

# 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: |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b><br>MS / MRS / MR: Mrs. FIRST: Celine MI: G<br>NICKNAME: LAST: Gonzales SUFFIX: |                                      | <div style="text-align: center;"> <b>RECEIVED</b><br/> <b>OFFICE USE ONLY</b><br/> <b>San Benito C.L.S.D.</b><br/> <b>APR 24 2026</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address                       |                                      | <div style="background-color: black; width: 100%; height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                                                               |                                      | Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>6 CAMPAIGN TREASURER NAME</b><br>MS / MRS / MR: Mr. FIRST: Omar MI:<br>NICKNAME: LAST: Gonzales SUFFIX:            |                                      | Receipt #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Amount \$            |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                                        |                                      | <div style="background-color: black; width: 100%; height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                                                                     |                                      | <div style="background-color: black; width: 100%; height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>9 REPORT TYPE</b>                                                                                                  |                                      | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff<br/> <input type="checkbox"/> July 15    <input checked="" type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded Modified Reporting Limit         </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br/> <input type="checkbox"/> Final Report (Attach C/OH - FR)         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>10 PERIOD COVERED</b>                                                                                              |                                      | Month Day Year    Month Day Year<br>3 / 24 / 26    THROUGH    4 / 22 / 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>11 ELECTION</b>                                                                                                    |                                      | <div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE<br/>           Month Day Year<br/>           5 / 2 / 26         </div> <div style="flex: 1;">           ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>12 OFFICE</b>                                                                                                      |                                      | <b>13 OFFICE SOUGHT</b> (if known)<br>Justice Place 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages                         |                                      | <div style="border: 1px solid black; padding: 5px;">         THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.       </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |                      |  | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE                                                                                                        | COMMITTEE NAME                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                                                                      | COMMITTEE ADDRESS                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                                                                                     | COMMITTEE CAMPAIGN TREASURER NAME    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                                                       | COMMITTEE CAMPAIGN TREASURER ADDRESS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |  |                |                |                                  |                   |                                   |                                   |  |                                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

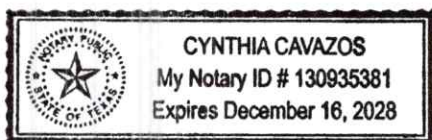
|                                        |                                                                                                                                       |                                        |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME<br><u>Celina Gonzales</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) | \$ <u>1,250</u>                        |
|                                        | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>8,302.46</u>                     |
| EXPENDITURE TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                     |
|                                        | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>8,244.78</u>                     |
| CONTRIBUTION BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>337.49</u>                       |
| 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.

Celina Gonzales  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Celina Gonzales this the 24th day of April, 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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Celina Gonzalez*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                                                                                             |             |
|-----|-------------------------------------------------------------------------------------------------------------|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 6,600    |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 1,702.46 |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$          |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 1,000    |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 7,244.78 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$          |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 1,000    |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

