# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr. | FIRST: Andres | MI:
NICKNAME: Andy | LAST: Arredondo | SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3620 Pecan Grove Dr. Weslaco, TX 78599

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION
(956) 593-0024

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mr. | FIRST: Andres | MI:
NICKNAME: Andy | LAST: Arredondo | SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3620 Pecan Grove Dr. Weslaco, TX 78599

**8 CAMPAIGN TREASURER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION
(956) 593-0024

**OFFICE USE ONLY**

Date Received
WESLACO ISD
School Board Secretary
RCVD: 10/5/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

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

**10 PERIOD COVERED**

Month / Day / Year: 08 / 12 / 2026 THROUGH 10 / 04 / 2026

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 11 / 03 / 2026

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT** (if known)

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

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

☐ Additional Pages

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

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

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Andres Arredondo, and my date of birth is 09/04/1988.

My address is 3620 Pecan Grove Dr, Weslaco, TX, 78599, USA.
(street) (city) (state) (zip code) (country)

Executed in Hidalgo County, State of TX, on the 5 day of October (month), 2026 (year).

Signature of Candidate/Officeholder (Declarant)

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

**The Instruction Guide explains how to complete this form.**

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

**Expenditure 1**

| 4 Date | 5 Payee name | |
|---|---|---|
| 9/30/26 | A-Plus Enterprises | |
| **6 Amount ($)** | **7 Payee address;** | City; State; Zip Code |
| 225 00 | 3501 Moreland Dr. | Weslaco, TX 78596 |
| | Check if individual's residence address. | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertisement | Banner |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

**Expenditure 2**

| Date | Payee name | |
|---|---|---|
| 9/29/26 | Renatas Event Center #2 | |
| **Amount ($)** | **Payee address;** | City; State; Zip Code |
| 400 03 | 215 S. TX Blvd | Weslaco, TX 78599 |
| | Check if individual's residence address. | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Event Expense | Event |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

**Expenditure 3**

| Date | Payee name | |
|---|---|---|
| 10/2/26 | Tierra Santa | |
| **Amount ($)** | **Payee address;** | City; State; Zip Code |
| 4,44/34 | 1901 Club de Amistad | Weslaco, TX 78596 |
| | Check if individual's residence address. | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Event Expense | Golf-Tournament |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 2

2 FILER NAME: Andres Arredondo

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|
| 8/12/24 | Guillermo Aguirre<br>1416 Providence Ave McAllen, TX 78504 | 200 00 | Sales | Woodmen Life |
| 9/11/24 | Joe Salazar<br>611 E. Loop 499 Harlingen, TX 78550 | 1,500 00 | Sales | Salazar Insurance Group |
| 9/24/24 | Linebarger Goggan Blair & Sampson, LLP<br>P.O. Box 17428 Austin, TX 78760 | 1,500 00 | Attorney | Linebarger |
| 9/28/24 | Frank Morales<br>P.O. Box 1296 Progreso, TX 78579 | 300 00 | Contractor | DBA Artic Insulation |

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME: Andres Arredondo

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor (out-of-state PAC (ID#:_____)) | **7** Amount of contribution ($) |
|---|---|---|
| 10/1/26 | Valiant Energy Sources<br>**6** Contributor address; City; State; Zip Code: 1808 W Morelle st Pharr, TX 78577 | 500 00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| Energy | Valiant energy |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 10/1/26 | Perdue, brandon, Fielder, Collins & Mott, LLP<br>Contributor address; City; State; Zip Code: 1235 North Loop W, Ste 600 Houston TX 77008 | 1,000 00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Attorney | Perdue, Brandon |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 10/1/26 | Melberto Mel Ortiz<br>Contributor address; City; State; Zip Code: 2914 W 34th st Weslaco, TX 78596 | 2,500 00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Contractor | Ortiz All-Sites Construction |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| 1 TOTAL PAGES SCHEDULE F4: 7 | 2 FILER NAME: Andres Arredondo | 3 FILER ID (Ethics Commission Filers) |
|---|---|---|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ 2,029.49 |

**5 CREDIT CARD ISSUER** — Name of financial institution: Texas National Bank

**6 PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 155.91 | 8/14/26 | 8/17/24 |

**7 PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| The Home Depot | 1500 W Exp 83 Weslaco, TX 78596 |

☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Polling expense | T-Posts |

☒ Political ☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct expenditure to benefit C/OH** — Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 76.00 | 9/11/24 | 9/14/26 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Oak Bar + Grill | 303 S TX Blvd Weslaco, TX 78599 |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food expense | Food |

☒ Political ☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH** — Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 69.19 | 9/13/24 | 9/14/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Border Town | 4400 W Intl Blvd Weslaco, TX 78599 |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food expense | Meat |

☒ Political ☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH** — Candidate / Officeholder name | Office Sought | Office Held

