer administer (2) Unsworn Declarati My name is My address is	GLORIA RAMIREZ Dary Public, State of Texas ID# 3827256 Ay Commission Expires 08-17-2028 L before me by Ramon Barron this the 15- which, witness my hand and seal of office. Which, witness my hand and seal of office. Blona Ramies Printed name of officer administering oath OR OR OR (street) (city) (state)	Jotary Public Title of officer administering oath
(1) Affildavior N NOTARY STAMP/SEA Sworn to and subscribed 20 To certify Signature of officer administer (2) Unsworn Declarati My name is My address is	GLORIA RAMIREZ barry Public, State of Texas ID# 3827256 Ay Commission Expires 08-17-2028 L before me by Ramon Barron this the 15- which, witness my hand and seal of office. Which, witness my hand and seal of office. Printed name of officer administering oath OR OR OR	Jotary Public Title of officer administering oath

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 8 Principal occi	5 Full name of contributor 0 out-of-state PAC (1D#) 0 Hanlon, Demerath + Castillo 6 Contributor address; City; State; Zip Code 426 W. Caffery Pharr Tx 78577 upation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 5 0 0,000 tions)
Date 10-29-24	Full name of contributor [] out-of-state PAC (10#) Rapid Transport Contributor address; City; State; Zip Code PO Box 4220 M'Allen TX 78502	Amount of contribution (\$) \$250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Fuil name of contributor Dout-of-state PAC (10#) Alida Gonzalez Contributor address; City; State; Zip Code 2307 Silverado Missim TX 78573	Amount of contribution (5) 4625.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 11-2-24		Amount of contribution (\$) 1 250.00
Principal occu	100 Austin Dr. Pharr 7X 78577 pation / Job title (See Instructions) Employer (See Instructions)	ctions)

	ARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page in the	SCHEDULE A1
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 3 Principal occu	5 Full name of contributor	7 Amount of contribution (\$) 250.00 tions)
Date  -	Full name of contributor [] out-of-state PAC (1D#) Joe Zacarias DDS PA Contributor address; City: State; Zip Code 820 Nolama Arc McAllen Tx 78504	Amount of contribution (S) $\frac{3}{125.00}$
Principal occup	Full name of contributor	tions) Amount of contribution (\$)
Principal occu	O'Halon, Demeratu, Castillo Contributor address; City; State; Zip Code 426 W. Cattrey Phan TX 78504 Deation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor [] out-of-state PAC (1D#) Coldwell Bancer La Mancim RE Contributor address; City; State; Zip Code	Amount of contribution (\$) $\frac{1}{250.00}$
Principal occuj	SOB E. Dave Am M'Allen TX 78501 Dation / Job title (See Instructions) Employer (See Instructions)	ctions)
	2	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

	ARY POLITICAL CONTRIBU		SCHEDULE A1
	Instruction Guide explains how to complete this		1 Total pages Schedule A1
FILER NAME			3 Filer ID (Ethics Commission Filers)
		1	
Date	5 Full name of contributor out-of-state PAC	7 Amount of contribution (S)	
11-7-24	6 Contributor address; City;	State; Zip Code	\$ 250.00
Principal occu	2405 W. Hampton Edinbin pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		(ID#)	Amount of contribution (5)
11-12-24	Jue Zacarias DDS, P Contributor address; City; 820 Noleuna Ave MCAller		\$ 125,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	1993 C243 C2	(10#)	Amount of contribution (S)
1-12-24		State; Zip Code	\$ 625.00
Principal occup	701 N. Bentsen Rd MAI Dation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(10#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	1		
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		
		state ty us	Revised 1/1/202

SCHEDULE F1

If the requested info	ormation is no	t applicable,	DO NOT ir	clude th	is page in the re	port.	
		EXPENDITU	JRE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice CreditCard Payment	Fee Foo y Gif I Committee Leg	od/Beverage Expen t/Awards/Mermorial gal Services	ls Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1	2 FILER NAME					3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name	na ±	Med	rand			
6 Amount (\$)	7 Payee addre	ss;			City;	State;	Zip Code
+ 36.60	612	West	Mola	ina	mcAllen	72	78501
8	(a) Category (S	ee Categories listed	l at the top of this :	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Supp	lies					
	(c) Che	ck if travel outside of	Texas CompleteSo	chedule T,	Check if Aust	in, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/ Officeholder 1	name		Office sought		Office held
Date	Payee name						
11-4-24	Claro	a Cas	as				
Amount (\$)	Payee addre	:55;			City;	State;	Zip Code
*187.50	506	E. V:	llegas		Pharr	TX	78577
	Category (Se	e Calegories listed	at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Cunt	ract S	rervice	15			
	Ch.	eck if Iravel outside o	fTexas Completes	Schedule 1:	Check if Au	stin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		: / Officeholder	name		Office sought		Office held
Date	Payee name	B					
11-4-24	Mar	ia C.	Gon	Zales	\$		and the second
Amount (\$)	Payee addr	ess;			City	State:	Zip Code
\$125.00	3533	Less	na Av	e	Edinbu	rg TX	78542
PURPOSE OF EXPENDITURE	Category (S	ee Categories lister	at the top of this		Description	1	
	Ch	eckiftravel outside o	fTexas Completes	Schedule T.	Check if Au	slin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e / Officeholde	r name		Office sought		Office held
	ATTA	CH ADDITIO	NAL COPIES	S OF THIS	SCHEDULE AS N	EEDED	

POLITICAL	EXPEN	DITURES	MADE
FROM POL	ITICAL	CONTRIB	UTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political CreditCardPayment	Fees Foo Gift/ Committee Lega	nt Expense J/Beverage Expense Awards/Memorials Expense al Services e Instruction Guide explai	Office Over Polling Expo Printing Exp Salaries/Wa	ense ges/ContractLabor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense
1 Total pages Schedule F1	2 FILER NAME				3 Filer ID (Ethics	Commission Filers)
4 Date 11-6 - 24		e Cron		City;	State;	Zip Code
6 Amount (\$) 375.00	7 Payee addres	S;		City,	State,	
8 PURPOSE OF EXPENDITURE	(a) Category (Se	e Categories listed at the top of thi	s schedule)	(b) Description		
	(c) Ched	kil travel outside of Texas Complete	Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Рауее пате					
11-7-24	Ricer Payee addres	do Rodri	quez	City;	State;	Zip Code
\$2.50	1806 W	. Texas A Categories listed at the top of this	tre		iam Tx	78589
PURPOSE OF EXPENDITURE		ies/Reinbin				
	Ch.e	ck if Iravel outside of Texas Complet	e Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
Date	Payee name					
10-4-24 Amount (\$)	Payee addre	ting B		City	State;	Zip Code
466.25	315 1	Main	·	Donn	a, TX	78537
PURPOSE OF EXPENDITURE	Print	e Categories listed at the top of the	NS 25			
		ckifbraveloutside of Texas Complet	e Schedule T.		stin, TX, officeholder livir	Office held
Complete ONLY if direct expenditure to benefit C/O	н	/ Officeholder name	ES OF THIS	Office sought	EEDED	

POLITICAL EXPENDITURES MADE 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       Constlibrions/Donations Made By     Gift/Awards/Memorials Expense     Printing Expense     Travel Ut Of District       Candidate/Office/holder/Political Committee     Legal Services     Salaries/Wages/Contract Labor     Other (enter a category not listed above)
1 Total pages Schedule F1. 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date 5 Payee name 11-7-24 Griselda Quintanilla
6 Amount (\$) 7 Payee address; City; State; Zip Code
*66.25 1707 W Ventura Dr Pharr TX 78577
8 (a) Category (See Categories listed at the top of this schedule) (b) Description
purpose of expenditure Reinbursements
(c) Check if Lravel outside of Texas Complete Schedule T, Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
11-7-24 Ramona Barron
Amount (\$) Payee address; City: State; Zip Code
387.50 1127 Ortega Circle Alamo Tx 78516
Category (See Categories listed at the top of this schedule) Description
OF EXPENDITURE Reinbursement
Chieck if ravel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate: / Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
11-27-24 Griselda Quintanilla City State: Zip Code
Amount (5) Payee address, Only Date of the second s
250.00 1707 W. Ventura Dr Phan TX 78577
Category (See Categories listed at the top of this schedule) Description PURPOSE
OF
EXPENDITURE Keinburgemut Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense
expenditure to benefit C/OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITI	CAL	EXPEN	DITURES	MADE
FROM	POL	ITICAL	CONTRIB	UTIONS