# 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>2</u>          |
| 2 FILER NAME<br><u>Celina Gonzales</u>                                                                                                                                           |                                                                                                                    | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><u>3-24-26</u>                                                                                                                                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Jonathan R. Sakulenzki</u> | 7 Amount of contribution (\$) <u>\$1,500</u> |
| 6 Contributor address; City; State; Zip Code<br><u>3301 N. H. Central McAllen, TX 78501</u>                                                                                      |                                                                                                                    |                                              |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                            |                                                                                                                    | 9 Employer (See Instructions)                |
| Date<br><u>4-16-26</u>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Caso Law Firm, PLLC</u>      | Amount of contribution (\$) <u>\$2,500</u>   |
| Contributor address; City; State; Zip Code<br><u>112 E Cano St. Edinburg, TX 78539</u>                                                                                           |                                                                                                                    |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                  |
| Date<br><u>4-4-26</u>                                                                                                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Daniel Tamego</u>            | Amount of contribution (\$) <u>\$100</u>     |
| Contributor address; City; State; Zip Code<br><u>Santa Monica, California</u>                                                                                                    |                                                                                                                    |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                  |
| Date<br><u>4-15-26</u>                                                                                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Bene Ramirez</u>             | Amount of contribution (\$) <u>\$500</u>     |
| Contributor address; City; State; Zip Code<br><u>1508 S Lone Star Way Edinburg TX 78539</u>                                                                                      |                                                                                                                    |                                              |
| Principal occupation / Job title (See Instructions)                                                                                                                              |                                                                                                                    | Employer (See Instructions)                  |
|                                                                                                                                                                                  |                                                                                                                    |                                              |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                    |                                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|                                                                                                                                                                       |                                                                                                                               |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                               | 1 Total pages Schedule A1: <u>2</u>             |
| 2 FILER NAME<br><u>Celina Gonzales</u>                                                                                                                                |                                                                                                                               | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date                                                                                                                                                                | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Jeff Everitt</u>                      | 7 Amount of contribution (\$)<br><u>\$1,000</u> |
| 6 Contributor address; City; State; Zip Code<br><u>901 South Texas Blvd Weslaco TX 78596</u>                                                                          |                                                                                                                               |                                                 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                               | 9 Employer (See Instructions)                   |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                               | Employer (See Instructions)                     |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                               | Employer (See Instructions)                     |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                     |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                               | Employer (See Instructions)                     |
|                                                                                                                                                                       |                                                                                                                               |                                                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                               |                                                 |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|                                                                                             |                                                                                                        |                                                                                 |                                                             |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                   |                                                                                                        | 1 Total pages Schedule A2: <u>2</u>                                             |                                                             |
| 2 FILER NAME<br><u>Celine Gonzales</u>                                                      |                                                                                                        | 3 Filer ID (Ethics Commission Filers)                                           |                                                             |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                       |                                                                                                        | \$                                                                              |                                                             |
| 5 Date<br><u>4-2-26</u>                                                                     | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Lineberger</u> | 8 Amount of Contribution \$<br><u>\$400</u>                                     | 9 In-kind contribution description<br><u>Prizes Loteria</u> |
| 7 Contributor address; City; State; Zip Code<br><u>35 Providencia Court Brownsville, TX</u> |                                                                                                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                             |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                   |                                                                                                        | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |                                                             |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                        |                                                                                                        | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |                                                             |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                           |                                                                                                        | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                                             |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |                                                                                                        |                                                                                 |                                                             |

|                                                                                             |                                                                                                           |                                                                                 |                                                          |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|
| Date<br><u>4-2-26</u>                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Victor Gonzalez</u> | Amount of Contribution \$<br><u>140.71</u>                                      | In-kind contribution description<br><u>Prize Loteria</u> |
| Contributor address; City; State; Zip Code<br><u>498 Whitewing Dr. San Benito, TX 78586</u> |                                                                                                           | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                          |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                      |                                                                                                           | Employer (FOR NON-JUDICIAL) (See Instructions)                                  |                                                          |
| Contributor's principal occupation (FOR JUDICIAL)                                           |                                                                                                           | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                                          |
| Contributor's employer/law firm (FOR JUDICIAL)                                              |                                                                                                           | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                                          |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                    |                                                                                                           |                                                                                 |                                                          |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|                                                                                          |                                                                                                      |                                                                                 |                                                          |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                |                                                                                                      | 1 Total pages Schedule A2: <u>2</u>                                             |                                                          |
| 2 FILER NAME<br><u>Celina Gonzales</u>                                                   |                                                                                                      | 3 Filer ID (Ethics Commission Filers)                                           |                                                          |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                    |                                                                                                      | \$                                                                              |                                                          |
| 5 Date<br><u>4-14-26</u>                                                                 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Gus Ruiz</u> | 8 Amount of Contribution \$<br><u>\$116.75</u>                                  | 9 In-kind contribution description<br><u>Advertising</u> |
| 7 Contributor address; City; State; Zip Code<br><u>PO Box 531657 Harlingen, TX 78553</u> |                                                                                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                          |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                 |                                                                                                      | 11 Employer (FOR NON-JUDICIAL)(See Instructions)                                |                                                          |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                     |                                                                                                      | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                     |                                                          |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                        |                                                                                                      | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                                          |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)              |                                                                                                      |                                                                                 |                                                          |

|                                                                                       |                                                                                                    |                                                                                 |                                                        |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|
| Date<br><u>4-17-26</u>                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Gus Ruiz</u> | Amount of Contribution \$<br><u>\$1050</u>                                      | In-kind contribution description<br><u>Advertising</u> |
| Contributor address; City; State; Zip Code<br><u>PO Box 531657 Harlingen TX 78553</u> |                                                                                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                        |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                 |                                                                                                    | Employer (FOR NON-JUDICIAL)(See Instructions)                                   |                                                        |
| Contributor's principal occupation (FOR JUDICIAL)                                     |                                                                                                    | Contributor's job title (FOR JUDICIAL)(See Instructions)                        |                                                        |
| Contributor's employer/law firm (FOR JUDICIAL)                                        |                                                                                                    | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                                        |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)              |                                                                                                    |                                                                                 |                                                        |

