

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 OSCAR NICKNAME LAST SUFFIX MEDRANO		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE [REDACTED]		5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION ([REDACTED]) [REDACTED] - [REDACTED] 5			
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mario NICKNAME LAST SUFFIX Medrano		7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1105 Don L...a L... San Benito, TX 78586			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (956) [REDACTED] - [REDACTED] 5		9 REPORT TYPE ☐ January 15 ☐ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded Modified Reporting Limit ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024		11 ELECTION ELECTION DATE Month Day Year 05 / 04 / 2024 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special			
12 OFFICE OFFICE HELD (if any) SBCTSD Board Trustee, Place 3		13 OFFICE Sought (if known) Place 3			
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.			
☐ GENERAL ☐ SPECIFIC		COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

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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)	\$ 3,235.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,235.74
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 235.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ — 0 —

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Oscar Medrano, and my date of birth is San Benito TX 78581 USA
My address is 495 E. Jefferson St. (street) TX (city) TX (state) 78581 (zip code) USA (country)

Executed in Cameron County, State of TX, on the 15 day of July, 2024 (month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Oscar Medrano		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Alberto R. Trevino 6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED] TX 589	7 Amount of contribution (\$) \$2,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gustavo L. Acevedo Jr. Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED] TX 589	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Oscar Medrano</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-22-2024</i>		5 Payee name <i>Sam's Club</i>			
6 Amount (\$) <i>\$1235.74</i>		7 Payee address; <i>621 US-77 Frontage Rd</i> City; State; Zip Code <i>Hawlingen, TX 78550</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <i>political events groceries</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-23-2024</i>		Payee name <i>San Benito News</i>			
Amount (\$) <i>\$1,500</i>		Payee address; <i>2480 W. U.S. 77 Bus Unit 27</i> City; State; Zip Code <i>San Benito, TX 78586</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>		Description <i>Campaign Ads</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4-29-2024</i>		Payee name <i>Rolling Smoke BBQ</i>			
Amount (\$) <i>\$500</i>		Payee address; <i>806 N. Sam Houston Blvd</i> City; State; Zip Code <i>San Benito, TX 78586</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <i>meals</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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Travel Out Of District
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Forms provided by Texas Ethics Commission