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

SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Fees Transportation Equipment & Related Expense Travel Out Of District Other (enter a category not listed above) Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/ContractLabor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME 4 Date 5 Payee name Olive 11-18-24 Garden Zip Code City: State: 7 Payee address; 6 Amount (\$) 78589 San Juan 382.75 TX (b) Description at the top of this schedule) 8 PURPOSE OF penses EXPENDITURE Checkil travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense (C) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Barron City: ega Circlo Alamo, 11-7-24 Kamona State; Zip Code Pavee address; Amount (\$) TX 1127 Dr 47.00 78516 PURPOSE OF Supplies EXPENDITURE Check if Austin, TX, officeholder living expense Ch. eck if Iravel outside of Texas Complete Schedule 1. Office held Office sought Candidate: / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10 -30 - 24 Amount (\$) De Zip Code City State: Pavee address \$ 600.00 Pharr Tx 78577 Description Category (See Categories listed at the top of this schedule) PURPOSE ntract Services OF EXPENDITURE Check if Austin, TX, officeholder living expense Checkiftraveloutside of Texas Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politica	Fees Of Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense niting Expense alaries/Wages/ContractLabor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
Credit Card Payment	The Instruction Guide explains he	ow 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 Rodrigue	2		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	739 N 9th Place	Alamo	Tx	78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contract Service			
	(c) Check if travel outside of Texas Complete Sched	juleT. Check if Aus	tin, TX, officeholder living	) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
11-1-24	Ramona Rodrigu	122		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$112.50	PO Box 944	Alamo	Tx	78516
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE OF EXPENDITURE	Contract Service.	s		
	Chreck if Iravel outside of Texas Complete Sche	edule T. Check if Au	ustin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name H	Office sought		Office held
Date	Payee name			
1(-1-24	Isaac Garcia	2		
Amount (\$)	Payee address;	City	State:	Zip Code
\$ 112.50	1025 W Bawie	Alam	o Tx	78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Contract Servic			
	Checkiftravel outside of Texas Complete Sche	edule T Check if AL	uslin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS N	EEDED	
				Revised 1/1/2024

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Fees Of Food/Baverage Expense Po Gift/Awards/Memorials Expense Pri I Committee Legal Services Sa	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			
1 Total pages Schedule F1.	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 11-1-24	5 Payee name Alving Morales				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 112.50	PO Box 674	Alamo	TX 78516		
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
PURPOSE OF EXPENDITURE	Contract Services				
	(c) Check if travel outside of Texas Complete Sched	luleT. Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-1-24	Josefina Salir	and the second se	at the state		
Amount (\$)	Payee address;	City;	State; Zip Code		
250.00	PO BOXILOI	Alamo,	TX 78516		
	Category (See Categories listed at the top of this schee	dule) Description			
PURPOSE OF EXPENDITURE	Contract Services				
	Ch: eck if Iravel outside of Texas Complete Sche	edule 1. Check if Aus	lin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name	Office sought	Office held		
Date	Payee name				
11-1-24	Rosa Torres				
Amount (\$)	Payee address;	City:	State: Zip Code		
\$ 100.00	PO Box 944	Alam	0 TX 78516		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Contract Servic				
	Checkiftraveloutside of Texas Complete Sche		lin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
A ANALY IN	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1 2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 5	Payee name Luisa Vera			
	Payee address;	City;	State; Zip Code	
100.00	PO Box 944	Alamo	TX 78516	
8	a) Category (See Categories listed at the top of this so	hedule) (b) Description		
PURPOSE OF EXPENDITURE	Centract Servic	res		
f	c) Checkil travel outside of Texas Complete Sch	eduleT. Check if Austir	n, 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			
11-1-24	Pablo Rodrig		7.0.4	
Amount (\$)	Payee address;	City;	State; Zip Code	
· 162.50	739 N. 94 Pl	au Alam	10 TX 78516	
	Category (See Categories listed at the top of this sc	hedule) Description		
PURPOSE OF EXPENDITURE	Contract Servi	cres		
	Chieck if Iravel outside of Texas Complete So		tin, 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			
11-1-24	Pablo Rodrigu.	er Ir.		
Amount (\$)	Payee address;	City	State: Zip Code	
125.00	739 N. 9th Ave	Alama	0 TX 78516	
	Category (See Categories listed at the top of this s	chedule) Description		
PURPOSE OF EXPENDITURE	Contract Sources	s		
	Checkiftraveloutside of Texas Complete Si		lin, 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 NE	EDED	

## SCHEDULE F1

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

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	low 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 Gomzalez 7 Payee address;	City;	State; Zip Code
6 Amount (\$)			
1250.00	1316 E Daffod:1	Pharr	TX 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contrast Services		
	(c) Check if travel outside of Texas Complete Sche	duleT. Check if Aus	lin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-2-24	Pablo Hernand	22	
Amount (\$)	Payee address;	City;	State; Zip Code
-250.00	PO Box 6383	McAller	n TY 78502
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Contract Service	5	
1	Ch. eck if Iravel outside of Texas Complete Sch	edule 1. Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name H	Office sought	Office held
Date	Payee name		
12-2-24	Jesse Sandon	al	
Amount (\$)	Payee address;	City	State: Zip Code
125.00	804 W. Hawk	Pharr	Tx 78577
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sch Contract Service		
	Checkiftravel outside of Texas Complete Sch	nedule T. Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED
L			Revised 1/1/2024

	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDU	LE F1
If the requested inf	ormation is not applicable, DO NOT include the	nis page in the re	port.	
	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officetholder/Politica Cradit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	pense ages/ContractLabor	Solicitation/Fundraising Exp Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not I	Related Expense
1 Total pages Schedule F1.	The second se		3 Filer ID (Ethics Com	mission Filers)
4 Date 12-2-24 6 Amount (\$)	5 Payee name Fernando Guajar 7 Payee address;	do City;	State; Zi	p Code
\$250.00	110 17# St.	-	an TX 7	8589
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Centrat Services	(b) Description		
	(c) Checkil travel outside of Texas Complete Schedule T.	Check if Ausl	in, TX, officeholder living expen	ise
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	e held
Date 11-18-24	Payee name Ida Cuellar			
Amount (\$) 4155.75	Payee address; 1302 East Jackson A	city: We Pharr		ip Code 8577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Event Eapenses	Description		
	Ch, eck if Itavel outside of Texas Complete Schedule T,		stin, TX, officeholder living expe	ce held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate: / Officeholder name H	Office sought		
Date	Payee name			
11-18-24	Rolando Garcia			
Amount (\$) 31.25	Payee address;	City;	State; 2	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description		
	Checkifbraveloutside of Texas Complete Schedule T.	Check if Au	stin, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Of	fice held

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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POLITICAL	EXPEN	<b>IDITURES</b>	MADE
FROM POL		CONTRIB	UTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIES				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CraditCard Payment	Fees Office Ov Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing E	xpense Wages/ContractLabor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
Total pages Schedule F1.	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
+ Date 11-18-24	5 Payee name Rafael Gonzalez	Sr.			
S Amount (S) 585.00	7 Payee address: 130 4 North 5th	City; McAllen	State; TX	Zip Code 7850	
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description			
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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			
	Ch, eck if Iravel outside of Texas Complete Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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			
	Checkiftraveloutside of Texas Complete Schedule T.	Check if Au	stin, TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED		

## SUBTOTALS - CIQH

19	9 FILER NAME 20 Filer ID (Ethics Commi				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
۶.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
З.		\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Griselda	MI	OFFICE	USEONLY	
NAME	NICKNAME	LAST Quintanilla	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1707 W. Pharr, TX	Ventura Dr.	CITY: STATE; ZIP CODE		psja finance 23 jan '25	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER	EXTENSION		d or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
TREASURER NAME		Gilbert		Date Processed	_1	1
	NICKNAME	LAST	SUFFIX	Date Imaged		1
		Herrera NO PO BOX PLEASE); APT / SI	JITE #; CITY;		ZIP CODE	ļ
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		lis Ave Alamo, TX 7	•	STATE;		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			1
TREASURER PHONE	( 956 ) 33	80-5566				
9 REPORT TYPE	January 15	30th day before e	lection Runoff		fter campaign appointment er Only)	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Yea	ar	1
	10 /	28 / 2024	THROUGH 12		24	
11 ELECTION	ELECTION DA	TE Year Primary General	ELECTION TYPE Runoff Other Description Special	÷		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)		ĺ
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	]
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				1
		COMMITTEE CAMPAIGN TRE	ASURER NAME			
L.		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			-
		GO TO	PAGE 2	1	R	

15 C/OH NAME 16 Filer ID (Ethics Commission Filer		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 LAS OF REPORTING PERIOD	ST DAY \$ (1.923.35)
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD</li> </ol>	THE \$
	Signature of Ca	ndidate or Officeholder
1) Affidavit	GLORIA RAMIREZ Notary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028	ж.
NOTARY STAMP/SEAL	Goise das Buintanilles	236 day of January.
20 25, to certify v built for the second sec	Gloria Ramirez	Notary Public Title of officer administering oath
	OR	
2) Unsworn Declaratio	n	
ly name is	, and my date of birth is	
ly address is	(street) (city) (st	tate) (zip code) (country)
xecuted in	(city) (street) (city) (street) (city) (street) (city) (street) (month	, , , , , ,,
	Signature of Candid	ate/Officeholder (Declarant)
rms provided by Texas Eth	ics Commission www.ethics.state.tx.us	Revised 1/1/2024