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

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

|                                                                                 |  |                                                                         |  |                                                                                                              |  |
|---------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| The Instruction Guide explains how to complete this form.                       |  |                                                                         |  | 1 Total pages Schedule E:<br><div style="text-align: center;">1</div>                                        |  |
| 2 FILER NAME<br><div style="text-align: center;">Cecilia Gonzales</div>         |  |                                                                         |  | 3 Filer ID (Ethics Commission Filers)                                                                        |  |
| 4 TOTAL OF UNITEMIZED LOANS                                                     |  |                                                                         |  | \$ <div style="text-align: center;">0</div>                                                                  |  |
| 5 Date of loan<br>4-19-26                                                       |  | 7 Name of lender<br>Cecilia Gonzales                                    |  | 9 Loan Amount (\$)<br>\$1,000                                                                                |  |
| 6 Is lender a financial institution?<br>Y <input checked="" type="checkbox"/> N |  | 8 Lender address; City; State; Zip Code<br>San Benito, TX 78586         |  | 10 Interest rate                                                                                             |  |
|                                                                                 |  |                                                                         |  | 11 Maturity date                                                                                             |  |
| 12 Principal occupation / Job title (See Instructions)                          |  |                                                                         |  | 13 Employer (See Instructions)                                                                               |  |
| 14 Description of Collateral<br><input type="checkbox"/> none                   |  |                                                                         |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |  |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable         |  | 17 Name of guarantor<br><br>18 Guarantor address; City; State; Zip Code |  | 19 Amount Guaranteed (\$)                                                                                    |  |
| 20 Principal Occupation (See Instructions)                                      |  |                                                                         |  | 21 Employer (See Instructions)                                                                               |  |

