# 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: ISIDRO
MI:
NICKNAME:
LAST: NIETO
SUFFIX: JR.

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX: 106 W. LIVE OAK DRIVE
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (956)
PHONE NUMBER: 453-4542
EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: MR
FIRST: ZACH
MI:
NICKNAME:
LAST: NIETO
SUFFIX:

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

STREET ADDRESS (NO PO BOX PLEASE): 106 W. LIVE OAK DRIVE
APT / SUITE #:
CITY:
STATE:
ZIP CODE:

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (956)
PHONE NUMBER: 454-5992
EXTENSION:

**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: 8 / 20 / 26 THROUGH 10 / 7 / 26

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 11 / 3 / 26

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 | | **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) | $ 3,500.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 3,500.00 |
| 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**

IVETTE CONTRERAS
My Notary ID # 128596376
Expires January 30, 2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Isidoro Nieto Jr. this the 5th day of October, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Ivette A. Contreras — Printed name of officer administering oath | Exec. Admn. Asst. — 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 _____ (month), 20_____ (year).

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| | |

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

# 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: Isidoro Nieto Jr.

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 ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|---|
| | Eloy Sepulveda | 716 S. Texas Blvd Weslaco TX 78596 | 1,000 | Attorney | Self-Employed |
| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| | Hiram Gutierrez | McAllen, TX | 1,000 | | |
| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| | Perdue Brandon Fielder | 3805 Fountain Plaza Blvd Edinburg Texas | 1,500 | | |
| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) | Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| | | | | | |

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

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