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, <b>DO NOT include this page in the</b>	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	7 Amount of contribution (\$)
10 - 29 - 24	O'Hanlen, Demerath + Castillo 6 Contributor address; City; State; Zip Code	\$ 500.00
	426 W. Caffery Pharr Tx 78577	
B Principal occu	apation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
0-29-24	Rapid Transport Contributor address, City; State: Zip Code PO Box 4220 M'Allen TX 78502	\$ 250.00
Principal occuj	VU ISOX 4220     M'Allen     TX 78502       Dation / Job title (See Instructions)     Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
0-31-24	Alicla Gonzalez Contributor address; City; State; Zip Code	\$ 625.00
	2307 Silverado Missim TX 78573 Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1-2-24	Carlus Alberto Canales Contributor address; City; State; Zip Code	1 250.00
	100 Austin Dr. Pharr TX 78577	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

Th	e Instruction Guide explains how to complete this form.	1 Yotal pages Schedule A1
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (10# Custa Messa Restaurant N. 6 Contributor address: City; State; Zip Code 5248 N. 10 <sup>4</sup> M'Allen TX 78504	7 Amount of contribution (\$)
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor address; City; State; Zip Code	Amount of contribution (S) $\frac{3}{125.00}$
Principal occ	820       Nolama Ave McAllen Tx 78504         upation / Job title (See Instructions)       Employer (See Instructions)	ions)
Date	Fuil name of contributor Dout-of-state PAC (10#) D'Halon, Demeratly, Castillo Contributor address; City: State; Zip Code	Amount of contribution (\$) <b>3</b> 75.00
Principal occi	426 W. Cottrey Phar TX 78504 upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#) Cold well Banker La Mancim RE	Amount of contribution (\$)
11-5-24 Principal accu	Contributor address; City; State; Zip Code 508 E. Dave Am MAllen TX 78501 upation / Job title (See Instructions) Employer (See Instruc-	+ 250.00

MONET	ARY POLITICAL CONTRIBUT	IONS	schedule A1
If the reques	ted information is not applicable, <b>DO NOT incl</b>	ude this page in the	report.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-7-24	5 Full name of contributor Ana Lucila Canales 6 Contributor address; City;	7 Amount of contribution (5) + 2 50,00	
8 <sup>°</sup> Principal occu	2405 W. Hampton Edinburg pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date		<u>م</u>	Amount of contribution (S)
11-12-24	Jue Zacarias DDS, Pr Contributor address; City; 820 Nolcence Are MCAllen	1	\$ 125.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		)#:)	Amount of contribution (\$)
11-12-24	Hivam Gutierrez contributor address; City; 701 N. Bentsen Rd MGAII.		\$ 625.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🛛 out-of-state PAC (I		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ж <b>н</b>		
	ATTACH ADDITIONAL COPIES OF		
	exas Ethics Commission www.ethics.st		Revised 1/1/2

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.							
		EXPEND	ITURE CATE	GORIESF	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee CreditCardPayment		Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gilt/Awards/Memorials Expense         Printing Expense           Legal Services         Salaries/Wages/ContractLabor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1	2 FILER N	and the second second				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me 2Na	Hours	rani			
6 Amount (\$)	7 Payee ad				City;	State;	Zip Code
\$ 36.60	612	West	+ Moli	ina	McAllon	74	78501
8	(a) Categor	y (See Categories lis	sted at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Sul	plies					
	(c)	Checkil travel outside	ofTexas Complete S	chedule T.	Check if Auslin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	ername		Office sought		Office held
Date	Рауее па	me					
11-4-24	Cla	ra Cu	sas				
Amount (\$)	Payee ad	dress;			City;	State;	Zip Code
*187.50	506	E. V	legas		Pharr	TX	78577
	Category	(See Categories list	ed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Cin	tract ?	Service	5	8		
		Oh:eck if Iravel outside	e of Texas Complete S	Schedule T;	Check if Austi	in. TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate: / Officehold	er name		Office sought		Office held
Date	Рауее па	ame					
11-4-24	Ma	ria C.	Gonz	enles			
Amount (\$)	Payee ad	dress;			City	State:	Zip Code
\$125.00	353	3 Less	sna Av	e	Edinbur	g TX	78542
	Category	(See Categories list	ted at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Con	tract	Servic	es	-		
		Checkiftraveloutside	of Texas Complete S	chedule T	Check if Ausli	n, TX, officeholder living	вхрепse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officehold	er name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	and the second sec		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/BeverageExpense Polling V Gift/Awards/MemorialsExpense Printin	Repayment/Reimbursament : Overhead/Rental Expense g Expense g Expense es/Wages/ContractLabor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 11-6 - 24	5 Payee name Jonie Cron				
6 Amount (\$) 375.00	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule	(b) Description			
	(c) Check if travel outside of Texas Complete Schedule T	Check if Aust	tin. TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-7-24	Ricordo Rodrigu, Payee address:	62			
Amount (S)	Payee address; 1806 W. Texas Ave		state: Zip Code		
	Category (See Categories listed at the top of this schedule)		WI (X 70301		
PURPOSE OF EXPENDITURE	Supplies Reinbusens	r l			
	Ch.eck if travel outside of Texas Complete Schedule	T. Check if Aus	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate: / Officeholder name	Office sought	Office held		
Date	Payee name				
10-4-24	Printing B				
Amount (\$)	Payee address;	City	State: Zip Code		
\$66.25	315 Main	Donna	a, TX 78537		
PURPOSE OF EXPENDITURE	Printing Expenses				
	Checkiftravel outside of Texas Complete Schedule T		lin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NE	EDED		

POLITICAL FROM POLI						SCH	EDULE F1
If the requested inf	formation is	not applicat	ole, DO NOT i	nclude th	is page in the re	eport,	
		EXPEND	DITURE CATE	GORIESF	ORBOX8(a)		
Advertising Expense     Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraisir       Accounting/Banking     Fees     Office Overhead/Rental Expense     Transportation Equipr       Consulting/Expense     Food/Beverage Expense     Polling Expense     Transportation Equipr       Contributions/Donations Made By     Gitt/Awards/Memorials Expense     Printing Expense     Travel In District       Candidate/Officeholder/Political Committee     Credit Caid Payment     Salaries/Wages/Contract Labor     Other (enter a categor)					pment & Related Expense		
1 Total pages Schedule F1	2 FILER NA	ME				3 Filer ID (Ethic	s Commission Filers)
4 Date 11-7-24	5 Payee nar Gris		Quint	rani	Ila		
6 Amount (\$)	7 Payee add	dress;			City;	State;	Zip Code
* 4.6.25	1707	WV	entura	a Dr	Pharr	Tx	78577
8	(a) Category	(See Calegories	listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Reint	surseme	nts				
	(c)	Check if Vavel outsid	te of Texas Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Officehold	ler name		Office sought		Office held
Date	Payee nar	ne					
11-7-24	Ran	nona	Bar	ron			
Amount (\$)	Payee add	fress;			City;	State;	Zip Code
387.50	1127	Orto	ega Ca	Vele	Alamo	TX	78516
PURPOSE		-		cheddie)	Beschption		
EXPENDITURE	Reint						
		te: / Officehold	de of Texas Complete S	Schedule I.	Office sought	ilin, TX, officeholder livi	Office held
Complete ONLY if direct expenditure to benefit C/OF		Les / Oncendic			Once sought		
Date	Payee na	me					
11-27-24	Gris	elda	Quin	tani	Ila		
Amount (\$)	Payee add	dress;			City	State:	Zip Code
250.00	170-	W.1	lentur	ra D	r Phan	r Tx	78577
PURPOSE	Category	(See Categories li	sted at the top of this s	ichedule)	Description		
EXPENDITURE	Koink	sursem	ent				
		Checkif travel outsic	te of Texas Complete S	ctredule T,	Check if Aus	lin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officehol	der name		Office sought		Office held
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SCHEDULE F1

If the requested int	formation is not applicable, DO NOT includ	e this page in the re	eport.	
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
A dvertising Expense Accounting/Banking Consulting/Expense Contributions/Donations Made B Candidate/Officeholder/Politic CreditCardPayment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense us/Wages/ContractLabor to complete this form,	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 11-18-24	5 Payee name Olive Gavden			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
382.75	1403 E Juterstate	1	an TX	78589
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expenses			
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пате			
11-7-24	Ramone Barron			-
Amount (S)	Payee address;	Cit <b>y</b> ;	State;	Zip Code
47.00	1127 Ortega Circle	Alamo	, Tx	78516
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Supplies			
	Chireck if travel outside of Texas Complete Schedule 7	Check if Aus	tin, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate: / Officeholder name	Office sought		Office held
Date	Payee name			
10-30-24	Joel Lopez			
Amount (\$)	Payee address;	City	State:	Zip Code
*le00.00		Pharr	· Tx	78577
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Services			
	Checkiffravelouiside of Texas Complete Schedule T.	Check if Aust	in, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED	