|                                                                      |  |                                                                          |  |                                                                                                           |  |
|----------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| Date of loan                                                         |  | Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____) |  | Loan Amount (\$)                                                                                          |  |
| Is lender a financial institution?<br>Y N                            |  | Lender address; City; State; Zip Code                                    |  | Interest rate                                                                                             |  |
|                                                                      |  |                                                                          |  | Maturity date                                                                                             |  |
| Principal occupation / Job title (See Instructions)                  |  |                                                                          |  | Employer (See Instructions)                                                                               |  |
| Description of Collateral<br><input type="checkbox"/> none           |  |                                                                          |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |  |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable |  | Name of guarantor<br><br>Guarantor address; City; State; Zip Code        |  | Amount Guaranteed (\$)                                                                                    |  |
| Principal Occupation (See Instructions)                              |  |                                                                          |  | Employer (See Instructions)                                                                               |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                              |  |                                                                                 |  |                                                                                 |  |
|--------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br><b>7</b>                       |  | 2 FILER NAME<br><b>Celina Gonzales</b>                                          |  | 3 Filer ID (Ethics Commission Filers)                                           |  |
| 4 Date                                                       |  | 5 Payee name<br><b>Dairy Queen</b>                                              |  |                                                                                 |  |
| 6 Amount (\$)<br><b>\$11.44</b>                              |  | 7 Payee address;<br><b>501 WUS Hwy 77</b>                                       |  | City; State; Zip Code<br><b>San Benito, TX 78586</b>                            |  |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Food</b> |  | (b) Description<br><b>Food for helpers</b>                                      |  |
|                                                              |  | (c) <input type="checkbox"/> Check if individual's residence address.           |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
|                                                              |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense       |  |                                                                                 |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name                                                   |  | Office sought Office held                                                       |  |
| Date                                                         |  | Payee name<br><b>HEB</b>                                                        |  |                                                                                 |  |
| Amount (\$)<br><b>\$152.92</b>                               |  | Payee address;<br><b>1095 W Business 77</b>                                     |  | City; State; Zip Code<br><b>San Benito, TX 78586</b>                            |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 |  | Category (See Categories listed at the top of this schedule)<br><b>Food</b>     |  | Description<br><b>Snacks &amp; Drinks for helpers</b>                           |  |
|                                                              |  | <input type="checkbox"/> Check if individual's residence address.               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
|                                                              |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense       |  |                                                                                 |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                   |  | Office sought Office held                                                       |  |
| Date                                                         |  | Payee name<br><b>7-Eleven</b>                                                   |  |                                                                                 |  |
| Amount (\$)<br><b>\$38.56</b>                                |  | Payee address;<br><b>2195 US 77 BvS</b>                                         |  | City; State; Zip Code<br><b>San Benito TX 78586</b>                             |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 |  | Category (See Categories listed at the top of this schedule)<br><b>Food</b>     |  | Description<br><b>Drinks for helpers</b>                                        |  |
|                                                              |  | <input type="checkbox"/> Check if individual's residence address.               |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
|                                                              |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense       |  |                                                                                 |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name                                                   |  | Office sought Office held                                                       |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                                                               |                                        |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1:<br><b>7</b>                       | 2 FILER NAME<br><b>Celina Gonzalez</b>                                                                                                                        | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date                                                       | 5 Payee name<br><b>Lowes</b>                                                                                                                                  |                                        |
| 6 Amount (\$)<br><b>\$61.70</b>                              | 7 Payee address; City; State; Zip Code<br><b>4205 S. Express way Harlingen TX 78550</b><br><input type="checkbox"/> Check if individual's residence address.  |                                        |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                                                                        | (b) Description<br><b>Signs Stakes</b> |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                        |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| Date                                                         | Payee name<br><b>McCoy's</b>                                                                                                                                  |                                        |
| Amount (\$)<br><b>\$25.18</b>                                | Payee address; City; State; Zip Code<br><b>1701 Industrial Way San Benito TX 78586</b><br><input type="checkbox"/> Check if individual's residence address.   |                                        |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                                                                            | Description<br><b>Stakes/Reptiles</b>  |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |
| Date                                                         | Payee name<br><b>Branding Iron</b>                                                                                                                            |                                        |
| Amount (\$)<br><b>\$63.40</b>                                | Payee address; City; State; Zip Code<br><b>2230 S. 77 Sunshine Harlingen TX 78550</b><br><input type="checkbox"/> Check if individual's residence address.    |                                        |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>Food</b>                                                                                   | Description<br><b>Food for helpers</b> |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                                 | Office sought Office held              |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br><div style="text-align: center;">7</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      | <b>2</b> FILER NAME<br><div style="text-align: center;">Celina Gonzales</div>                                                                                                                 |                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers) |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |                                                                                                                                                                                                                                                                                                                                            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| <b>4</b> Date<br><div style="text-align: center;">3-26-26</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                       | <b>5</b> Payee name<br><div style="text-align: center;">7-Eleven</div>                                                                                                                        |                                                                                      |                                              |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                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                                                                                                                                                                                                                                                                     |  |  |  |  |  |                               |               |             |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$64.05</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                      | <b>7</b> Payee address; City; State; Zip Code<br><div style="text-align: center;">2195 US 77 BUS San Benito, TX 78586</div> <input type="checkbox"/> Check if individual's residence address. |                                                                                      |                                              |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |                                                        |                                                                       |  |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Food</div>                                               |                                                                                                                                                                                               | <b>(b)</b> Description<br><div style="text-align: center;">Drinks for helpers</div>  |                                              |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                             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Complete Schedule T.                                                                           |                                                                                                                                                                                               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |                                                        |                                                                       |  |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Candidate / Officeholder name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                                                                                                                                     |  |  |  |  |  |                               |               |             |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date<br/><div style="text-align: center;">3-27-26</div></td> <td colspan="5">Payee name<br/><div style="text-align: center;">Minerva Lopez</div></td> </tr> <tr> <td>Amount (\$)<br/><div style="text-align: center;">\$300</div></td> <td colspan="5">           Payee address; City; State; Zip Code<br/> <div style="text-align: center;">San Benito TX 78586</div> <input type="checkbox"/> Check if individual's residence address.         </td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURPOSE<br/>OF<br/>EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule)<br/><div style="text-align: center;">Advertising</div></td> <td colspan="3">Description<br/><div style="text-align: center;">Food/Drinks/Fuel Block walking</div></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. 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Complete Schedule T.                                                                                      |                                                                                                                                                                                               | <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |                                                        |                                                                       |  |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;">Candidate / Officeholder name</td> <td style="width: 33%; border: none;">Office sought</td> <td style="width: 33%; border: none;">Office held</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                       |                                                                                                                                                                                               |                                                                                      |                                              |  | Candidate / Officeholder name                          | Office sought                                                         | Office held |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                     |  |  |  |  |  |                               |               |             |
