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:

OFFICE USE ONLY

Date Received
Weslaco ISD
Rcvd: 10/26/2026
By:
Exec. Adm. Asst - WISD
Board of Trustees

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Dr. | FIRST: Joel | MI:
NICKNAME: | LAST: Rivera | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: P.O. Box 1055 | APT / SUITE #: | CITY: Weslaco | STATE: TX | ZIP CODE: 78599

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 733-2710 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Dr. | FIRST: Joel | MI:
NICKNAME: | LAST: Rivera | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): P.O. Box 1055 | APT / SUITE #: | CITY: Weslaco | STATE: TX | ZIP CODE: 78599

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 733-2710 | EXTENSION:

9 REPORT TYPE

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

10 PERIOD COVERED

Month / Day / Year: 09 / 25 / 26 THROUGH 10 / 24 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 03 / 26

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Weslaco ISD School Board Trustee Place 6

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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

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)
Dr. Joel Rivera	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,657.81
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 15,854.67
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

MICHELLE DENISE GARZA
Notary Public, State of Texas
Comm. Expires 08-04-2027
Notary ID 134493412

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joel Rivera this the 26th day of Oct., 20 24, to certify which, witness my hand and seal of office.

Michelle Garza — Michelle Garza — Notary St. of TX

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)

Forms provided by Texas Ethics Comm s.sta

Reset Form | Reset Page

Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Dr. Joel Rivera	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 8,500.00
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	$ 5,657.81
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 Dr. Joel Rivera	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
9/25/2026	Linebarger Goggan Blair & Sampson, LLP	1,500.00
	6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/8/2026	Tamez Finanacial Group LLC	500.00
	Contributor address; City; State; Zip Code 1022 S. Texas Blvd Weslaco, TX 78596	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/13/2026	Law Offices of Ezequiel Reyna Jr. PC	1,000.00
	Contributor address; City; State; Zip Code 702 W. Expressway 83 STE 100 Weslaco TX 78599	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/15/2026	Michael De La Rosa	250.00
	Contributor address; City; State; Zip Code 1302 Jacinth St. Weslaco, Tx 78596	
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.

Reset Form Reset Page

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Dr. Joel Rivera	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
10/15/2026	Fidencio and Anissa Alvarado 6 Contributor address; City; State; Zip Code 206 China St. Weslaco, Tx 78596	1,000.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution ($)
10/15/2026	Brian Godinez Contributor address; City; State; Zip Code 5007 N 9th McAllen, TX 78504	1,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution ($)
10/15/2026	Perdue Brandon Fielder Collins & Mott 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)	

Date	Full name of contributor (out-of-state PAC (ID#_____))	Amount of contribution ($)
10/21/2026	Valiant Energy Solutions LLC Contributor address; City; State; Zip Code 1808 Mozelle St. Pharr, TX 78577	1,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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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 Dr. Joel Rivera	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
10/22/2026	Rogelio Garza	500.00
	6 Contributor address; City; State; Zip Code 424 Yucca Ave McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/23/2026	Fidel & Eva Pena	250.00
	Contributor address; City; State; Zip Code 2106 E. 11th St Weslaco, TX 78596	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/23/2026	Future Texas PAC	500.00
	Contributor address; City; State; Zip Code 1317 Orange Blossom Weslaco, TX 78596	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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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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: 3	2 FILER NAME: Dr. Joel Rivera			3 Filer ID (Ethics Commission Filers)
4 Date: 10/0/2026	5 Payee name: Javier Cantu			
6 Amount ($): 800.00	7 Payee address: 1307 W. Duranta Ave.	City: Alamo,	State: TX	Zip Code: 78516
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Contract labor	(b) Description: political sign placement		
	(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	

Date: 10/15/2026	Payee name: Uncle Chops Food Court			
Amount ($): 1,635.93	Payee address: 200 S. Border	City: Weslaco,	State: TX	Zip Code: 78599
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): food/beverage expense	Description: Meet and greet 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	

Date: 10/15/2026	Payee name: Dr. Chief's			
Amount ($): 422.73	Payee address: 3501 Mooreland Dr. Ste 100	City: Weslaco	State: TX	Zip Code: 78596
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event expense	Description: Meet and greet 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	

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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
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: 3	2 FILER NAME: Dr. Joel Rivera	3 Filer ID (Ethics Commission Filers)
4 Date: 10/18/2026	5 Payee name: Academy Sports & Outdoors	
6 Amount ($): 327.93	7 Payee address; City; State; Zip Code: 535 E Expressway 83, Weslaco, TX 78599	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Polling expense	(b) Description: tent, chairs, tables, ect for poll
	(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

Date: 10/22/2026	Payee name: Brava Marketing Agency			
Amount ($): 1,800.00	Payee address: 1213 Tanglewood Lane North	City: Weslaco,	State: TX	Zip Code: 78596
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Consulting Expense	Description: Social Media Management		
	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		

Date: 10/22/2026	Payee name: Maggie Moore			
Amount ($): 500.00	Payee address: 1118 W. 4th St.	City: Weslaco,	State: TX	Zip Code: 78596
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): salary wages/ contract labor	Description: Campaign field satff		
	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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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	3 Filer ID (Ethics Commission Filers)
3	Dr. Joel Rivewra	

4 Date	5 Payee name
10/22/2026	JayDee Flores

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
100.00	3737 Mooreland Dr. Apt 27	Weslaco,	TX	78596

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	Campaign field staff

(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

Date	Payee name
10/23/2026	Reyna's BBQ

Amount ($)	Payee address;	City;	State;	Zip Code
71.22	812 W. Interstate 2	Weslaco,	TX	78599

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/Beverage Expense	b'fast for WEHS XC team

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description

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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