

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:									
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <u>MR</u> <u>Israel</u>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address		NICKNAME LAST SUFFIX <u>Buddy</u> <u>VILLARREAL</u>											
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 		AREA CODE PHONE NUMBER EXTENSION (<u> </u>) <u> </u> <u> </u> <u> </u>											
5 CANDIDATE / OFFICEHOLDER PHONE		MS / MRS / MR FIRST MI <u>MRS</u> <u>MARTA</u>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
6 CAMPAIGN TREASURER NAME		NICKNAME LAST SUFFIX <u>CERVANTES</u>											
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <u>1030 RIO GRANDE ST SAN ANTONIO TX 78586</u>		AREA CODE PHONE NUMBER EXTENSION (<u>956</u>) <u> </u> <u> </u> <u> </u>											
8 CAMPAIGN TREASURER PHONE		9 REPORT TYPE ☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☒ Final Report (Attach C/OH - FR)											
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>4</u> / <u>27</u> / <u>2024</u> THROUGH <u>6</u> / <u>30</u> / <u>2024</u>											
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description <u>5</u> / <u>4</u> / <u>2024</u> ☐ General ☐ Special											
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>PLACE 3</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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	COMMITTEE CAMPAIGN TREASURER ADDRESS												

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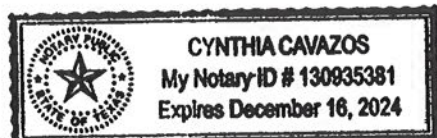
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Israel Villarreal III</u>		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)	\$ <u>5000.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Israel Villarreal III
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Israel Villarreal III this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

Cynthia Cavazos Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1

Israel Villarreal III

\$

6/30/2024

LAW OFFICE OF TONY TORRES

7 Contributor address; City; State; Zip Code

2500

FLYER
MAILER

☐ Check if travel outside of Texas. Complete Schedule T.

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

4/30/2024

JEFF Everett

Contributor address; City; State; Zip Code

15φφ

Signs

☐ Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Israel Villarreal</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/30/2024</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: <u>Linebarger</u> 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) <u>\$1500.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/30/2024</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Jeff Everett</u> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <u>2500.00</u> <u>\$1500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/30/2024</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Ramiro Gonzalez</u> Contributor address; City; State; Zip Code 	Amount of contribution (\$) <u>\$1000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.