| Candidate / Officeholder name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Office sought                                                                                                                                                        | Office held                                                                                                                                                                                   |                                                                                      |                                              |  |                                                        |                                                                       |             |  |  |  |                                                             |                                                                                                                                                                      |  |  |  |  |                              |                                                                                                                    |  |                                                                                      |  |  |                                                                                 |  |                                                                           |  |  |                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                               |               |             |                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                     |  |  |  |  |  |                               |               |             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                            |  |                                                                                                                                |  |                                                                           |  |
|------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule F1: <u>7</u>                 |  | <b>2</b> FILER NAME<br><u>Celina Gomeles</u>                                                                                   |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |  |
| <b>4</b> Date                                              |  | <b>5</b> Payee name<br><u>Murphy USA</u>                                                                                       |  |                                                                           |  |
| <b>6</b> Amount (\$)<br><u>\$89.46</u>                     |  | <b>7</b> Payee address;<br><u>150 Bonner St San Benito TX 78586</u>                                                            |  | City; State; Zip Code                                                     |  |
| <b>8</b><br><br><b>PURPOSE OF EXPENDITURE</b>              |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>                                  |  | <b>(b)</b> Description<br><u>Fuel</u>                                     |  |
|                                                            |  | <b>(c)</b> <input type="checkbox"/> Check if individual's residence address.                                                   |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|                                                            |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |                                                                           |  |
| Date<br><u>4-2-26</u>                                      |  | Payee name<br><u>Yo Mamma Bubble Tea</u>                                                                                       |  |                                                                           |  |
| Amount (\$)<br><u>\$1035</u>                               |  | Payee address;<br><u>240 S William Rd San Benito, TX 78586</u>                                                                 |  | City; State; Zip Code                                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | Category (See Categories listed at the top of this schedule)<br><u>Event</u>                                                   |  | Description<br><u>Lottery Exp.</u>                                        |  |
|                                                            |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|                                                            |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |                                                                           |  |
| Date<br><u>4-6-26</u>                                      |  | Payee name<br><u>7-Eleven</u>                                                                                                  |  |                                                                           |  |
| Amount (\$)<br><u>\$98.63</u>                              |  | Payee address;<br><u>2195 US 72 Bus 83 San Benito, TX 78586</u>                                                                |  | City; State; Zip Code                                                     |  |
| <b>PURPOSE OF EXPENDITURE</b>                              |  | Category (See Categories listed at the top of this schedule)<br><u>Food</u>                                                    |  | Description<br><u>Drinks/snacks for helpers</u>                           |  |
|                                                            |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|                                                            |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |                                                                           |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |  |                                                                                                                                |  |                                                                           |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                                                                         |                                                                                        |                                                                                                                                                              |                                                                           |                                       |  |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: <u>7</u>                                                                                     |                                                                                        | 2 FILER NAME <u>Celine Gonzalez</u>                                                                                                                          |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date <u>4-9-26</u>                                                                                                    |                                                                                        | 5 Payee name <u>Harbor Freight Tools</u>                                                                                                                     |                                                                           |                                       |  |
| 6 Amount (\$) <u>\$17.35</u>                                                                                            |                                                                                        | 7 Payee address; City; State; Zip Code<br><u>215 N. Ed Carey Harlingen, TX 78550</u><br><input type="checkbox"/> Check if individual's residence address.    |                                                                           |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                              | (a) Category (See Categories listed at the top of this schedule)<br><u>Advertising</u> |                                                                                                                                                              | (b) Description<br><u>Zipties</u>                                         |                                       |  |
|                                                                                                                         | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    |                                                                                                                                                              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                        |                                                                                                                                                              |                                                                           |                                       |  |
| Date<br><u>4-10-26</u>                                                                                                  |                                                                                        | Payee name<br><u>McCoy's</u>                                                                                                                                 |                                                                           |                                       |  |
| Amount (\$) <u>\$26.92</u>                                                                                              |                                                                                        | Payee address; City; State; Zip Code<br><u>1701 Industrial Way San Benito, TX 78586</u><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                   | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>     |                                                                                                                                                              | Description<br><u>Signs Zipties</u>                                       |                                       |  |
|                                                                                                                         | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |                                                                                                                                                              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                        |                                                                                                                                                              |                                                                           |                                       |  |
| Date<br><u>4-10-26</u>                                                                                                  |                                                                                        | Payee name<br><u>Tractor Supply</u>                                                                                                                          |                                                                           |                                       |  |
| Amount (\$) <u>\$182.27</u>                                                                                             |                                                                                        | Payee address; City; State; Zip Code<br><u>901 FM 509 San Benito, TX 78586</u><br><input type="checkbox"/> Check if individual's residence address.          |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                   | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>     |                                                                                                                                                              | Description<br><u>Sign Supplies</u>                                       |                                       |  |
|                                                                                                                         | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |                                                                                                                                                              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                        |                                                                                                                                                              |                                                                           |                                       |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                              |                                                                                        |                                                                                                                                                              |                                                                           |                                       |  |