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

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
A d vertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex V Gift/Awards/Memorials Expense Printing E	xpense Nages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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 (\$)	7 Payee address;	City;	State; Zip Code	
250.00	739 N 9th Place	Alamo	Tx 78516	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Services			
	(c) Checkil travel outside of Texas Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-1-24	Ramona Rodriguez	-		
Amount (\$)	Payee address;	City;	State; Zip Code	
112.50	PO Box 944	Alamo	TX 78576	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Contract Services	Description		
	Ch: eck if Iravel outside of Texas Complete Schedule T.	Check if Ausl	tin, 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			
1(-1-24	Isaac Garcia			
Amount (\$)	Payee address;	City	State: Zip Code	
\$ /12.50	1025 W Bousie	Alama	TX 78516	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contrad Services	Description		
	Checkifbraveloutside of Texas Complete Schedule T.		in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# POLITICAL EXPENDITURES MADE

SCHEDULE F1

FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense EventExpense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense PrintingExpense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/ContractLabor 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 Alvina Morales 11-1-24 6 Amount (S) City; State: Zip Code \$ 2.50 60 78516 Box 674 amo 8 (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract Services OF EXPENDITURE (c) Checkil travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Josefina Salinas 11-1-24 Zip Code Amount (\$) City: State: PO BOXILOI 50.00 78516 amo. Category (See Categories listed at the top of this schedule) Description PURPOSE OF Contract Services EXPENDITURE Ch, eck if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate: / Officeholder name expenditure to benefit C/OH Payee name Date Rosa Torres Payee address: 11-1-24 Amount (\$) City State: Zip Code \$ 100.00 78516 amo Category (See Categories listed at the top of this schedule) Description PURPOSE OF Contract Services EXPENDITURE Checkiftravel outside of Texas Complete Schedule T. Check if Auslin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 1/1/2024 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

#### SCHEDULE F1

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

		EXPE	NDITURE C	ATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverag Gift/Awards/M	Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Poling Expense           Git/Awards/Memorials Expense         Printing Expense           Legal Services         Salaries/Wages/Contract Labor		Transpo Travel Travel	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instru	uction Guide ex	cplains how to	complete this form.			
<b>1</b> Total pages Schedule F1	2 FILER N	AME				3 File	r ID (Ethic	s Commission Filers)
4 Date [1-1-24	5 Payee na	ame Sa \	Jeva					
6 Amount (\$)	7 Payee ad	ddress;			City;		State;	Zip Code
-100.00	PD	Box	964		Alam	0	τx	78516
8	(a) Categor	y (See Categor	ies listed at the top	of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Cen	tract	Ser	vices				
	(c)	Checkil Vavel ou	utside of Texas Com	plete Schedule T.	Check if Aus	alin, TX, offi	cenalder living	) expense
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeh	oldername		Office sought			Office held
Date	Payee na	ime						
11-1-24	Pa	510 1	Rodr	iguez				
Amount (\$)	Payee ad	ldress;			City;		State;	Zip Code
· 142.50	739	N.	914	Plau	Alar	no	TX	78516
PURPOSE OF EXPENDITURE		ntrac	t Ser	ruices				
	Candid		Auside of Texas Con		Office sought	istin. 7A, dit	iceholder livin	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate: / Officeh			Once sought			
Date	Payee n	ame						
11-1-24	Pab	IO R	odrie	ju ez	Jr.			
Amount (S)	Payee a	ldress;			City		State:	Zip Code
125.00	730		gth A	ve	Alam	0	Tx	78516
PURPOSE OF EXPENDITURE			Sorvin		Description			
		Checkifiravelou	ulside of Texas Com	plete Schedule T	Check if Au	slin, TX, off	iceholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officet	holder name		Office sought			Office held
	AT	TACH ADD	ITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED		

#### 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense GirVAwards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 Raul 7 Payee address; 12-2-24 (20124 ez City; Zip Code State; 1250.00 1316 E 78577 Narr 8 (b) Description PURPOSE OF Services entrat (c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payeename Date 12-2-24 Pablo Hernandez Payee address; City: State; PO Box 6383 McAllen Ty Amount (S) Zip Code 250.00 78502 Description PURPOSE ruct Services OF EXPENDITURE Check if Austin, TX, officeholder living expense Ch, eck if Iravel outside of Texas Complete Schedule 1. Office sought Office held Candidate: / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12-2-24 Jesse Sandoval Amount (\$) Payee address; Zip Code City State: 78577 25.00 804 W. TX Category (See Categories listed at the top of this schedule) Description PURPOSE OF Contract Services EXPENDITURE Checkiftravel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

	E	XPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking ConsultingExpense Contributions/Donations Made B Candidate/Difficeholder/Politice	Fees Food/B y Gift/Aw	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Bit/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The	Instruction Guide expla	ins how to a	complete this form.		
1 Total pages Schedule F1	2 FILER NAME				3 Filer ID (Ethic	s Commission Filers)
4 Date 12-2-24	5 Payee name Fernan	ndo Gu	ajar	do		
6 Amount (\$)	7 Payee address;		2	City;	State;	Zip Code
\$250.00	110 17	£1 St.		San Ju	an Tx	78589
8 PURPOSE OF EXPENDITURE		ategories listed at the top of the		(b) Description		
		ravel outside of Texas Complete		Check if Aus	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name		Office sought		Office held
Date	Рауее пате					
11-18-24	Ida (	nellar				
Amount (S)	Pavee address:	East Jack	son A	city; Lue Pharr	State;	Zip Code 78577
PURPOSE OF EXPENDITURE	Event	legories listed at the lop of thi Eapen.	ses	Description		
		travel outside of Texas Complet	le Schedule I.		stin. TX, officeholder livir	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held
Date	Payee name					
11-18-24	Rolan	do Gar	cia			
Amount (s) 31.25	Payee address;			City:	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Cat	legories listed at the top of this		Description		
	Checkifb	avelouiside of Texas Complete	e Schedule T	Check if Aus	lin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

POLITI	CAL	EXPEN	DITUR	ES I	MADE	
FROM	POL	TICAL	CONTR	RIBL	JTION	S

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/Office/hokler/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Y Gift/Awards/Memorials Expense Printing I	Expense Wages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Trave! Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date 11-18-24	S Payee name Rafael Gonzalez	Sr.			
6 Amount (\$) 585.00	7 Payee address: 130 9 North 5th	City; MeAllen	State: Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expenses				
	(C) Check if travel outside of Texas Complete Schedule T.	Check if Aust	in, 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			
	Ch, eck if Iravel outside of Texas Complete Schedule 1;	Check if Aus	itin, 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			
	Checkiftraveloutside of Texas Complete Schedule T	Check if Aust	in, 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	S SCHEDULE AS NE	EDED		

# SUBTOTALS - C/QH

		ILE SUBTOTALS F SCHEDULE	1	SUBTOTAL		
1.				AMOUNT		
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
з.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	S		
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

The C/OH Instruction G	uide explains how to complete this form	Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Yolanda	MI	OFFICE US	BEONLY
NAME	NICKNAME LAST Castillo	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1036 S. Cesar Chavez Alamo,	CITY; STATE; ZIP CODE	PS	JA FINANCE-F
Change of Address		EXTENSION		15 JAN '25 P
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 460-6200	EXTENSION	Date Hand-delivered or Receipt #	Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	M1		
TREASURER NAME	Mariela.		Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
	Castillo			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); AF 1306 S. Cesar Chavez Alamo,		STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE (956) 460-6200				
9 REPORT TYPE	X January 15 30th day be	fore election Runoff	15th day after treasurer appo (Officeholder C	intment
	July 15 Sth day before	bre election Exceeded Modified Reporting Limit	Final Report (A	Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2024	THROUGH 12	Day Year	Ļ
11 ELECTION		ELECTION TYPE mary Runoff Other Description	<u> </u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTHE CANDIDATE / OFFICEHOLDER. THESE EXPEND CONSENT. CANDIDATES AND OFFICEHOLDERS ARE COMMITTEE TYPE COMMITTEE NAME	ITURES MAY HAVE REEN MADE WITHOUT THE CAI	VDIDATE'S OR OFFICEHOLDI	R'S KNOWLEDGE OR
Additional Pages		N TREASURER NAME		
		N INCROUNCH MANIE		
	COMMITTEE CAMPAIG	GN TREASURER ADDRESS		
	GO	TO PAGE 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.	\$ <sub>-O-</sub>
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$-O-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	<sup>г тне</sup> \$ -0-
	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
		e lastillo
		andidate or Officeholder
	Please complete either option below	<b>N</b> :
	GLORIA RAMIREZ	
(1) Affidavit	A Notary Public, State of Texas	
	ID# 3827256 My Commission Expires	
	08-17-2028	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me byYolanda Castillo this the	
	which, witness my hand and seal of office.	Notary Public
Signature of officer adminis	X	Title of office administering oath
	OR	
(2) Unsworn Declarat	ion	
	.~	
My name is	, and my date of birth i	s
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of (mon	th) (vear).
	(1101	()/