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.** **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| | | |
|---|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME: Andres Arredondo | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ |
| 5 CREDIT CARD ISSUER | Name of financial institution: Texas National Bank | |

| | | | |
|---|---|---|---|
| 6 PAYMENT | (a) Amount Charged: $ 23.00 | (b) Date Expenditure Charged: 9/13/26 | (c) Date(s) Credit Card Issuer Paid: 9/14/26 |
| 7 PAYEE | (a) Payee name: Dollar General | (b) Payee address; City, State, Zip Code: 900 N Intl Blvd Weslaco, TX 78599 ☐ Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule): Food expense | (b) Description: Propane tank | |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |

| | | | |
|---|---|---|---|
| PAYMENT | (a) Amount Charged: $ 43.09 | (b) Date Expenditure Charged: 9/15/24 | (c) Date(s) Credit Card Issuer Paid: 9/15/24 |
| PAYEE | (a) Payee name: Malecon Seafood | (b) Payee address; City, State, Zip Code: 2445 N Intl Blvd Weslaco, TX ☐ Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule): Food expense | (b) Description: Food | |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |

| | | | |
|---|---|---|---|
| PAYMENT | (a) Amount Charged: $ 100.00 | (b) Date Expenditure Charged: 9/14/26 | (c) Date(s) Credit Card Issuer Paid: 9/15/24 |
| PAYEE | (a) Payee name: City of Weslaco | (b) Payee address; City, State, Zip Code: 255 S Kansas Ave Weslaco, TX 78599 ☐ Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule): Polling expense | (b) Description: Poll spot | |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.** **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| | | |
|---|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME: Andres Arredondo | 3 FILER ID (Ethics Commission Filers): |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ |
| 5 CREDIT CARD ISSUER | Name of financial institution: Texas National Bank | |

**6 PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 45.00 | 9/15/24 | 9/15/24 |

**7 PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Oak Bar + Grill | 303 S Tx Blvd Weslaco, TX 78596 |

☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

☐ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description: Food

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 308.27 | 9/16/24 | 9/16/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Amazon.com | 410 Terry Ave Seattle, WA |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Coozies

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 46.51 | 9/18/24 | 9/18/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| El Malecon | 2445 N Int'l Blvd Weslaco, TX |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Food Expense

(b) Description: Food

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

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

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.** **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| | | |
|---|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME: Andres Arredondo | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ |

**5 CREDIT CARD ISSUER** — Name of financial institution: Texas National Bank

**6 PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 162.32 | 9/21/24 | 9/24/24 |

**7 PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Amazon.com | 410 Terry Ave Seattle, WA ☐ Check if individual's residence address. |

**8 PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Advertising Expense | Decals |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 10.00 | | |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Murphy USA | 815 E Exp 83 Weslaco, TX 78549 ☐ Check if individual's residence address. |

**PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Travel Expense | GAS |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 48.97 | 9/25/20 | 9/25/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Tonys Bar + Grill | 1901 Club de Amistad Weslaco, TX 78599 ☐ Check if individual's residence address. |

**PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food expense | Food |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

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# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.** **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| | | |
|---|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME: Andres Arredondo | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ |

**5 CREDIT CARD ISSUER** — Name of financial institution: Texas National Bank

**6 PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 14.49 | 9/28/24 | 9/28/24 |

**7 PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| office depot | 1406 W Exp 83 Weslaco, Tx 78599 ☐ Check if individual's residence address. |

**8 PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Advertising expense | Labels |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 462.91 | 9/28/24 | 9/28/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Walmart | 411 S Broadway, Alice, TX ☐ Check if individual's residence address. |

**PURPOSE OF EXPENDITURE**

☐ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Gift expense | Door Prizes |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 36.83 | 9/30/24 | 9/30/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| El Malecon | 2445 N Int'l Blvd Weslaco, TX 78599 ☐ Check if individual's residence address. |

**PURPOSE OF EXPENDITURE**

☐ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food Expense | Food |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

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

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.** **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| | | |
|---|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME: Andres Arredondo | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | $ |
| 5 CREDIT CARD ISSUER | Name of financial institution: Texas National Bank | |

**6 PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 175.00 | 10/1/24 | 10/1/24 |

**7 PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Tony's Bar & Grill | 1901 Club de Amistad Weslaco, TX 78599 |

☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food expense | Workers |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 99.00 | 10/1/24 | 10/1/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Tony's Bar & Grill | 1901 Club de Amistad Weslaco, TX 78599 |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food expense | Food / workers |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

**PAYMENT**

| (a) Amount Charged | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|
| $ 106.00 | 10/1/24 | 10/1/24 |

**PAYEE**

| (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|
| Oak Bar & Grill | 303 S TX 88 Weslaco, TX 78599 |

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

☒ Political ☐ Non-Political

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Food Expense | Food |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

Candidate / Officeholder name | Office Sought | Office Held

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