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

The Instruction Guide explains how to complete this form.

|                                                                               |                                                                                                                                  |                                                                                                                                                                                             |                                                                                      |                                                                      |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br><div style="text-align: center;">7</div> |                                                                                                                                  | <b>2</b> FILER NAME<br><div style="text-align: center;">Celina Gonzales</div>                                                                                                               |                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)                         |  |
| <b>4</b> Date<br><div style="text-align: center;">4-17-26</div>               |                                                                                                                                  | <b>5</b> Payee name<br><div style="text-align: center;">Celina Gonzales</div>                                                                                                               |                                                                                      |                                                                      |  |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$1,300</div>        |                                                                                                                                  | <b>7</b> Payee address; City; State; Zip Code<br><div style="text-align: center;">San Benito TX 78586</div> <input type="checkbox"/> Check if individual's residence address.               |                                                                                      |                                                                      |  |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Loan Repayment</div> |                                                                                                                                                                                             | <b>(b)</b> Description                                                               |                                                                      |  |
|                                                                               | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                       |                                                                                                                                                                                             | <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                                      |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH           |                                                                                                                                  | Candidate / Officeholder name<br><div style="text-align: center;">Celina Gonzales</div>                                                                                                     |                                                                                      | Office sought<br><div style="text-align: center;">Trustee K1 C</div> |  |
| <b>Date</b><br><div style="text-align: center;">4-20-26</div>                 |                                                                                                                                  | <b>Payee name</b><br><div style="text-align: center;">Walmart</div>                                                                                                                         |                                                                                      |                                                                      |  |
| <b>Amount (\$)</b><br><div style="text-align: center;">\$350.86</div>         |                                                                                                                                  | <b>Payee address;</b> City; State; Zip Code<br><div style="text-align: center;">1126 US-77 San Benito, TX 78586</div> <input type="checkbox"/> Check if individual's residence address.     |                                                                                      |                                                                      |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Event</div>              |                                                                                                                                                                                             | <b>Description</b><br><div style="text-align: center;">Supplies</div>                |                                                                      |  |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                  |                                                                                                                                                                                             | <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                                      |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                    |                                                                                                                                  | Candidate / Officeholder name                                                                                                                                                               |                                                                                      | Office sought<br>Office held                                         |  |
| <b>Date</b><br><div style="text-align: center;">4-20-26</div>                 |                                                                                                                                  | <b>Payee name</b><br><div style="text-align: center;">Academy Sports</div>                                                                                                                  |                                                                                      |                                                                      |  |
| <b>Amount (\$)</b><br><div style="text-align: center;">\$387.06</div>         |                                                                                                                                  | <b>Payee address;</b> City; State; Zip Code<br><div style="text-align: center;">2833 W. Exp 83, Harlingen, TX 78550</div> <input type="checkbox"/> Check if individual's residence address. |                                                                                      |                                                                      |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                         | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Event</div>              |                                                                                                                                                                                             | <b>Description</b><br><div style="text-align: center;">Meet &amp; Greet Prizes</div> |                                                                      |  |
|                                                                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                                  |                                                                                                                                                                                             | <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                                                      |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                    |                                                                                                                                  | Candidate / Officeholder name                                                                                                                                                               |                                                                                      | Office sought<br>Office held                                         |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                     |                                                                                                                                                              |                                                                           |                                       |  |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: <u>7</u>                          |                                                                                     | 2 FILER NAME <u>Celina Gonzalez</u>                                                                                                                          |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date <u>4-20-26</u>                                        |                                                                                     | 5 Payee name <u>7-Eleven</u>                                                                                                                                 |                                                                           |                                       |  |
| 6 Amount (\$) <u>\$95.40</u>                                 |                                                                                     | 7 Payee address; City; State; Zip Code<br><u>2195 US 17 Bldg 83 San Benito TX 78586</u><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><u>Food</u>     |                                                                                                                                                              | (b) Description<br><u>Drinks (Snacks for helpers)</u>                     |                                       |  |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                                                                                              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                     | Candidate / Officeholder name                                                                                                                                |                                                                           | Office sought Office held             |  |
| Date <u>4-20-26</u>                                          |                                                                                     | Payee name <u>RGV Media Group</u>                                                                                                                            |                                                                           |                                       |  |
| Amount (\$) <u>\$279.38</u>                                  |                                                                                     | Payee address; City; State; Zip Code<br><u>2100 Central Blvd Brownsville, TX 78520</u><br><input type="checkbox"/> Check if individual's residence address.  |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><u>Advertising</u>  |                                                                                                                                                              | Description<br><u>Flyers</u>                                              |                                       |  |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                                                                              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                     | Candidate / Officeholder name                                                                                                                                |                                                                           | Office sought Office held             |  |
| Date <u>4-20-26</u>                                          |                                                                                     | Payee name <u>40 Mama Bubble Tea</u>                                                                                                                         |                                                                           |                                       |  |
| Amount (\$) <u>\$2,365</u>                                   |                                                                                     | Payee address; City; State; Zip Code<br><u>2410 S Williams Rd San Benito TX 78586</u><br><input type="checkbox"/> Check if individual's residence address.   |                                                                           |                                       |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><u>Event</u>        |                                                                                                                                                              | Description<br><u>Event Chicken Plate</u>                                 |                                       |  |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |                                                                                                                                                              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                     | Candidate / Officeholder name                                                                                                                                |                                                                           | Office sought Office held             |  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                                                                                                                      |                                                                                                                                                                                               |                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule G:<br><div style="text-align: center;">1</div>                                                                                         | <b>2</b> FILER NAME<br><div style="text-align: center;">Celine Gonzales</div>                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><div style="text-align: center;">4-14-26</div>                                                                                                      | <b>5</b> Payee name<br><div style="text-align: center;">Aguilar's</div>                                                                                                                       |                                              |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$1,000</div><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | <b>7</b> Payee address; City; State; Zip Code<br><div style="text-align: center;">4226 S Exp 83 Harlingen TX 78552</div><br><input type="checkbox"/> Check if individual's residence address. |                                              |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                                                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">Event</div>                                                                       |                                              |
|                                                                                                                                                                      | <b>(b)</b> Description<br><div style="text-align: center;">Meat</div>                                                                                                                         |                                              |
| <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                                                                                                                                               |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held                                       |                                                                                                                                                                                               |                                              |