#### FORM C/OH COVER SHEET PG 1

							4
The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages 30	filed:	
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr Mrs.	FIRST Cynthia		мі А		E USE ONLY	
NAME	NICKNAME	LAST Gutierrez		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 400 W. 12th	-	city; state Juan, TX			psja finan 15 jan "	CE-RC
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTE	NSION	Date Hand-delive	red or Date Postmarked	
OFFICEHOLDER		5-3502			- Receipt #	Amount \$	-
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Maria		Ă	Date Processed		
NAME	NICKNAME	LAST Pena		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER		,.		TY;	STATE;		1
ADDRESS	116 E. Garde	enia St.,	Mc/	Allen,	ТХ	78501	
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	area code (956) 3	PHONE NUMBER 31-9883	EXTE	NSION			
9 REPORT TYPE	January 15	30th day before	election	Runoff	treasure	y after campaign ar appointment older Only)	
	July 15	8th day before e		Exceeded Modified Reporting Limit	Final Re	eport (Attach C/OH - FR)	
10 PERIOD COVERED	Month 10	Day Year 29 / 2024	THROUGH	Month 01		Year 2025	
11 ELECTION	ELECTION DA	ТЕ		ELECTION TYP	E		
	Month Day	Year Primary /2024 Genera		Other Description			
12 OFFICE	OFFICE HELD (if any)	bard Trustee PI. 7		CE SOUGHT (if know	m) Trustee PI.	7	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURI AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR POLITIC	CAL EXPENDITURES	MADE BY POLITICAL NDIDATE'S OR OFFICE	COMMITTEES TO SUPPORT HOLDER'S KNOWLEDGE OR	-
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TI	REASURER ADDRES	3			
		GO TO	PAGE 2				1

I

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
Cyn	thia A. Gutierrez					
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 LA OF REPORTING PERIOD	st day \$ 763.39				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	<sup>F THE</sup> \$ 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 STAMP7554 Sworn to and subscribed	GLORIA RAMIREZ Notary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028 before me by Cynthia A. Gutierrez this the	_13 <sub>day of</sub> _January,				
20, 25, to certify	which, witness my hand and seal of office.	NotaryPublic				
Signature of officer administ	<b>7</b> • • • • • • • • • • • • • • • • • • •	Title of office administering oath				
OR (2) Unsworn Declaration						
My name is	, and my date of birth i	S				
		(state) (zip code) (country)				
Executed in	County, State of, on the day of (mon	th), 20				
	Signature of Cand	idate/Officeholder (Declarant)				

# SUBTOTALS - C/OH

19	FILER NAME Cynthia A. Gutierrez	20 Filer ID (Ethics Con	mmissi	on Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
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 CO	\$	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 FUN	NDS	\$	0.00	
×	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00		
X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	320.00	

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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	5 Full name of contributor out-of-state PAC (ID#: O'HANLON, DEMERATH, & CASTILLO	
11/07/2024	6 Contributor address; City; State; Zip Co 426 W. CAFFERY AVE, PHARR, TX 7857	de \$2,500.00
8 Principal occur Attorney's	pation / Job title (See Instructions)           9         Employer (Se           At Law         O'HANLON	e Instructions) N, DEMERATH, & CASTILLO
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Co	
Principal occup	bation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
	Contributor address; City; State; Zip Co	
Principal occup	Dation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Contributor address; City; State; Zip Co	de
Principal occup	Dation / Job title (See Instructions) Employer (Se	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for a	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 1 Of 2		
2 FILER NAME	E Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
11/05/2024     Oscar J. Gutierrez     Contribution \$ descr       7 Contributor address;     City;     State;     Zip Code       400 W(12th St     San Juan     TX     78589			Contribution \$   description   Sign Removal, \$3,000.00   Transfer, Storage   Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)		
N/A		N/.			
14 Contributor's	s employer/law firm (FOR JUDICIAL)		n of contributor's spouse (if any) (FOR JUDICIAL)		
	h is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	N//	4		
N/A					
Date 11/05/2024	Full name of contributor 🔲 out-of-state PAC (ID#: Maria Adelina Pena	)	Amount of Contribution \$ In-kind contribution description GOTV at South Pha		
	Contributor address; City; State; 116 E. Gardenia St., McAllen, TX	<sup>Zip Code</sup> 78501	\$3,000.00 Polling Location		
Principal occ Retired	Lead to be a construction of the second seco	Employ Retire	er (FOR NON-JUDICIAL)(See Instructions)		
	s principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)		
	N/A s employer/law firm (FOR JUDICIAL)	N/A Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
	I/A	N/A			
	r Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
N/A					
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains	m.	1 Total pages Sched 2 Of			
2 FILER NAME	E Cynthia A. Gutierre	2		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KINI	D POLITICAL CONTRI	BUTIONS	<b>\$</b> 0.00		
5 <sub>Date</sub>	6 Full name of contributor Jesus R. Pena	out-of-state PAC (ID#:		8 Amount of Contribution \$	<ul> <li>9 In-kind contribution</li> <li>description</li> <li>Campaign Meals for</li> </ul>	
11/03/2024	<ul> <li>Contributor address;</li> <li>2027 Gateway Drive.,</li> </ul>	city; State; Edinburg, TX	Zip Code 78532	\$300.00	Staff	
10 Bringing og	upation / Job title (FOR NON-J		11 Employ	er (FOR NON-JUDICI	· · · · · · · · · · · · · · · · · · ·	
	s Assistant Director		City of P	•		
	principal occupation (FOR JUI	DICIAL)			IDICIAL) (See Instructions)	
N/A			N/A			
	employer/law firm (FOR JUDIC	CIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
N/A			N/A	\		
16 If contributor	is a child, law firm of parent(s) N/A	(if any) (FOR JUDICIAL)				
	Full serve of contributes				1	
Date	Full name of contributor Dr. Fernando Castillo	out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description	
11/01/2024	Contributor address;	City; State;	Zip Code	\$200.00	Campaign Meals for Staff	
	112 N. Nebraska Ave.,	San Juan, TX	78589	Check if travel outs	de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-	IUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)	
	ndent of Schools					
	principal occupation (FOR JU	DICIAL)	Contrib	Contributor's job title (FOR JUDICIAL)(See Instructions)		
	employer/law firm (FOR JUDI	CIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
	I/A		N/A			
If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDICIAL)				
N/A						
		ADDITIONAL COPIES OF				
	If contributor is out-of-state	e PAC, please see Instruc	tion guide fo	r additional reportin	g requirements.	

#### SCHEDULE E

The	The Instruction Guide explains how to complete this form.1 Total pages Schedule E:1 of 5							
2 FILER NAME Cyl	3 Filer ID (Ethics Commission Filers)							
4 TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS							
5 Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)					
10/30/2024	Cynthia A. Gutierrez		\$1,500.00					
6 Is lender a financial Institution?	8 Lender address; City; 400 W. 12th St., San Juan,	State; Zip Code TX 78589	10 Interest rate N/A					
		TX 70509	11 Maturity date N/A					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)						
President/CE	( <i>, ,</i>	Ingenious Public Health	Solutions, LLC					
14 Description of Colla none NON		15 Check if personal fund account (See Instruct	ds were deposited into political ions)					
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)					
N/A	18 Guarantor address; City;	State; Zip Code	N/A					
not applicable	N/A							
20 Principal Occupat N/A	ion (See Instructions)	21 Employer (See Instructions) N/A						
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)					
10/30/2024	Benito Pena		\$2,000.00					
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate N/A					
Institution?	P.O. Box 1364, San Juar	n, TX 78589	Maturity date N/A					
	on / Job title (See Instructions)	Employer (See Instructions)	le contraction de la contracti					
Retired		N/A						
Description of Colla none NOT		Check if personal fun account (See Instruct	ds were deposited into political tions)					
GUARANTOR	Name of guarantor N/A		Amount Guaranteed (\$)					
N/A	Guarantor address; City;	State; Zip Code	N/A					
not applicable								
Principal Occupati	on (See Instructions)	Employer (See Instructions)						
N/A		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.								

## SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 2 of 5			
2 FILER NAME Cyn	2 FILER NAME Cynthia A. Gutierrez					
4 TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS					
5 Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
10/31/2024	Cynthia A. Gutierrezz		\$1,500.00			
6 Is lender a financial Institution?	<sup>8</sup> Lender address; City; 400 W. 12th St., San Juan	State; Zip Code TX 785899	10 Interest rate N/A			
🗆 Y 🗙 N			11 Maturity date N/A			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
PPresident/	CEO	InIngenious Public Hea	Ith Solutions, LLC			
14 Description of Colla	ateral	15 / Check if personal fund	ds were deposited into political			
N//	Ane	account (See Instruct				
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)			
N/A			N/A			
IN/A	<b>18</b> Guarantor address; City;	State; Zip Code	IN/A			
	N/A					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
N/A		N/A				
Date of loan	Name of lender out-of-state	PAC (ID#)	Loan Amount (\$)			
11/05/2024	Cynthia A. Gutierrez		\$100.00			
ls lender	Lender address; City;	State; Zip Code	Interest rate			
a financial Institution?	400 W. 12th St, San Juan	TX 78589	N/A Maturity date			
<u>П ү 🗙 м</u>			N/A			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
President/C		Ingenious Public Heal	th Solutions			
Description of Colla	ateral	Check if porconal fue	ds were deposited into political			
N/	Ane	account (See Instruct				
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)			
INFORMATION	N1/A					
	N/A					
N/A	N/A Guarantor address; City;	State; Zip Code	N/A			
N/A		State; Zip Code	N/A			
	Guarantor address; City;	State; Zip Code Employer (See Instructions)	N/A			
	Guarantor address; City; N/A		N/A			
Principal Occupati N/A	Guarantor address; City; N/A on (See Instructions)	Employer (See Instructions) N/A IES OF THIS SCHEDULE AS NE	EDED			

# SCHEDULE E

The	1 Total pages Schedule E: 3 of 5					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS					
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)			
11/05/2024	CCynthia A. Gutierrez		\$800.00			
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate N/A			
Institution?	400 W. 12th St., San Jua	n, TX 78589	11 Maturity date N/A			
		13 Employer (See Instructions)				
President/CEC	on / Job title (See Instructions) )	Ingenious Public Healt	h Solutions, LLC			
14 Description of Coll	ateral	15 Check if personal fund	ds were deposited into political			
N/A		V account (See Instruct				
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)			
N1/A			N/A			
N/A	18 Guarantor address; City;	State; Zip Code				
	N/A					
	tion (See Instructions)	21 Employer (See Instructions)				
N//	A	N/A				
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)			
11/06/2024	Cynthia A. Gutierrez		\$1,000.00			
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate N/A			
Institution?	400 W. 12th St., SSan Juar	n, TX 78589	Maturity date			
L Y X N			N/A			
	on / Job title (See Instructions)	Employer (See Instructions)				
President / 0	CEO	Ingenious Public Health Solutions LLC				
Description of Coll	ateral	Check if personal fun	ds were deposited into political			
N/A account (See Instructions)						
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)			
INFORMATION	N/A					
N/A	Guarantor address; City;	State; Zip Code	] N/A			
	N/A					
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
N/A	N	N/A				
			EDED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

## SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 4 of 5		
2 FILER NAME	vnthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0.00		
5 Date of Ioan 11/12/2024	7 Name of lender 🗌 out-of-state F	9 Loan Amount (\$) \$500.00			
6 Is lender a financial Institution?	<ul> <li>8 Lender address; City;</li> <li>400 W. 12th St., San Juan</li> </ul>	10 Interest rate N/A 11 Maturity date N/A			
12 Principal occupation President/CEC	h Solutions, LLC				
14 Description of Colla N/A	ateral	15 Check if personal fun- account (See Instruct	ds were deposited into political tions)		
16 GUARANTOR INFORMATION N/A	<ul> <li>17 Name of guarantor N/A</li> <li>18 Guarantor address; City; N/A</li> </ul>	State; Zip Code	19 Amount Guaranteed (\$)		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
N//		N/A			
Date of loan 11/15/2024	Name of lender 🛛 out-of-state l Cynthia A. Gutierrez	PAC (ID#:)	Loan Amount (\$) \$300.00		
Is lender a financial Institution?	Lender address; City; 400 W. 12th St., San Juan,	State; Zip Code TX 78589	Interest rate N/A Maturity date N/A		
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)			
PPresident/CE	· ·	Ingenious Public Health Solutions, LLC			
Description of Colla N/A	ateral	Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor N/A		Amount Guaranteed (\$)		
N/A	Guarantor address; City; N/A	State; Zip Code	N/A		
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
N/A	· · · · · · · · · · · · · · · · · · ·	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.					

# SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E: 5 of 5		
2 FILER NAME	nthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0.00		
5 Date of Ioan 11/15/2024	7 Name of lender 🗌 out-of-state F Cynthia A. Gutierrez	9 Loan Amount (\$) \$500.00			
6 Is lender a financial Institution?	<ul> <li>8 Lender address; City;</li> <li>400 W. 12th St., San Juan</li> </ul>	State; Zip Code TX 785899	10 Interest rate N/A 11 Maturity date		
12 Principal occupation President/CEC	N/A h Solutions, LLC				
14 Description of Coll N/A	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16 GUARANTOR INFORMATION N/A	<ul> <li>17 Name of guarantor</li> <li>N/A</li> <li>18 Guarantor address; City;</li> </ul>	Statu: Zip Codo	19 Amount Guaranteed (\$)		
	18 Guarantor address; City; N/A	State; Zip Code			
20 Principal Occupat		21 Employer (See Instructions) N/A			
Date of Ioan 11/20/2024	Name of lender 🛛 out-of-state I Cynthia A. Gutierrez	Pac (ID#: )	Loan Amount (\$) \$800.00		
Is lender a financial Institution?	Lender address; City; 400 W. 12th St., San Juan,	State; Zip Code TX 78589	Interest rate N/A Maturity date		
Principal occupation	Employer (See Instructions)	N/A			
Description of Coll N/A	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)		
guarantor information N/A	Name of guarantor N/A Guarantor address; City; N/A	State; Zip Code	Amount Guaranteed (\$) N/A		
Principal Occupati N/A	on (See Instructions)	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.					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	counting/Banking         Fees         Office Overhead/Rental Expense           nsulting Expense         Food/Beverage Expense         Polling Expense           ntibutions/Donations Made By         Gitl/Awards/Memorials Expense         Printing Expense           andidate/Officeholder/Political Committee         Legal Services         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)		
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.				
1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
10/28/2024	Lonestar National Bank - ATM		01-1-1	Zia Cada		
6 Amount (\$)	7 Payee address;	City;	State;			
\$20.00	300 S. Cage Blvd., Pharr, TX 78577					
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description				
PURPOSE OF EXPENDITURE	Travel In District (GOTV)	Fuel E	xpense			
	(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/OF	Candidate / Officeholder name		Office held			
Date	Payee name					
10/28/2024	HEB					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$13.64	901 W Expy 83,	San Juan,	ТХ	78589		
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF EXPENDITURE	Polling Expense Waters, Ice, Sodas, Snacks			cks		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living	g expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held		
Date	Payee name					
10/28/2024	Delia's Tamales					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$18.22	106 Nolana Loop,	San Juan,	ТХ	78589		
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense Campai		aign Meals			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	lin, TX, officeholder livin	g 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 MADEFROM POLITICAL CONTRIBUTIONSSCHEDI				HEDULE F1		
If the requested info	ormation i	s not applicable, <b>DO NOT</b> i	nclude tł	nis page in the re	port.	
		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
	Accounting/Banking         Fees         Office Overhead/Rental Expense           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/Donations Made By         Git/Awards/Memorials Expense         Polling Expense           Candidate/Officeholder/Political Committee         Legal Services         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)		
1 Total pages Schedule F1: 17	2 FILER N	Cynthia A. Gutie	rrez		3 Filer ID (Ethi	ics Commission Filers)
4 Date 10/28/2024		<b>5</b> Payee name Valero Station SE40623				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$43.19	328 E.	US HIGHWAY 83		PHARR,	ТΧ	78577-4835
8	(a) Catego	<b>Pry</b> (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Trav	vel In District (GOTV)		Fuel E	xpense	
(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			ing expense			
9 Complete ONLY if direct Condidate / Officeholder name Office sought Office held				Office held		
Date	Payee n	ame				
10/28/2024	Sunoc	co Gas Station - 09360	38900			
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$25.00	600 E. BUSINESS 83 S		SAN JUAN,	ТΧ	78589	
	Categor	Y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Travel In District (GOTV) Fuel		Expense			
	Check if travel outside of Texas, Complete Schedule T. Check if Aus			stin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought		Office held
Date	Payeer	name				
10/28/2025	Rick's	Quick Stop, Inc. #093	603890	0		
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$283.77	402 W	V State Ave,		Pharr,	TX	78577
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food	d/Beverage Expense		Poll/GOTV	V Staff Meals	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

## 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 B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense		
1 Total pages Schedule F1: 17	<sup>2</sup> FILER NAME Cynthia A. Gutierre	ez	3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee name					
10/28/2024	Dora Aleman					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$350.00	610 E. Jones Ave.,	Pharr	ТХ	78577		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting Expense GOTV/Poll Supervisor				
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder livin	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought		Office held			
Date	Payee name					
10/28/2024	Rick's Quick Stop					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$172.98	402 W State Ave,	Pharr,	ТХ	78577		
	Category (See Categories listed at the top of this sc	hedule) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Poll/GOT∨	Staff Meals			
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	tin, TX, officeholder livin	g expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
10/30/2024	Mario Abelardo Murillo					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$450.00	206 W. 3rd St.,	San Juan,	ТХ	78589		
	Category (See Categories listed at the top of this sc	hedule) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	G	OTV/Poll Sup	pervisor		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	tin, TX, officeholder livin	g expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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/Officehokder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 17	Cupthia A Cutiorroz				3 Filer ID (Ethice	Commission Filers)
4 Date 10/30/2024	5 Payee nam Javier M					
6 Amount (\$)	7 Payee add	ress;		City;	State;	Zip Code
\$500.00	504 W.	Ebony St.,		San Juan,	ТХ	78577
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense GOTV/Social Media Specialist					ia Specialist
	( <b>c)</b> C	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livin			n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				Office held		
Date	Payee nam	e	4			
10/31/2024	Rick's Qu	ick Stop				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
\$173.63	402 W	State Ave,		Pharr,	ТХ	78577
	Category (	See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Be	everage Expense		Poll/GOTV Staff Meals		
	c	heck if travel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł		e / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
10/31/2024	Leticia Ro	odriguez				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
\$1,100.00	115 W. 91	th St.,		Pharr,	ТХ	78589
	Category (	See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Gonsul	ting Expense		GOT	V/Field Mana	ager
	c	heck if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		e / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1: 17	17 Cynthia A. Gutierrez					s Commission Filers)
4 Date 10/31/2024	5 Payeen Belle A	<sup>ame</sup> nn Martinez				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$350.00	127 Ala	amo Road.,		Alamo,	ТХ	78516
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cons	sulting Expense		GO <sup>-</sup>	TV/Poll Supe	rvisor
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI					Office held	
Date	Payee n	ame				
11/01/2024	Rick's	Quick Stop				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$206.11	402 W	State Ave,		Pharr,	ТХ	78577
	Catego	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Foo	od/Beverage Expense		Poll/GOTV Staff Meals		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee	name				
11/01/2024	Dora A	leman				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$400.00	610 E.	Jones Ave.,		Pharr,	ТХ	78577
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Cons	ulting Expense		GOT	V/Poll Super	visor
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	iin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officehokder/Politica Credit Card Payment		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a calego	ment & Related Expense		
1 Total pages Schedule F1: 17	<sup>2</sup> FILER NAME Cynthia A. Gutierre	θZ	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
11/01/2024	Aurora Garcia				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$300.00	301 W. Eller,	Pharr,	ТХ	78577	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	GO	TV/ Poll Supe	ervisor	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living			g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				Office held	
Date	Payee name				
11/04/2024	Rick's Quick Stop				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$6.06	402 State Ave.,	Pharr,	тх	78589	
	Category (See Categories listed at the top of this so	thedule) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Poll/GOTV	Poll/GOTV Staff Meals		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, TX, officeholder living	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
11/04/2024	Rick's Quick Stop				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$29.85	402 State Ave.,	Pharr,	ТХ	78577	
	Category (See Categories listed at the top of this so	chedule) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Poll/GOT\	/ Staff Meals		
	Check if travel outside of Texas. Complete So	hedule T. Check if Aus	tin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
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SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 17	2 FILER N	Cynthia A. Gutie	rrez		3 Filer ID (Ethic	s Commission Filers)
4 <sub>Date</sub> 11/04/2024	5 Payeen Rick's G	<sup>ame</sup> Quick Stop			1	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$200.43	402 St	ate Ave.,		Pharr,	тх	78577
8	(a) Catego	ry (See Categories listed at the top of thi	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Foo	d /Beverage Expense		GOTV/Poll S	Staff Meals	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				Office held		
Date	Payee n	ame				
11/04/2024	Edna N	Martinez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$250.00	127 Ala	amo Rd.,		Alamo,	ТХ	78516
	Categor	Y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Con	sulting Expense		GO	TV/Poll Supe	ervisor
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee r	name				
11/04/2024	Leticia	Rodriguez				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$500.00	115 W.	9th St.,		Pharr,	тх	78577
	Categor	Y (See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Consul	ting Expense		GOT	//Field Manag	jer
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1;	2 FILER N	IAME			3 Filer ID (Ethics	s Commission Filers)
17		Cynthia A. Gutierre	ez			
4 Date	5 Payee n	ame				
11/04/2024	Brianda	a Espinoza				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$500.00	1209 Victory St., San Juan,			San Juan,	тх	78589
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Cons	Consulting Expense GOT			V/Field Mana	ager
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI					Office held	
Date	Payee n	ame				
11/05/2024	Rancho	o Grande Restaurant				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$105.00	101 S. Nebraska Ave., S		San Juan,	ТХ	78589	
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Even	t Expense		Result Watch Party - Food and Drinks		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payeer	name				
11/05/2024	Enterpr	ise Rent-A-Car				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$429.23	600 E.	Expressway 83,		Pharr,	тх	78577
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Trave	I In District		GOTV Expen	se	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
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SCHEDULE	F1
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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 Ges God/Beverage Expense Biff/Awards/Memorials Expense Legal Services The Instruction Guide explain	Beverage Expense Office Overhead/Rent Wards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 17	2 FILER NAM	Cynthia A. Gutierr	ez		<b>3</b> Filer ID (Ethics Commission Filers)	
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,	ТХ	78589
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	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/OI	Candidate / Officeholder name H			Office sought		Office held
Date	Payee nam	10				
11/06/2024	Gabriel A	Aguilar				
Amount (\$)	Payee address;			City;	State;	Zip Code
\$150.00	127 Alamo Rd.,			Alamo,	ТХ	78516
	Category (See Categories listed at the top of this schedule)		Description			
PURPOSE OF EXPENDITURE	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 Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee nar	ne				
11/08/2024	Lonestar	National Bank				
Amount (\$)	Payee address;			City;	State;	Zip Code
\$3.00	300 S. Cage Blvd.,			Pharr,	ТХ	78577
	Category (	See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking Fees			Paper Statement Bank Charge		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
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SCHEDULE F1

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		EXPENDITURE CATE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politica Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F		Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Ciedic Card Payment		The Instruction Guide explain	ns how to co	omplete this form.		
1 Total pages Schedule F1: 17	2 FILER N	Cynthia A. Gutie	errez		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me				
11/08/2024	📔 Lisa F	ena				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
\$500.00	116 E. (	Gardenia St.,		McAllen,	ТХ	78589
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consu	Iting Expense		GOT	V/Poll Super	visor
	(C)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livir	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought			Office sought		Office held
Date	Payee na	ime				
11/08/2024	PNC Ba	ank ATM				
Amount (\$)	Payee address; City;			City;	State;	Zip Code
\$10.00	235 W. US Highway 83,		San Juan,	ТХ	78589	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accou	nting/Banking		Base Fee/S	ervice Char	је
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/12/2024	PNC Ba	ank ATM Withdrawal				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$63.75	235 W.	US Highway 83,		San Juan	, ТХ	78589
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Gift / A	wards / Memorials Ex	pense	Prizes for Adu	ılt Daycare E	Bingo
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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 B Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1: 17	2 FILER N	Cynthia A. Gutier	rez		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na	me				
11/12/2024	PNC Ba	nk ATM Withdrawal -	Oscar J	. Gutierrez		
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
\$280.00	400 W.	12th St.,		San Juan,	тх	78589
8	(a) Categor	(See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transpo Expense	rtation Equipment & F	Related	Repairs on	Campaign T	railers
	(C)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
11/12/2024	PNC Ba	nk ATM				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$1.00	235 W.	US Highway 83,		San Juan,	ТХ	78589
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Base Fee/Se	ervice Chargo	e
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/12/2024	PNC Ba	nk ATM				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
\$2.00	235 W.	US Highway 83,		San Juan,	ТХ	78589
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Account	ing/Banking		Base Fee/Se	rvice Charge	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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EVENINELIDI	CATEGORIES	FOD DOV 0/2
EXPENDITURE	- CAI EGURIES	FUR DUA ola

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica CreditCard Payment 1 Total pages Schedule F1: 17 4 Date 11/12/2024	al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) <b>3</b> Filer ID (Ethics Commission Filers)		
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
\$1,800.00	400 W.	12th St.,		San Juan,	ТХ	78589
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan R	epayment/Reimburse	ment	Partial Reimb	ursement on	Personal Loan
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
11/12/2024	Lisa Pe	na				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$500.00	116 E. Gardenia Ave.,		McAllen,	ТХ	78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)     Description       Consulting Expense     GOTV/Poll Supervise				isor	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee r	name				
11/13/2024	El Prim	o de China Restauran	it / Carlo	os Cantu		
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$220.00	514 S .	Standard Ave,		San Juan,	ТХ	78589
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food/B	everage Expense		Poll/GOTV St	aff Meals	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	iin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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/Officehokder/Politica Credit Card Payment		Office Overh Polling Expe Printing Expe Salaries/Was	ense ges/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1: 17	2 FILER NAME Cynthia A. Gutierre	ez		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name				
11/18/2024	Bernardo Gomez				
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
\$192.00	301 N McColl Rd Suite G,		McAllen,	ТХ	78501
8	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Printed Materia	als	
	(c) Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
11/18/2024	Rosa Hernandez				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$500.00	1209 Victory St.,		San Juan, TX		78589
	Category (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense		GOTV	/Field Manag	er
	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
11/19/2024	XOOM EXXON # 36084600				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$25.69	822 W US Highway 83, San J	luan, TX	< colored and set of the set of t		
	Category (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Travel In District		Fuel Expense		
	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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 B Candidate/Officeholder/Politica Credit Card Payment			head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a calegory not listed above)			
1 Total pages Schedule F1: 17	2 FILER NAM	<sup>E</sup> Cynthia A. Gutier	rez		3 Filer ID (Ethics	Commission Filers)	
4 Date 11/21/2024	5 Payee name XOOM	EXXON # 3608460	5				
6 Amount (\$)	7 Payee addre	ess;		City;	State;	Zip Code	
\$2.80	822 W US	6 Highway 83,		San Juan,	ТХ	78589	
8	(a) Category (S	See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees			Service Charg	е		
	( <b>C)</b> Che	eck if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	a expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				Office held			
Date	Payee name	•					
12/10/2024	Lonestar N	National Bank					
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code	
\$3.00	300 S. Cage Blvd.,			Pharr,	TX	78577	
	Category (Se	ee Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Accountir	ng/Banking Fees		Paper Statement Charge			
	Che	eck if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		/ Officeholder name		Office sought		Office held	
Date	Payee name	8					
12/10/2024	Lonestar N	National Bank					
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code	
\$10.00	300 S. Ca	ge Blvd.,		Pharr,	ТХ	78577	
	Category (S	ee Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accounti	ng/Banking		Service Cha	irge		
	Che	eck if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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 B Candidate/Officeholder/Politica Credit Card Payment	Jounting/Banking         Fees         Office Overhead/Rental Expense           sulting Expense         Food/Beverage Expense         Polling Expense           tributions/Donations Made By         Gift/Awards/Memorials Expense         Printing Expense           ndidate/Officeholder/Political Committee         Legal Services         Salaries/Wages/Contract Lal			ing Expense iment & Related Expense it ory not listed above)	
1 Total pages Schedule F1: 17	Ie F1: 2 FILER NAME Cynthia A. Gutierrez 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
12/10/2024	Lonestar National Bank				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$10.00	300 S. Cage Blvd.,	Pharr,	ТХ	78589	
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Base Fee ir	n Service Cha	arge	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought H			Office held	
Date	Payee name				
12/12/2024	Rancho Grande Restaurant				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$19.79	101 S. Nebraska Ave.,	San Juan,	ТХ	78589	
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	School Busi	ness Meals		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
12/16/2024	Poncho's Mexican Restaurant				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$103.99	601 W. Expressway 83,	McAllen,	тх	78503	
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE OF EXPENDITURE	Gift / Awards / Memorials Ex	pense Raffle Prizes	for AFT Chr	istmas Posada	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/F Food/Beverage Expense Polling Expense By Giff/Awards/Memorials Expense Printing Expense		pense  ages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)	
17		Cynthia A. Gutierre	ez				
4 Date	5 Payeen	ame					
12/16/2025	Lonesta	ar National Bank					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$2.00	300 S.	Cage Blvd.,		Pharr,	ТХ	78577	
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Service Fee			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI					Office held		
Date	Payee n	ame					
01/08/2025	Circle I	<#2741519					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
\$21.64	3912 N Mccoll Rd,			McAllen,	ТХ	78501	
	Catego	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Trave	el In District		Fuel Expens	e		
		Check if travel outside of Texas, Complete	Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee	name					
01/10/2025	Lonest	ar National Bank					
Amount (\$)	Payee a	address;		City;	State;	Zip Code	
\$3.00	300 S.	Cage Blvd.,		Pharr,	ТХ	78577	
	Catego	ry (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Paper Staten	Paper Statement Fee		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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 B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Expense morials Expense tion Guide explain	Office Over Polling Exp Printing Exp Salaries/We	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 17	2 FILER NAME Cynt	hia A. Gutie	rrez		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name					
01/10/2025	Lonestar Nationa	l Bank				
6 Amount (\$)	7 Payee address;			City;	State;	Zip Code
\$10.00	300 S. Cage Blvd	• ,		Pharr,	ТХ	78577
8	(a) Category (See Categories	s listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Ban	king		Paper State	ement Fee	
	(C) Check if travel outs	ide of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought			Office sought		Office held
Date	Payee name					
10/28/2024	Seven-Eleven Ga	s Station				
Amount (\$)	Payee address;			City;	State;	Zip Code
\$20.79	1621 W Sam Hou	ston Blvd.,		Pharr	ТХ	78577
	Category (See Categories	listed at the top of this :	schedule)	Description		
PURPOSE OF EXPENDITURE	Travel In District			Fuel Expens	e	
	Check if travel outs	side of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeho	lder name		Office sought		Office held
Date	Payee name					
Amount (\$)	Payee address;			City;	State;	Zip Code
		_				
	Category (See Categories	listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Type text here					
	Check if travel outs	side of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livir	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeho	older 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 CATEGO	RIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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. Gutierre	Z	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED UNPAID INCURRED OBLIG	ATIONS	\$ 0.00		
5 Date 11/05/2024	6 Payee name Leslie Gower				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
\$2,500.00	503 Emerald St.,	Pharr,	TX 78577		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Data Analyti	cs, Phone Banking, Texting		
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Au	ustin, TX, officeholder living expense		
11 Complete <u>QNLY</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	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description			
	Check if travel outside of Texas. Complete So	chedule T. Check if	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020					

## 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 Sched         1       1			hedule K:			
2 FILER NAME	Cynthia A. Gutierrez		3	Filer ID (Eth	iics Com	mission Filers)
4 Date	5 Name of person from whom amount is received				8	Amount (\$)
	Enterprise Renta-A-Car					
	6 Address of person from whom amount is received;	City;	State	Zip Code	**	\$ 300.00
11/08/2024	600 E. Expressway 83,	Pharr,	ТΧ	78577		
	7 Purpose for which amount is received		Check if pr	olitical contributio		ned to filer
	7 Purpose for which amount is received	,	sheek ii pt		Jin roturn	
	Car Rental Deposit Refund				_	
Date	Name of person from whom amount is received					Amount (\$)
	Lonestar National Bank					
	Address of person from whom amount is received;	City;	State	e; Zip Code		
44/00/0004	300 S. Cage Blvd.,	Pharr,	ТΧ	78577		\$10.00
11/08/2024			Chack if a			ned to filer
	Purpose for which amount is received	,	опеск п ре	olitical contributi	on retur	
	Bonus Reward					
Date	Name of person from whom amount is received					Amount (\$)
	Lonestar National Bank					
	Address of person from whom amount is received;	City;	State	; Zip Code		\$10.00
01/10/2025	300 S. Cage Blvd.,	Pharr,	TX	78577		
	Purpose for which amount is received		Check if p	olitical contributi	on retur	ned to filer
	Bonus Reward					
Date	Name of person from whom amount is received					Amount (\$)
	Address of person from whom amount is received;		Stat	e; Zip Code		
	Burnood for which emplant is received		Check if a	olitical contribut		ned to filer
	Purpose for which amount is received		Cheok ii p			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

		EREPORT		COVER S		
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI Carlos		OFFIC			
NAME	NICKNAME	LAST Villegas, Jr.	SUFFIX	Date Received		
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1308 S. Kum	APT / SUITE #: quat St. Pharr, TX 7	CITY; STATE; ZIP CODE		PSJA FINANC 15 Jan '2	
Change of Address CANDIDATE/ OFFICEHOLDER PHONE	area code (956) 78	PHONE NUMBER	EXTENSION	Date Hand-deliver	ed or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Rosalinda F	FIRST	MI	Receipt # Date Processed	Amount \$	
	NICKNAME	last Villegas	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 784-1369					
REPORT TYPE	January 15	30th day before	election Runoff	treasurer	after campaign r appointment Ider Only)	
	July 15	8th day before e	lection Exceeded Modified Reporting Limit	Final Rep	port (Attach C/OH - FR)	
O PERIOD COVERED	Month <b>07</b> /	Day Year 01 / 2024	Month THROUGH 12	1	<sup>ear</sup> 024	
II ELECTION	ELECTION DA	TE Year Primary	Description	: 		
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)		
4 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER 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	\$ -0-	
	4. TOTAL POLITICAL EXPENDITURES	\$-0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ -0-
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD</li> </ol>	* THE \$ -0-
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Calos Mill	0
	Signature of Ca	nddale or Officeholder
		indigate of Gricenoider
	Discos complete sither option below	
	Please complete either option below	<i>.</i>
~		
NOTARY STAND STA	STELLA G GARZA tary Public, State of Texas ID# 469101-5 Commission Expires 11-14-2025 Carlos Villegas, Jr. this the	_15thday_ofJanuary
20 25 to certify	which, witness my hand and seal of office. Estella G. Barza	Notopen Pablic
Signature of officer administ		Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
My address is		,,,,
		state) (zip code) (country)
Executed in	County, State of, on the day of(mont	h) 20
	·	date/Officeholder (Declarant)

Revised 1/1/2024