|                                                                                                                                                           |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date                                                                                                                                                      | Payee name                                                        |
| Amount (\$)                                                                                                                                               | Payee address; City; State; Zip Code                              |
| <input type="checkbox"/> Reimbursement from political contributions intended                                                                              | <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE                                                                                                                                    | Category (See Categories listed at the top of this schedule)      |
|                                                                                                                                                           | Description                                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                   |
| Candidate / Officeholder name Office sought Office held                                                                                                   |                                                                   |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date                                                                                                                                                      | Payee name                                                        |
| Amount (\$)                                                                                                                                               | Payee address; City; State; Zip Code                              |
| <input type="checkbox"/> Reimbursement from political contributions intended                                                                              | <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE                                                                                                                                    | Category (See Categories listed at the top of this schedule)      |
|                                                                                                                                                           | Description                                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                   |
| Candidate / Officeholder name Office sought Office held                                                                                                   |                                                                   |

|                                                                                                                                                           |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Date                                                                                                                                                      | Payee name                                                        |
| Amount (\$)                                                                                                                                               | Payee address; City; State; Zip Code                              |
| <input type="checkbox"/> Reimbursement from political contributions intended                                                                              | <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE                                                                                                                                    | Category (See Categories listed at the top of this schedule)      |
|                                                                                                                                                           | Description                                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                   |
| Candidate / Officeholder name Office sought Office held                                                                                                   |                                                                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED