SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 4

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCV'D
26 OCT '26 PM4:15

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 COMMITTEE NAME: PSJA STRONG SPAC

4 COMMITTEE ADDRESS
☐ Change of Address

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
2006 King Rd.		San Juan	TX	78589

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr.	Mario	

NICKNAME	LAST	SUFFIX
	Garza	

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
2006 King Rd.		San Juan	TX	78589

7 CAMPAIGN TREASURER MAILING ADDRESS
☐ Change of Address

STREET ADDRESS OR PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
same				

8 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(956)	451-9244	

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ Dissolution Report (Attached PAC-FR)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month	Day	Year		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
☐ General ☐ Special Description

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: PSJA STRONG SPAC

13 Filer ID (Ethics Commission Filers):

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)

- [ ] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [X] CANDIDATE
- [ ] OFFICEHOLDER
- [ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME: Alexis I. Saenz, Romeo R. Robles, Jr., Elizabeth Chavez

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder): Alexis I. Saenz-for Pl.1, Romeo R. Robles,Jr-for Pl.2, Elizabeth Chavez-for Pl.3

BALLOT IDENTIFICATION / #:

ELECTION DATE: Month / Day / Year

DESCRIPTION:

15 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)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 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 Campaign Treasurer (Declarant)

CECILIA RUIZ NOTARY PUBLIC STATE OF TEXAS ID 135529644 EXP. 08-25-2029

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath | Cecilia Ruiz — Printed name of officer administering oath | Notary Public — 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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
PSJA STRONG SPAC	

19 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	☐	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	☐	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$
7.	☐	SCHEDULE E: LOANS	$
8.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
9.	☒	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 37,289.41
10.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
11.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
12.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
13.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
14.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	PSJA STRONG SPAC	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$

5 Date	6 Payee name			
10/5/2026	Minuteman Press			
7 Amount ($)	**8 Payee address;**	**City;**	**State;**	**Zip Code**
$16,532.47		McAllen	TX	78501

9 TYPE OF EXPENDITURE

[X] Political [ ] Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising expense	mailers and campaign material

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

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

Date	Payee name			
10/22/2026	Brand Boosters			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$20,756.94		McAllen	TX	78501

TYPE OF EXPENDITURE

[X] Political [ ] Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising expense	signs and campaign material

[ ] 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

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM ASTA
PG 1

See ASTA Instruction Guide for detailed instructions.

1 Total pages filed: 2

OFFICE USE ONLY

Date Received

2 COMMITTEE NAME
PSJA STRONG SPAC

3 FILER ID#

4 COMMITTEE NAME
NEW
(SAME) PSJA STRONG SPAC

5 COMMITTEE ADDRESS
NEW | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE
2006 King Rd. | San Juan | TX | 78589

Date Hand-delivered or Postmarked

Receipt # | Amount $

6 CAMPAIGN TREASURER NAME
NEW | MS / MRS / MR | FIRST | MI
Mr. | Mario
NICKNAME | LAST | SUFFIX
Garza

Date Processed

Date Imaged

7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
NEW | STREET ADDRESS: | APT / SUITE #: | CITY: | STATE: | ZIP CODE
2006 King Rd. | San Juan | TX | 78589

8 CAMPAIGN TREASURER MAILING ADDRESS
☑ same as above
NEW | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE

9 CAMPAIGN TREASURER PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
(956) 451-9244

10 PERSON APPOINTING TREASURER
FIRST | MI | LAST | SUFFIX
Alexis | I. | Saenz

11 SIGNATURE
I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Campaign Treasurer

12 ASSISTANT CAMPAIGN TREASURER (see instructions)
NEW | FIRST | MI | LAST | SUFFIX
N/A

13 ASSISTANT CAMPAIGN TREASURER ADDRESS
NEW | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE
N/A

14 ASSISTANT CAMPAIGN TREASURER PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
( ) N/A

GO TO PAGE 2

AMENDMENT: SPECIFIC-PURPOSE COMMITTEE PURPOSE AND MODIFIED REPORTING DECLARATION

FORM ASTA
PG 2

15 COMMITTEE NAME
PSJA STRONG SPAC

16 FILER ID#

17 COMMITTEE PURPOSE
☐ NEW ☐ ADD
☑ SUPPORT CANDIDATE
☐ OPPOSE CANDIDATE
☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME
Candidates: Alexis I. Saenz, Romeo R. Robles, Jr., Elizabeth Chavez

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Office Sought: Alexis I. Saenz, for Pl. 1, Romeo R. Robles, Jr.-for Pl. 2, Elizabeth Chavez-for Pl. 3

☐ NEW ☐ ADD
☐ SUPPORT MEASURE
☐ OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #
N/A

ELECTION DATE
Month / Day / Year

DESCRIPTION
N/A

18 MODIFIED REPORTING DECLARATION

NEW

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

••The modified reporting declaration is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than $1,140 in political contributions or make more than $1,140 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

N/A
Year of election(s) or election cycle to which declaration applies

Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

This appointment is effective on the date it is filed with the appropriate filing authority.

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: 21

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCV 26 OCT 28 PM 4:0

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr | FIRST: Romeo | MI: R

NICKNAME | LAST: Robles | SUFFIX: Jr

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1303 Cynthia Lane
Pharr, TX 78577

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 457-5269 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Ronaldo | MI: C

NICKNAME: Ronnie | LAST: Cantu | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1321 Marble Ave
Pharr, TX 78577

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 655-4424 | 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: 9 / 25 / 26 THROUGH 10 / 24 / 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): PSJA ISD Trustee Place 2

13 OFFICE SOUGHT (if known): PSJA ISD Trustee Place 2

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: PSJA STRONG SPAC

COMMITTEE ADDRESS: 2006 King Road, San Juan, TX 78589

COMMITTEE CAMPAIGN TREASURER NAME: Mario Garza

COMMITTEE CAMPAIGN TREASURER ADDRESS: 2006 King Road, San Juan, TX 78589

GO TO PAGE 2

PSJA FINANCE-RCVD
28 OCT '26 PM4:10

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Romeo R Robles Jr	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 895.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 27224.80
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 16650.06
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4568.32
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 774.00

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.

Romeo Robles

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Romeo R. Robles Jr. this the 26 day of Oct., 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Minerva Rodriguez — Printed name of officer administering oath | Notary — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Romeo R Robles JR, and my date of birth is May 28, 1961.

My address is 1303 Cynthia Lane (street), Pharr (city), TX (state), 78577 (zip code), USA (country).

Executed in Hidalgo County, State of Texas, on the 26 day of May (month), 20 26 (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)
Romeo R Robles Jr	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 13900.00
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 12429.80
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	■	SCHEDULE E: LOANS	$ 174.00
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 13747.18
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	■	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 2902.88
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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: 5

2 FILER NAME
Romeo R Robles 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 ($)
09/25/2026	Ronnie Cantu Construction	McAllen TX 78503	500.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
09/25/2026	Ronaldo Cantu	Pharr TX 78577	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self Employed - Business Owner	Self Employed

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
09/25/2026	Rodney Beamsley	McAllen TX 78501	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
09/25/2026	Micah Robles	New Braunfels TX 78130	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	BWI

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5

2 FILER NAME
Romeo R Robles Jr

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
10/01/2026	Perdue Brandon Fielder Collins & Mott	1000.00
	6 Contributor address; City; State; Zip Code: Edinburg TX 78539	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/03/2026	Jose Ramirez III	250.00
	Contributor address; City; State; Zip Code: Penitas TX 78576	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/03/2026	Ana Lucila Canales	250.00
	Contributor address; City; State; Zip Code: Edinburg TX 78539	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	LInebarger

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/03/2026	RCC Special Projects	1500.00
	Contributor address; City; State; Zip Code: McAllen TX 78503	

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.

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: 5

2 FILER NAME: Romeo R Robles 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)
09/29/2026	Corina F Ramirez Pharr TX 78577	500.00	Retired	
09/29/2026	Oscar R Gonzalez Pharr TX 78577	500.00	CPA	Oscar R Gonzalez CPA & Associates
09/29/2026	Nora Garza Pharr TX 78577	250.00	Administrator	PSJA ISD
09/29/2026	Esponjas Development LTD McAllen TX 78503	3000.00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5

2 FILER NAME
Romeo R Robles 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 ($)
10/03/2026	Robert Ramirez	Pharr TX 78577	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Self Employed Business Owner	

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/12/2026	Future Texas PAC	Weslaco TX 78596	1000.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/16/2026	Linebarger Goggan Blair & Sampson	Edinburg TX 78539	2500.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/16/2026	Marty Moore III	Mission TX 78572	200.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self Employed - Business Owner	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5

2 FILER NAME
Romeo R Robles 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 ($)
10/23/2026	Jose C Garza III Mission TX 78572	1000.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Business Owner	

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

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

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

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

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.

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: 1

2 FILER NAME
Romeo R Robles Jr

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
10/05/2026	PSJA Strong SPAC 2006 King Road San Juan TX 78589	5510.82	Adv Exp, Mailers, Campaign material 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	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
10/05/2026	PSJA Strong SPAC 2006 King Road San Juan TX 78589	6918.98	Adv Exp, Mailers, & Campaign Material 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: 1
2 FILER NAME Romeo R Robles Jr	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 09/25/2026	7 Name of lender ☐ out-of-state PAC (ID#: _____) Romeo R Robles Jr	9 Loan Amount ($) 174
6 Is lender a financial Institution? ☐ Y ■ N	8 Lender address; City; State; Zip Code 1303 Cynthia Lane Pharr TX 78577	10 Interest rate 0 11 Maturity date 08/30/2027
12 Principal occupation / Job title (See Instructions) Retired	13 Employer (See Instructions) N/A	
14 Description of Collateral ■ none	15 ✓ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ■ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount ($)
Is lender a financial Institution? ☐ Y ☐ N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none	Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
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
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)
5	Romeo R Robles Jr	

Expenditure 1

4 Date	5 Payee name
09/30/2025	Junction Cafe

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
294.72	Pharr TX 78577			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Event Expense	Food Meet & Greet

(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
10/14/2026	Leslie Gower

Amount ($)	Payee address;	City;	State;	Zip Code
3000	Pharr TX 78577			

✔ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Consulting Exp	Consulting

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
10/16/2026	Junior's Supermarket

Amount ($)	Payee address;	City;	State;	Zip Code
2384.78	Pharr TX 78577			

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fundraising Expense	BBQ Supplies

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

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)
5	Romeo R Robles Jr	

4 Date	5 Payee name
10/19/2026	HEB

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
100.00	Pharr TX 78577			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	Gas Cards

(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
10/19/2026	Efrain Martinez

Amount ($)	Payee address;	City;	State;	Zip Code
1550.00	Edinburg TX 78539			

✔ Check if individual's residence address.

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

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
10/20/2026	Jesus Martinez

Amount ($)	Payee address;	City;	State;	Zip Code
1500.00	San Juan tX 78589			

Check if individual's residence address.

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

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

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)
5	Romeo R Robles Jr	

4 Date: 10/20/2026

5 Payee name: Minerva J Navarro

6 Amount ($): 500

7 Payee address; City; State; Zip Code: San Juan TX 78589

✔ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Contract Labor

(b) Description: Campaign Labor

(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: HEB

Amount ($): 84.23

Payee address; City; State; Zip Code: Pharr TX 78577

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food & Beverage

Description: Water and Drinks

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: Raul Gonzalez

Amount ($): 500

Payee address; City; State; Zip Code: Pharr TX 78577

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Contract Labor

Description: Campaign Labor

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

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)
5	Romeo R Robles Jr	

4 Date	5 Payee name
10/22/2026	HEB

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
100	Pharr TX 78577			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Travel In-District	Gas Cards

(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
10/01/2026	J & C Imports

Amount ($)	Payee address;	City;	State;	Zip Code
168.00	Pharr TX 78577			

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fundraising Exp	BBQ Expense

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
10/23/2026	Maria Cantu

Amount ($)	Payee address;	City;	State;	Zip Code
1000.00	San Juan TX 78589			

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Contract Labor	Campaign Labor

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

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)
5	Romeo R Robles Jr	

4 Date	5 Payee name
10/24/2026	Romeo R Robles Jr

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
2565.45	1303 Cynthia Lane Pharr TX 78577			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Reimbursement	Reimbursement of personal funds used for campaign expenses (G)

(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

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

Check if individual's residence address.

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

Date	Payee name

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

Check if individual's residence address.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Romeo R Robles Jr	

Expenditure 1

4 Date	5 Payee name
09/29/2026	Harbor Freight

6 Amount ($)	7 Payee address; City; State; Zip Code
41.09 ✔ Reimbursement from political contributions intended	McAllen TX 78503 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fundraising Expense	BBQ Supplies

(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
10/02/2026	HEB

Amount ($)	Payee address; City; State; Zip Code
21.56 ✔ Reimbursement from political contributions intended	Pharr TX 78577 Check if individual's residence address.

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

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
10/02/2026	HEB

Amount ($)	Payee address; City; State; Zip Code
47.40 ✔ Reimbursement from political contributions intended	Pharr TX 78577 Check if individual's residence address.

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

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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Romeo R Robles Jr	

Expenditure 1

4 Date	5 Payee name
10/03/2026	Sam's Club

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
24.52 ✔ Reimbursement from political contributions intended	McAllen	TX		78503

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fundraising Expense	BBQ Supplies

(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
10/06/2026	Tractor Supply Co

Amount ($)	Payee address;	City;	State;	Zip Code
56.18 ✔ Reimbursement from political contributions intended	Pharr	TX		78577

Check if individual's residence address.

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

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
10/13/2026	Kautsch True Value

Amount ($)	Payee address;	City;	State;	Zip Code
4.86 ✔ Reimbursement from political contributions intended	Alamo	TX		78516

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Stakes for signs

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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Romeo R Robles Jr	

Expenditure 1

4 Date	5 Payee name
10/14/2026	Office Depot

6 Amount ($)	7 Payee address; City; State; Zip Code
173.17 ✔ Reimbursement from political contributions intended	Mission TX 78572 — Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Office Supplies

(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
10/15/2026	Staples

Amount ($)	Payee address; City; State; Zip Code
1212.82 ✔ Reimbursement from political contributions intended	Pharr TX 78577 — Check if individual's residence address.

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

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
10/19/2026	Rick's Quick Stop

Amount ($)	Payee address; City; State; Zip Code
89.60 ✔ Reimbursement from political contributions intended	Pharr TX 78577 — Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food & Beverage Expense	Food for workers

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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Romeo R Robles Jr	

Expenditure 1

4 Date	5 Payee name
10/20/2026	McCoy's Buidling Supply

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
6.45	Pharr	TX	78577	

✔ Reimbursement from political contributions intended

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Stakes

(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
10/22/2026	RIck's Quick Stop

Amount ($)	Payee address;	City;	State;	Zip Code
196.71	Pharr	TX	78577	

✔ Reimbursement from political contributions intended

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food and Beverage Expense	Food for Workers

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
10/21/2026	Enterprise

Amount ($)	Payee address;	City;	State;	Zip Code
553.80	Pharr	TX	78577	

✔ Reimbursement from political contributions intended

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Transportation Equipment	Vehicle Rental for travel to polling sites

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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Romeo R Robles Jr	

4 Date: 10/23/2026

5 Payee name: Bar-B-Cuties Smokehouse

6 Amount ($): 63.26

✔ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: Pharr TX 78577

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description: Food for 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

---

Date: 10/23/2026

Payee name: Rick's Quick Stop

Amount ($): 80.40

✔ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: Pharr TX 78577

Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description: Food for Workers

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: 10/24/2026

Payee name: 7-Eleven

Amount ($): 7.25

✔ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: Alamo TX 78516

Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description: Drinks & Ice for Workers

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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Romeo R Robles Jr	

Expenditure 1

4 Date	5 Payee name
10/24/2026	Los Regios Grill

6 Amount ($)	7 Payee address; City; State; Zip Code
178.45 ✔ Reimbursement from political contributions intended	Pharr TX 78577 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food and Beverage Exp	Food for 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

Expenditure 2

Date	Payee name
10/01/2026	American Express

Amount ($)	Payee address; City; State; Zip Code
123.73 ✔ Reimbursement from political contributions intended	Los Angeles CA 90096 Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Credit Card Payment	Payment of campaign charges on previous report.
	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
10/16/2026	Staples

Amount ($)	Payee address; City; State; Zip Code
21.63 ✔ Reimbursement from political contributions intended	Pharr TX 78577 Check if individual's residence address.

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

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: 14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Alexis | MI: I

NICKNAME | LAST: Saenz | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE

2002 S. Villa Real | Pharr | TX | 78577

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(956) 223-0446

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE

2002 S. Villa Real | Pharr | TX | 78577

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(956) 223-0446

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCV'D 26 OCT '26 PM3:2

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: 9 / 25 / 26 THROUGH 10 / 24 / 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)

PSJA ISD Trustee, Pl. 1

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: PSJA Strong SPAC

COMMITTEE ADDRESS: 2006 King Rd. San Juan TX 78589

COMMITTEE CAMPAIGN TREASURER NAME: Mr. Mario Garza

COMMITTEE CAMPAIGN TREASURER ADDRESS: 2006 King Rd. San Juan TX 78589

GO TO PAGE 2

PSJA FINANCE-RCVD
25 OCT 26 PM3:2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
ALEXIS I. SAENZ	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 3,235.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 17,296.33
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4,590.22
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,235.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alexis I. Saenz this the 26 day of Oct., 20 26., to certify which, witness my hand and seal of office.

Minerva Rodriguez — Minerva Rodriguez — Notary

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

OR

(2) Unsworn Declaration

My name is Alexis I. Saenz, and my date of birth is 08/05/1999.

My address is 2002 S. Villa Real (street), Pharr (city), TX (state), 78577 (zip code), USA (country).

Executed in Hidalgo County, State of Texas, on the 5th day of October (month), 20 26 (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)
Alexis I. Saenz	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 14,061.33
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	$ 4,590.22
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	$

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: 3
2 FILER NAME Alexis I. Saenz	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
10/05/2026	PSJA STRONG SPAC 7 Contributor address; City; State; Zip Code 2006 King Rd. San Juan TX 78539	5,510.82	Advertising expense for mailers and campaign material 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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/22/2026	PSJA STRONG SPAC Contributor address; City; State; Zip Code 2006 King Rd. San Juan TX 78589	6,918.98	Advertising expense for campaign material 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: 3
2 FILER NAME Alexis I. Saenz	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
10/21/2026	Romeo R. Robles, Jr. 1303 Cynthia Ln. Pharr TX 78577	251.26 Check if travel outside of Texas. Complete Schedule T.	Transportation and related expense

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
Educator / PSJA Trustee	PSJA ISD
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	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
10/15/2026	Romeo R. Robles, Jr. 1303 Cynthia Ln. Pharr TX 78577	404.27 Check if travel outside of Texas. Complete Schedule T.	Printing expense

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Educator / PSJA Trustee	PSJA ISD
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: 3
2 FILER NAME Alexis I. Saenz	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
10/16/2026	Romeo R. Robles, Jr. 7 Contributor address; City; State; Zip Code 1303 Cynthia Ln. Pharr TX 78577	895.78	Fundraising expense 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)
Educator / PSJA Trustee	PSJA ISD
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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/14/2026	Romeo R. Robles, Jr. Contributor address; City; State; Zip Code 1303 Cynthia Ln. Pharr TX 78577	80.22	Advertising expense Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Educator / PSJA Trustee	PSJA ISD
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.

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

4 Date	5 Payee name
10/18/2026	Joel Lopez

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1,500.00 ✔ Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	contract labor	campaign labor
	(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
10/17/2026	Leslie Gower

Amount ($)	Payee address;	City;	State;	Zip Code
1,500.00 ✔ Reimbursement from political contributions intended		Pharr	TX	78577

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	consulting expense	campaign consulting
	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
10/14/2026	Circle K

Amount ($)	Payee address;	City;	State;	Zip Code
61.08 ✔ Reimbursement from political contributions intended		Pharr	TX	78577

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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

Expenditure 1

4 Date	5 Payee name	
10/21/2026	HEB	
6 Amount ($)	**7 Payee address;**	**City; State; Zip Code**
60.00		Pharr TX 78577
✔ Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**
	travel in district	fuel
	(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	
10/21/2026	Macy's	
Amount ($)	**Payee address;**	**City; State; Zip Code**
355.06		McAllen TX 78501
✔ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	advertising expense	campaign attire
	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	
10/19/2026	Circle K	
Amount ($)	**Payee address;**	**City; State; Zip Code**
25.95		Pharr TX 78577
✔ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	food/beverage expense	beverages for early vote
	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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

Expenditure 1

4 Date	5 Payee name	
10/20/2026	Uncle Roy's BBQ	
6 Amount ($) 74.34 ✔ Reimbursement from political contributions intended	**7 Payee address;**	City; Pharr State; TX Zip Code 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage expense	(b) Description food for Early Vote
	(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	
10/19/2026	Uncle Roy's BBQ	
Amount ($) 84.72 ✔ Reimbursement from political contributions intended	Payee address;	City; Pharr State; TX Zip Code 78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense	Description food for Early Vote
	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	
10/21/2026	Walmart	
Amount ($) 69.14 ✔ Reimbursement from political contributions intended	Payee address;	City; Alamo State; TX Zip Code 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead expense	Description canopy for Early Vote
	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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

Expenditure 1

4 Date	5 Payee name			
10/25/2026	Aguilar's Meat Market			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
90.43		San Juan	TX	78589
✔ Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**		
	food/beverage expense	food for Early Vote		
	(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			
10/25/2026	HEB			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
66.93		Pharr	TX	78577
✔ Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	food/beverage expense	food for Early Vote		
	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			
10/24/2026	Kans & Kegs			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
18.74		Pharr	TX	78577
✔ Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	food/beverage expense	food/beverages for Early Vote		
	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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

Expenditure 1

4 Date	5 Payee name	
10/21/2026	Krispy Kreme	
6 Amount ($) 15.49 ✔ Reimbursement from political contributions intended	**7 Payee address;**	City: McAllen State: TX Zip Code: 78503
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): food/beverage expense	(b) Description: food for Early Vote
	(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	
10/12/2026	Chili's Grill & Bar	
Amount ($) 92.89 ✔ Reimbursement from political contributions intended	Payee address;	City: San Juan State: TX Zip Code: 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): food/beverage expense	Description: food for Early Vote
	☐ 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	
10/03/2026	Circle K	
Amount ($) 27.49 ✔ Reimbursement from political contributions intended	Payee address;	City: McAllen State: TX Zip Code: 78503
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): event expense	Description: food/beverages for 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 PERSONAL FUNDS

SCHEDULE G

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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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

Expenditure 1

4 Date	5 Payee name	
10/21/2026	Junction Cafe	
6 Amount ($)	**7 Payee address;**	City; State; Zip Code
306.51		Pharr TX 78577
✓ Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	event expense	food for event
	(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	
10/20/2026	Flaming Bird	
Amount ($)	**Payee address;**	City; State; Zip Code
45.40		Pharr TX 78577
✓ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food/beverage expense	food for Early Vote
	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	
10/24/2026	Junction Cafe	
Amount ($)	**Payee address;**	City; State; Zip Code
46.11		Pharr TX 78577
✓ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food/beverage expense	food for Early Vote
	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 PERSONAL FUNDS

SCHEDULE G

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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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8	Alexis I. Saenz	

4 Date	5 Payee name
10/18/2026	HEB

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
149.94		Pharr	TX	78577
✓ Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	food/beverage expense	food for Early Vote
	(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

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				

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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: ELIZABETH | MI:

NICKNAME: | LAST: CHAVEZ-PALACIOS | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 700 E. Ridge Rd. | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 329-3444 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Elizabeth | MI:

NICKNAME: | LAST: C. Palacios | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 700 E. Ridge Rd. | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 329-3444 | EXTENSION:

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCV
26 OCT 26 AM 11:1

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: 9 / 25 / 26 THROUGH 10 / 24 / 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): PSJA ISD Trustee, Pl. 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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

COMMITTEE TYPE:

- ☐ GENERAL
- ☑ SPECIFIC

COMMITTEE NAME: PSJA Strong SPAC

COMMITTEE ADDRESS: 2006 King Rd. San Juan TX 78589

COMMITTEE CAMPAIGN TREASURER NAME: Mr. Mario Garza

COMMITTEE CAMPAIGN TREASURER ADDRESS: 2006 King Rd. San Juan TX 78589

GO TO PAGE 2

PSJA FINANCE-RGV1
26 OCT '25 AM11:0

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
ELIZABETH CHAVEZ PALACIOS	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 3,235.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 17,394.57
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,173.21
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,235.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elizabeth Chavez Palacios this the 26 day of Oct., 20 26, to certify which, witness my hand and seal of office.

Minerva Rodriguez — Minerva Rodriguez — Notary

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

OR

(2) Unsworn Declaration

My name is Elizabeth Chavez Palacios, and my date of birth is 09/20/1980.

My address is 700 E. Ridge Rd. (street), Pharr (city), TX (state), 78577 (zip code), USA (country).

Executed in Hidalgo County, State of Texas, on the 5th day of October (month), 20 26 (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)
Elizabeth Chavez Palacios	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 14,159.57
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	$ 1,173.21
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	$

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: 3
2 FILER NAME Elizabeth Chavez Palacios	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
10/05/2026	PSJA STRONG SPAC 7 Contributor address; City; State; Zip Code 2006 King Rd. San Juan TX 78539	5,510.82	Advertising expense for mailers and campaign material 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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/22/2026	PSJA STRONG SPAC Contributor address; City; State; Zip Code 2006 King Rd. San Juan TX 78589	6,918.98	Advertising expense for campaign material 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: 3
2 FILER NAME Elizabeth Chavez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
10/21/2026	Romeo R. Robles, Jr. 7 Contributor address; City; State; Zip Code 1303 Cynthia Ln. Pharr TX 78577	251.26 Check if travel outside of Texas. Complete Schedule T.	Transportation and related expense

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
Educator / PSJA Trustee	PSJA ISD
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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/15/2026	Romeo R. Robles, Jr. Contributor address; City; State; Zip Code 1303 Cynthia Ln. Pharr TX 78577	404.27 Check if travel outside of Texas. Complete Schedule T.	Printing expense

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Educator / PSJA Trustee	PSJA ISD
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)	

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 3
2 FILER NAME Elizabeth Chavez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
10/16/2026	Romeo R. Robles, Jr. 7 Contributor address; City; State; Zip Code 1303 Cynthia Ln. Pharr TX 78577	895.78 Check if travel outside of Texas. Complete Schedule T.	Fundraising expense

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
Educator / PSJA Trustee	PSJA ISD
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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10/14/2026	Romeo R. Robles, Jr. Contributor address; City; State; Zip Code 1303 Cynthia Ln. Pharr TX 78577	80.22 Check if travel outside of Texas. Complete Schedule T.	Advertising expense

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Educator / PSJA Trustee	PSJA ISD
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)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Elizabeth Chavez Palacios	

Entry 1

4 Date	5 Payee name			
10/15/2026	Joel Lopez			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
500.00		Pharr	TX	78577
✔ Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**		
	contract labor	campaign labor		
	(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	

Entry 2

Date	Payee name			
10/21/2026	Gabriel Aguilar			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
100.00		Pharr	TX	78577
✔ Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	contract labor	campaign labor		
	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	

Entry 3

Date	Payee name			
10/21/2026	Junior's Supermarket			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
67.97		Pharr	TX	78577
✔ Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	Food/beverage expense	food for Early Vote		
	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 PERSONAL FUNDS

SCHEDULE G

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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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Elizabeth Chavez Palacios	

Expenditure 1

4 Date	5 Payee name			
10/16/2026	Dairy Queen of San Juan			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
25.25		San Juan	TX	
✔ Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	food/beverage expense	food for Early Vote
	(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			
10/16/2026	Smokey's BBQ			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
37.83		San Juan	TX	78589
✔ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food/beverage expense	food for Early Vote
	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			
10/19/2026	Costco			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
84.18		Pharr	TX	78577
✔ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/beverage expense	food for Early Vote
	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

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Elizabeth Chavez Palacios	

4 Date	5 Payee name
09/30/2026	Junction Cafe

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
306.51 ✔ Reimbursement from political contributions intended		Pharr	TX	78577

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event expense	food for event
	(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
10/22/2026	McDonald's

Amount ($)	Payee address;	City;	State;	Zip Code
20.88 ✔ Reimbursement from political contributions intended		San Juan	TX	78589

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food/beverage expense	food for Early Vote
	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
10/19/2026	HEB

Amount ($)	Payee address;	City;	State;	Zip Code
30.59 ✔ Reimbursement from political contributions intended		Alamo	TX	78516

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food/beverage expense	food for Early Vote
	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

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

PSJA FINANCE-RCV 26 OCT '26 PM 4:

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Norma | MI

NICKNAME | LAST: Cabrera | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1601 N. Date | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 460-3315 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Yomeida | MI

NICKNAME | LAST: Medina | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 700 N. Veterans Blvd. Ste E. | APT / SUITE #: | CITY: San Juan | STATE: TX | ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 627-8522 | EXTENSION

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: 10 / 6 / 2026 THROUGH Month / Day / Year: 10 / 26 / 2026

11 ELECTION

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

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

12 OFFICE

OFFICE HELD (if any): Sch

13 OFFICE SOUGHT (if known): School Board Trustee Place 1

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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
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.

Norma Cab

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

Ivy Crystal Carreon
My Commission Expires
7/9/2030
Notary ID 135564333

NOTARY STAMP / SEAL

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

Ivy C. Carreon — Ivy C. Carreon — Notary Public

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	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 0
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	$ 0
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

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)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Norma Cabrerra	

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the financial report due on Oct - 26. 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Ivy Crystal Carreon
My Commission Expires
7/9/2030
Notary ID 135564333

NOTARY STAMP / SEAL

Signature of Filer

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

Ivy C. Carreon — Signature of officer administering oath

Ivy C. Carreon — Printed name of officer administering oath

Notary Public — 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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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

PSJA FINANCE-RCVD 28 OCT '25 PM 4:4

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Jose | MI: L

NICKNAME | LAST: Bravo | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1228 S. Orchid st. | APT / SUITE #: | CITY: Pharr | STATE: TX | ZIP CODE: 78577

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 279 5901 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Yomeida | MI

NICKNAME | LAST: Medina | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 700 N. Veterans BLVD. Ste E | APT / SUITE #: | CITY: San Juan | STATE: TX | ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 627-8522 | EXTENSION

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: 10 / 06 / 2026 THROUGH Month Day Year: 10 / 26 / 2026

11 ELECTION

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

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): School Board Trustee Pl #2

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	COMMITTEE NAME
☐ SPECIFIC	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)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4500
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4530.81
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ -30.81
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.

Jose Bravo
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

Ivy Crystal Carreon
My Commission Expires
7/9/2030
Notary ID135564333

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jose L. Bravo this the 26th day of October, 20 26, to certify which, witness my hand and seal of office.

Ivy C. Carreon — Ivy C. Carreon — Notary Public

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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Jose L. Bravo

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 ($)
10/6/26	Garza, Dora Alicia	Edinburg TX 78541	$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/6/26	Ignacio Mendoza	Edinburg, TX 78542	$ 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor / ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/6/26	Law Office of Laura Martinez Barbosa	Edinburg, TX 78540	$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: Jose L. Bravo

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)
10/20/26	Jose L. Bravo	Pharr, TX 78577	$600.00	Attorney	Self.
10/22/26	Jose L. Bravo	Pharr TX 78577	$1,850.00	Attorney	Self
10/6/26	Cantu Del Bosque LLC.	Edinburg, TX 78540	$500.00	Attorney	Self
10/6/26	Julian Rodriguez, Jr & Assc PC	McAllen TX 78504	$500.00	Attorney	Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	$ 4500
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	$ 4530.81
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	$ -

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: JOSE L. Brava	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date: 10/03/26	5 Payee name: Peerly	
6 Amount ($): 332.59	7 Payee address:	City: State: Zip Code
	☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Texting/advertising	(b) Description: Sending texts
	(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: 10/03/26	Payee name: William Brewer	
Amount ($): $500.00	Payee address:	City: State: TX Zip Code: 78577
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Volunteer	Description: for volunteer work
	☐ 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: 10/6/26	Payee name: Facebook	
Amount ($): $67.00	Payee address:	City: State: Zip Code
	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description: Boost Ad
	☐ 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

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		$
5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#: _____)	9 Loan Amount ($)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral ☐ none	15 ☐ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
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
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: Jose L. Bravo

3 Filer ID (Ethics Commission Filers)

4 Date: 10/19/26

5 Payee name: Facebook

6 Amount ($): $67.00

7 Payee address; City; State; Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description: Boost Ad

(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: 10/15/26

Payee name: Click 2 Mail

Amount ($): $2016.30

Payee address; City; State; Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description: Mailers

☐ 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: 10/13/26

Payee name: Brand Boosters

Amount ($): $900.56

Payee address; City: McAllen, State: TX Zip Code: 78501

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description: Large & Small Signs

☐ 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

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 Jose L. Bravo	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/26	5 Payee name RGV Promos LLC	
6 Amount ($) $324.75	7 Payee address; City; Mission State; TX Zip Code 78572 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tri fold Brochures
	(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	
Amount ($)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
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

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
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

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
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: JOSE L. Bravo

3 Filer ID (Ethics Commission Filers):

---

4 Date: 10/22/26

5 Payee name: WingBarn

6 Amount ($): $15.73

7 Payee address: City: San Juan State: TX Zip Code: 78589

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description: for volunteer.

(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: 10/19/26

Payee name: Olive Garden

Amount ($): $189.69

Payee address: City: San Juan State: TX Zip Code: 78589

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Description: for volunteers

☐ 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: 10/19/26

Payee name: Peerly

Amount ($): $117.19

Payee address: City: State: Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Texting App.

Description: To send political Texts

☐ 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

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:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#: _____)	**9** Loan Amount ($)
6 Is lender a financial Institution? Y N	**8** Lender address; City; State; Zip Code	**10** Interest rate **11** Maturity date
12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)	
14 Description of Collateral ☐ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☐ not applicable	**17** Name of guarantor **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)	

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

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Jose L. Bravo	

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Financial report due on Oct. 26. 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Ivy Crystal Carreon
My Commission Expires
7/9/2030
Notary ID 135564333

Jose Bravo
Signature of Filer

Sworn to and subscribed before me by Jose L. Bravo. this the 26th day of October, 20 26, to certify which, witness my hand and seal of office.

Ivy C. Carreon — Signature of officer administering oath
IVY C. CARREON — Printed name of officer administering oath
Notary Public — 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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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

PSJA FINANCE-RCV 26 OCT '26 PM4:4

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: O | FIRST: Vittorio | MI: T

NICKNAME: Vitto | LAST: Puente | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 700 N. Veterans Blvd. Ste E | APT / SUITE #: | CITY: San Juan, Texas, 78589 | STATE: | ZIP CODE:

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 784-0571 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Yomelda | MI:

NICKNAME: | LAST: Medina | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 700 N. Veterans Blvd. Ste E. | APT / SUITE #: | CITY: San Juan | STATE: TX | ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 627-8522 | EXTENSION:

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: 10 / 06 / 2026 THROUGH Month / Day / Year: 10 / 26 / 2026

11 ELECTION

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

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

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): School Board Trustee Place 3

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ 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			**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)	$ 600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 533.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 66.01
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

Ivy Crystal Carreon
My Commission Expires
7/9/2030
Notary ID 135564333

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Vittorio T. Puente this the 26th day of October, 20 26, 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
Ivy C. Carreon	Ivy C. Carreon	Notary Public

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)
Vittorio T. Puente	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 600
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	$ 533.99
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: Vittorio T. Puente

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 ($)
10/20/26	Vittorio T. Puente	710 E. Helmer St. Pharr, TX 78577	$600.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Psychologist	Self

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME: Vittorio T. Puente	3 Filer ID (Ethics Commission Filers)
4 Date: 10/23/26	5 Payee name: Brand Boosters	
6 Amount ($): 467.96	7 Payee address; City: McAllen State: TX Zip Code: 78501 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Small Signs Double Sided Signs
	(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: Signs 2 Go	
Amount ($): 66.03	Payee address; City: McAllen, TX Zip Code: 78501 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising Expense	Description: Signs/yardsigns
	☐ 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 ☐ Check if individual's residence address.	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($)

6 Is lender a financial Institution? Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor

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 ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial Institution? Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

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.

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name: Vittorio T. Puente — Filer ID #:

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the financial report due on October 26, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Ivy Crystal Carreon
My Commission Expires
7/9/2030
Notary ID135564333

Signature of Filer

Sworn to and subscribed before me by Vittorio T. Puente this the 26th day of October, 2026, 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
Ivy C. Carreon	Ivy C. Carreon	Notary Public

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 Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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: 13

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCVD 28 OCT '26 PM 3:1

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: JOSE | MI: A

NICKNAME: ANGEL | LAST: FLORES | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 1105 RIO BLANCO | APT / SUITE #: | CITY: SAN JUAN | STATE: TX | ZIP CODE: 78589

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 283-4464 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. | FIRST: ERICK | MI: J

NICKNAME: | LAST: HURTADO | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 407 E 11TH ST | APT / SUITE #: | CITY: SAN JUAN | STATE: TX | ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 378-6846 | 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: 9 | Day: 25 | Year: 26 — THROUGH — Month: 10 | Day: 24 | Year: 26

11 ELECTION

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

ELECTION TYPE:

- ☐ Primary
- ■ General
- ☐ Runoff
- ☐ Special
- ☐ Other Description

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): PSJA ISD BOARD TRUSTEE PL. 1

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

PSJA FINANCE-RCVD
26 OCT '26 PM3:1

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
JOSE "ANGEL" FLORES	

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)	$ 1,983.33
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,784.80
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,865.85
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,400.00

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

MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jose "Angel" Flores this the 26 day of Oct., 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Minerva Rodriguez — Printed name of officer administering oath | Notary — 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)
JOSE "ANGEL" FLORES	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,650.00
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 333.33
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	■	SCHEDULE E: LOANS	$ 2,400.00
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,784.80
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: 3

2 FILER NAME
JOSE "ANGEL" FLORES

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 ($)
10/05/2026	OLGA N. GARCIA MISSION, TX 78572	333.33

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/06/2026	JESUS A. RAMIREZ/RMZ KLEANING ZOLUTIONS MISSION, TX 78572	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/07/2026	ROSALVA SILVA PHARR, TX 78577	33.33

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

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10/07/2026	AMADOR AYALA SAN JUAN, TX 78589	133.33

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.

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: 3

2 FILER NAME
JOSE "ANGEL" FLORES

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____))	**7** Amount of contribution ($)
10/09/2026	PRISCILLA ALMAGUER	66.67
	6 Contributor address; City; State; Zip Code: 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 ($)
10/10/2026	JUAN A. CADENA/CADENA'S AUTOS	166.67
	Contributor address; City; State; Zip Code: PHARR, TX 78577	
Principal occupation / Job title (See Instructions): BUSINESS OWNER	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/12/2026	YOLANDA CASTILLO	66.67
	Contributor address; City; State; Zip Code: ALAMO, TX 78516	
Principal occupation / Job title (See Instructions): EDUCATOR	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/12/2026	JOSE S. VILLA	83.33
	Contributor address; City; State; Zip Code: NEWARK, OH 43055	
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.

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: 3

2 FILER NAME
JOSE "ANGEL" FLORES

3 Filer ID (Ethics Commission Filers)

4 Date
10/21/2026

5 Full name of contributor out-of-state PAC (ID#:_____)
FUTURE TEXAS CAMPAIGN FUND/JORGE L. LOZANO, TREASURER

6 Contributor address; City; State; Zip Code
WESLACO, TX 78596

7 Amount of contribution ($)
666.67

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

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: 1

2 FILER NAME
JOSE "ANGEL" FLORES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/18/2026	ROBERTO F. LOREDO **7** Contributor address; City; State; Zip Code SAN JUAN, TX 78589	333.33	1/3 SHARE OF CONTRACT LABOR PAID BY LOREDO FOR JOINT CAMPAIGN ACTIVITY Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
RETIRED

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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		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: 1

2 FILER NAME
JOSE "ANGEL" FLORES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan: 10/12/2026

7 Name of lender: JOSE "ANGEL" FLORES ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): 2,400.00

6 Is lender a financial Institution? ☐ Y ■ N

8 Lender address; City; State; Zip Code: 1105 RIO BLANCO SAN JUAN TX 78589

10 Interest rate: 0.00

11 Maturity date

12 Principal occupation / Job title (See Instructions): BUSINESS OWNER

13 Employer (See Instructions)

14 Description of Collateral: ■ none

15 ✔ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION: not applicable

17 Name of guarantor

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 ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial Institution? ☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral: none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION: not applicable

Name of guarantor

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
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)
5	JOSE "ANGEL" FLORES	

4 Date: 09/29/2026

5 Payee name: TRACTOR SUPPLY CO

6 Amount ($): 35.66

7 Payee address; City; State; Zip Code: PHARR, TX 78577

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: SIGN MATERIALS

(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: 09/30/2026

Payee name: WALMART CHECK PRINTING

Amount ($): 12.26

Payee address; City; State; Zip Code:

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ACCOUNTING/BANKING

Description: CAMPAIGN CHECKS

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: 10/02/2026

Payee name: EXPRESS PRINTING

Amount ($): 140.73

Payee address; City; State; Zip Code: SAN JUAN, TX 78589

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): PRINTING EXPENSE

Description: CAMPAIGN POSTCARDS

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

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)
5	JOSE "ANGEL" FLORES	

4 Date: 10/07/2026
5 Payee name: SAM'S CLUB
6 Amount ($): 189.43
7 Payee address; City; State; Zip Code: MCALLEN, TX 78503
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE
(b) Description: CAMPAIGN EVENT MEALS
(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: 10/07/2026
Payee name: COSTCO WHOLESALE
Amount ($): 3.43
Payee address; City; State; Zip Code: PHARR, TX 78577
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE
Description: CAMPAIGN EVENT MEALS
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: 10/08/2026
Payee name: 7-ELEVEN
Amount ($): 5.94
Payee address; City; State; Zip Code: ALAMO, TX 78516
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE
Description: ICE
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

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)
5	JOSE "ANGEL" FLORES	

Expenditure 1

4 Date	5 Payee name	
10/08/2026	AGUILAR'S MEAT MARKET	
6 Amount ($)	**7 Payee address;**	City; State; Zip Code
56.94	SAN JUAN, TX 78589	
	Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	(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	
10/09/2026	PLACIDA GONZALEZ	
Amount ($)	Payee address;	City; State; Zip Code
73.33	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	TABLES AND CHAIRS RENTAL FOR CAMPAIGN 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	
10/11/2026	COSTCO WHOLESALE	
Amount ($)	Payee address;	City; State; Zip Code
502.19	PHARR, TX 78577	
	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN FUNDRAISER MEALS
	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

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)
5	JOSE "ANGEL" FLORES	

4 Date	5 Payee name
10/16/2026	IHEARTMEDIA

6 Amount ($)	7 Payee address; City; State; Zip Code
670.33	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
	ADVERTISING EXPENSE	RADIO ADS
	(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
10/19/2026	NPG VAN, INC

Amount ($)	Payee address; City; State; Zip Code
75.90	SOMERVILLE, MA 02144
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OTHER	VOTER OUTREACH CALLS
	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
10/23/2026	NPG VAN, INC

Amount ($)	Payee address; City; State; Zip Code
10.13	SOMERVILLE, MA 02144
	Check if individual's residence address.

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

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)
5	JOSE "ANGEL" FLORES	

4 Date	5 Payee name
10/23/2026	DESCRIPT INC

6 Amount ($)	7 Payee address; City; State; Zip Code
8.53	SAN FRANCISCO, CA 94110
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
ADVERTISING EXPENSE	CAMPAIGN VIDEO

(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

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

Check if individual's residence address.

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

---

Date | Payee name

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

Check if individual's residence address.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 14

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: MRS. | FIRST: YOLANDA | MI:
NICKNAME: | LAST: CASTILLO | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1036 S CESAR CHAVEZ | | ALAMO | TX | 78516

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE | PHONE NUMBER | EXTENSION
(956) | 460-6200 |

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR. | FIRST: ERICK | MI: J
NICKNAME: | LAST: HURTADO | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
407 E 11TH ST | | SAN JUAN | TX | 78589

8 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE NUMBER | EXTENSION
(956) | 378-6846 |

OFFICE USE ONLY
Date Received
PSJA FINANCE-RCVD
26 OCT '26 PM3:1
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: 9 / 25 / 26 THROUGH 10 / 24 / 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): PSJA ISD BOARD TRUSTEE PL. 3

13 OFFICE SOUGHT (if known): PSJA ISD BOARD TRUSTEE PL. 3

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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

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)
YOLANDA CASTILLO	

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)	$ 4,416.67
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,092.60
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6,415.88
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,516.66

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 PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Yolanda Castillo this the 26 day of Oct., 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Minerva Rodriguez — Printed name of officer administering oath | Notary — 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	20 Filer ID (Ethics Commission Filers)
YOLANDA CASTILLO	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4,083.34
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 333.33
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	■	SCHEDULE E: LOANS	$ 2,466.66
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,784.80
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	$ 307.80
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: 3

2 FILER NAME
YOLANDA CASTILLO

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____))	**7** Amount of contribution ($)
09/30/2026	LINEBARGER GOGGAN BLAIR & SAMPSON **6** Contributor address; City; State; Zip Code AUSTIN TX 78760	2,500.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
ATTORNEYS AT LAW	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/05/2026	OLGA N. GARCIA Contributor address; City; State; Zip Code MISSION, TX 78572	333.34

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

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/06/2026	JESUS A. RAMIREZ/RMZ KLEANING ZOLUTIONS Contributor address; City; State; Zip Code MISSION, TX 78572	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/07/2026	ROSALVA SILVA Contributor address; City; State; Zip Code PHARR, TX 78577	33.34

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.

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: 3

2 FILER NAME
YOLANDA CASTILLO

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 ($)
10/07/2026	AMADOR AYALA	SAN JUAN TX 78589	133.34

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/09/2026	PRISCILLA ALMAGUER	MCALLEN, TX 78504	66.66

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

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/10/2026	JUAN A. CADENA/CADENA'S AUTOS	PHARR, TX 78577	166.66

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/12/2026	JOSE S. VILLA	NEWARK, OH 43055	83.34

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.

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: 3

2 FILER NAME
YOLANDA CASTILLO

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/21/2026	FUTURE TEXAS CAMPAIGN FUND/JORGE L. LOZANO, TREASURER **6** Contributor address; City; State; Zip Code WESLACO, TX 78596	666.66

8 Principal occupation / Job title (See Instructions)	**9** 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)

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)

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)

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: 1
2 FILER NAME YOLANDA CASTILLO	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/18/2026	ROBERTO F. LOREDO **7** Contributor address; City; State; Zip Code SAN JUAN, TX 78589	333.33	1/3 SHARE OF CONTRACT LABOR PAID BY LOREDO FOR JOINT CAMPAIGN ACTIVITY 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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		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: 1

2 FILER NAME
YOLANDA CASTILLO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS
$

5 Date of loan
10/12/2026

7 Name of lender ☐ out-of-state PAC (ID#:_____)
YOLANDA CASTILLO

9 Loan Amount ($)
2,466.66

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
1036 S. CESAR CHAVEZ ALAMO, TX 78516

10 Interest rate
0.00

11 Maturity date

12 Principal occupation / Job title (See Instructions)
EDUCATOR

13 Employer (See Instructions)

14 Description of Collateral
■ none

15 ✓ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

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 ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

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
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)
5	YOLANDA CASTILLO	

4 Date	5 Payee name
09/29/2026	TRACTOR SUPPLY CO

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
35.66	PHARR, TX 78577			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	SIGN MATERIALS

(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
09/30/2026	WALMART CHECK PRINTING

Amount ($)	Payee address;	City;	State;	Zip Code
12.29				

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ACCOUNTING/BANKING	CAMPAIGN CHECKS

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
10/02/2026	EXPRESS PRINTING

Amount ($)	Payee address;	City;	State;	Zip Code
140.72	SAN JUAN, TX 78589			

Check if individual's residence address.

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

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

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)
5	YOLANDA CASTILLO	

4 Date	5 Payee name
10/07/2026	SAM'S CLUB

6 Amount ($)	7 Payee address; City; State; Zip Code
189.44	MCALLEN, TX 78503
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	(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
10/07/2026	COSTCO WHOLESALE

Amount ($)	Payee address; City; State; Zip Code
3.43	PHARR, TX 78577
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	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
10/08/2026	7-ELEVEN

Amount ($)	Payee address; City; State; Zip Code
5.93	ALAMO, TX 78516
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	ICE
	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

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)
5	YOLANDA CASTILLO	

4 Date	5 Payee name
10/08/2026	AGUILAR'S MEAT MARKET

6 Amount ($)	7 Payee address; City; State; Zip Code
56.93	SAN JUAN, TX 78589
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	(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
10/09/2026	PLACIDA GONZALEZ

Amount ($)	Payee address; City; State; Zip Code
73.34	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	TABLES AND CHAIRS RENTAL FOR CAMPAIGN 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	Payee name
10/11/2026	COSTCO WHOLESALE

Amount ($)	Payee address; City; State; Zip Code
502.19	PHARR, TX 78577
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN FUNDRAISER MELAS
	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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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)
5	YOLANDA CASTILLO	

4 Date: 10/16/2026

5 Payee name: IHEARTMEDIA

6 Amount ($): 670.34

7 Payee address; City; State; Zip Code: WESLACO, TX 78596

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTSING EXPENSE

(b) Description: RADIO ADS

(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: 10/19/2026

Payee name: NPG VAN, INC

Amount ($): 75.89

Payee address; City; State; Zip Code: SOMERVILLE, MA 02144

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OTHER

Description: VOTER OUTREACH CALLS

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: 10/23/2026

Payee name: NPG VAN, INC

Amount ($): 10.12

Payee address; City; State; Zip Code: SOMERVILLE, MA 02144

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OTHER

Description: VOTER OUTREACH CALLS

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

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)
5	YOLANDA CASTILLO	

4 Date	5 Payee name
10/23/2026	DESCRIPT

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
8.52	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
ADVERTSING EXPENSE	CAMPAIGN VIDEO

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

Check if individual's residence address.

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

---

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

Check if individual's residence address.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	YOLANDA CASTILLO	

Expenditure 1

4 Date	5 Payee name
10/12/2026	STAPLES

6 Amount ($)	7 Payee address:	City;	State;	Zip Code
86.58		PHARR	TX	78577

✔ Reimbursement from political contributions intended

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	PRINTING EXPENSE	CAMPAIGN BUSINESS-SIZE CARDS

(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
10/13/2026	VICTOR G PHOTOGRAPHY

Amount ($)	Payee address;	City;	State;	Zip Code
100.00		MCALLEN	TX	78501

✔ Reimbursement from political contributions intended

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	VIDEO SHOOT FOR JOINT CAMPAIGN

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
10/23/2026	STAPLES

Amount ($)	Payee address;	City;	State;	Zip Code
121.22		PHARR	TX	78577

✔ Reimbursement from political contributions intended

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	CAMPAIGN BUSINESS-SIZE CARDS

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

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: 13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: ROBERTO | MI: F

NICKNAME | LAST: LOREDO | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 507 E 11TH ST | APT / SUITE #: | CITY: SAN JUAN | STATE: TX | ZIP CODE: 78589

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 460-2088 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. | FIRST: ERICK | MI: J

NICKNAME | LAST: HURTADO | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 407 E 11TH ST | APT / SUITE #: | CITY: SAN JUAN | STATE: TX | ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 378-6846 | EXTENSION:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

PSJA FINANCE-RC
2025 OCT 27 PM 1

Receipt # | Amount $

Date Processed

Date Imaged

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: 9 / 25 / 26 THROUGH 10 / 24 / 26

11 ELECTION

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

ELECTION TYPE:

- ☐ Primary
- ■ General
- ☐ Runoff
- ☐ Special
- ☐ Other Description

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)

PSJA ISD BOARD TRUSTEE PL. 2

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)
ROBERTO F LOREDO	

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)	$ 2,250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,784.80
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,515.85
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2,450.00

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.

@ Roberto F. Loredo
Signature of Candidate or Officeholder

CLARISSA YVETTE GAYTAN-CANCINO
Notary ID #124396206
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. Aug 3, 2030

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Roberto F. Loredo this the 26 day of October, 20 26, 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
	Clarissa Gaytan-Cancino	Notary

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	20 Filer ID (Ethics Commission Filers)
ROBERTO F LOREDO	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	■	SCHEDULE E: LOANS	$ 2,400.00
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,784.80
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	$ 1,000.00
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: 3

2 FILER NAME
ROBERTO F LOREDO

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 ($)
09/30/2026	IDOLINA G. VELA	ALAMO, TX 78516	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/02/2026	JOHN G. PHILLIPS	MCALLEN, TX 78502	500.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/05/2026	OLGA N. GARCIA	MISSION, TX 78572	333.33

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/06/2026	JESUS A. RAMIREZ/RMZ KLEANING ZOLUTIONS	MISSION, TX 78572	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3

2 FILER NAME
ROBERTO F LOREDO

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 ($)
10/07/2026	ROSALVA SILVA	PHARR, TX 78577	33.33

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/07/2026	AMADOR AYALA	SAN JUAN, TX 78589	133.33

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/09/2026	PRISCILLA ALMAGUER	MCALLEN, TX 78504	66.67

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
10/10/2026	JUAN A. CADENA/CADENA'S AUTOS	PHARR, TX 78577	166.67

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
BUSINESS OWNER	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3

2 FILER NAME
ROBERTO F LOREDO

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____))	**7** Amount of contribution ($)
10/12/2026	YOLANDA CASTILLO **6** Contributor address; City; State; Zip Code ALAMO, TX 78516	66.67

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
EDUCATOR	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
10/12/2022	JOSE S. VILLA Contributor address; City; State; Zip Code NEWARK, OH 43055	83.33

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	FUTURE TEXAS CAMPAIGN FUND/JORGE L. LOZANO, TREASURER Contributor address; City; State; Zip Code WESLACO, TX 78596	666.67

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)

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: 1

2 FILER NAME
ROBERTO F LOREDO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan
10/12/2026

7 Name of lender ☐ out-of-state PAC (ID#:_____)
ROBERTO F. LOREDO

9 Loan Amount ($)
2,400.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
507 E 11TH ST SAN JUAN TX 78589

10 Interest rate
0.00

11 Maturity date

12 Principal occupation / Job title (See Instructions)
RETIRED

13 Employer (See Instructions)

14 Description of Collateral
■ none

15 ✓ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

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 ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

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
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)
5	ROBERTO F LOREDO	

Expenditure 1

4 Date	5 Payee name	
09/29/2026	TRACTOR SUPPLY CO	
6 Amount ($)	**7 Payee address;**	City; State; Zip Code
35.66	PHARR, TX 78577	
	Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**
	ADVERTISING EXPENSE	SIGN MATERIALS
	(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	
09/30/2026	WALMART CHECK PRINTING	
Amount ($)	**Payee address;**	City; State; Zip Code
12.27	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	ACCOUNTING/BANKING	CAMPAIGN CHECKS
	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	
10/02/2026	EXPRESS PRINTING	
Amount ($)	**Payee address;**	City; State; Zip Code
140.73	SAN JUAN, TX 78589	
	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	PRINTING EXPENSE	CAMPAIGN POSTCARDS
	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

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)
5	ROBERTO F LOREDO	

4 Date	5 Payee name
10/07/2026	SAM'S CLUB

6 Amount ($)	7 Payee address; City; State; Zip Code
189.43	MCALLEN, TX 78503
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	(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
10/07/2026	COSTCO WHOLESALE

Amount ($)	Payee address; City; State; Zip Code
3.42	PHARR, TX 78577
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	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
10/08/2026	7-ELEVEN

Amount ($)	Payee address; City; State; Zip Code
5.94	ALAMO, TX 78516
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	ICE
	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

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)
5	ROBERTO F LOREDO	

4 Date	5 Payee name
10/08/2026	AGUILAR'S MEAT MARKET

6 Amount ($)	7 Payee address; City; State; Zip Code
56.94	SAN JUAN, TX 78589
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN EVENT MEALS
	(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
10/09/2026	PLACIDA GONZALEZ

Amount ($)	Payee address; City; State; Zip Code
73.33	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE	TABLES AND CHAIRS RENTAL FOR CAMPAIGN 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	Payee name
10/11/2026	COSTCO WHOLESALE

Amount ($)	Payee address; City; State; Zip Code
502.19	PHARR, TX 78577
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD/BEVERAGE EXPENSE	CAMPAIGN FUNDRAISER MEALS
	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

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)
5	ROBERTO F LOREDO	

4 Date	5 Payee name
10/16/2026	IHEARTMEDIA

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
670.33	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
	ADVERTSING EXPENSE	RADIO ADS

(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
10/19/2026	NPG VAN, INC

Amount ($)	Payee address;	City;	State;	Zip Code
75.90	SOMERVILLE, MA 02144			

Check if individual's residence address.

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

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
10/23/2026	NPG VAN, INC

Amount ($)	Payee address;	City;	State;	Zip Code
10.13	SOMERVILLE, MA 02144			

Check if individual's residence address.

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

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

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)
5	ROBERTO F LOREDO	

4 Date	5 Payee name
10/23/2026	DESCRIPT INC

6 Amount ($)	7 Payee address; City; State; Zip Code
8.53	, SAN FRANCISCO, CA 94110
	Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	CAMPAIGN VIDEO
	(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

Amount ($)	Payee address; City; State; Zip Code
	Check if individual's residence address.

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

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
	Check if individual's residence address.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	ROBERTO F LOREDO	

4 Date
10/18/2026

5 Payee name
JAVIER MORENO

6 Amount ($)
1,000.00
✔ Reimbursement from political contributions intended

7 Payee address;
City; MCALLEN State; TX Zip Code 78501
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
SALARIES/WAGES/CONTRACT LABOR

(b) Description
CONTRACT LABOR FOR JOINT CAMPAIGN ACTIVITY BENEFITING FLORES, LOREDO, AND CASTILLO

(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
Amount ($)
Reimbursement from political contributions intended
Payee address; City; State; Zip Code
Check if individual's residence address.
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

Date
Payee name
Amount ($)
Reimbursement from political contributions intended
Payee address; City; State; Zip Code
Check if individual's residence address.
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Pedro | MI

NICKNAME | LAST: Garcia | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 118 N. Standard | APT / SUITE #: | CITY: San Juan | STATE: Tx | ZIP CODE: 78589

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) | PHONE NUMBER: 821-7953 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Jessica | MI

NICKNAME | LAST: Garcia | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 118 N. Standard | APT / SUITE #: | CITY: San Juan | STATE: Tx. | ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) | PHONE NUMBER: 358-9328 | EXTENSION

OFFICE USE ONLY

Date Received

PSJA FINANCE-RCV
26 OCT '26 PM2:5

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: 09 / 24 / 2026 THROUGH Month / Day / Year: 10 / 24 / 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): PSJA School Trustee Place 3

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

STA FINANCE-RCVD
26 OCT 26 PM 2:5

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Pedro Garcia

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)	$ 2,500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,083.00
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.

Pedro Garcia
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Pedro Garcia this the 26 day of Oct., 20 26, to certify which, witness my hand and seal of office.

Minerva Rodriguez — Minerva Rodriguez — 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 _____ (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)
Pedro Garcia.	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2,500
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	$ 2,083.00
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	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions)	9 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)

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)

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: Pedro Garcia

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)
9-30-2026	Cadens's Autos	Pharr, Tx, 78577	$ 500.00	Businessman	
10-15-2026	St Eulalia Holdings	McAllen Tx 78501	$ 1,500 00	Businessman	
10-16-2026	Memorial Funeral	Edinburg Tx 78540	$ 500 00	Business	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: Pedro Garcia.

3 Filer ID (Ethics Commission Filers)

4 Date: 10-05-2026

5 Payee name: Brand Boosters

6 Amount ($): 1,000 00

7 Payee address: City: McAllen State: Tx Zip Code 78501

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description:

(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: 10-05-2026.

Payee name: Costco

Amount ($): 98.14.

Payee address: City: Pharr, Tx. State: Zip Code 78577

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): SGS

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

---

Date: 10-10-2026.

Payee name: Costco

Amount ($): 95.16.

Payee address: City: Pharr, Tx. State: Zip Code 78577

☑ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): SGS

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#: _____)	9 Loan Amount ($)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collateral ☐ none	15 ☐ Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed ($)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	

Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed ($)
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
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: Pedro Garcia

3 Filer ID (Ethics Commission Filers)

4 Date: 10-15-2026

5 Payee name: Costco

6 Amount ($): 87.40

7 Payee address; City: Pharr State: Tx. Zip Code: 78577

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): GAS.

(b) Description:

(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: 10-16-2026

Payee name: Walmart

Amount ($): 720,~~15~~

Payee address; City: Alamo, Tx State: Zip Code: 78516

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

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

---

Date: 10-23-2026

Payee name: Costco

Amount ($): 81.80

Payee address; City: Pharr, Tx. State: Zip Code: 78577

☑ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): GAS

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PSJA FINANCE-RCVD 26 OCT '26 PM 2:55

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Jose | MI: Isaac | NICKNAME | LAST: Santa Maria | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: Cesar Chavez Rd. Alamo Tx. 78516

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (956) 325-5832

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Jose | MI | NICKNAME | LAST: Santa Maria | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: Cesar Chavez Rd. Alamo Tx. 78516

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (956) 460-5380

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: 09 / 24 / 2026 THROUGH Month / Day / Year: 10 / 24 / 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): P.S.J.I.A. School Trustee Place 2

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

RECEIVED
26 OCT 25 PM 2:15

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,000 00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,750 00
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 PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jose Isaac Santa Maria this the 26 day of Oct.,
20 26, to certify which, witness my hand and seal of office.

Minerva Rodriguez — Minerva Rodriguez — 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 _____ (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	$ 1,000 00
2.	☑	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 500 00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,750 00
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: Jose Isaac Santa Maria

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
10-20-2026	Kennedy Felix & Clarissa Salinas	1,000 00
	6 Contributor address: Rio Grande City; TX State; 78582 Zip Code	
8 Principal occupation / Job title (See Instructions): Attorney	9 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)	

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)	

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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: Jose Isaac Santa Maria

3 Filer ID (Ethics Commission Filers)

4 Date: 10-15-2026.

5 Payee name: Brand Boosters

6 Amount ($): 800.00

7 Payee address; City: McAllen State: Tx. Zip Code 78501

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(b) Description:

(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: 10-17-2026

Payee name: Walmart Supercenter.

Amount ($): 400.00

Payee address; City: Alamo State: Tx. Zip Code 78516

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

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

---

Date: 10-17-2026

Payee name: Sam's Club.

Amount ($): 550.00

Payee address; City: McAllen State: Tx. Zip Code 78503

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#: _____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

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.

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:
2 FILER NAME Jose Isaac Santa Maria.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
10-18-2026	Hacienda. San Juan Contributor address; City; State; Zip Code San Juan TX. 78589	500 00	☑ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Businessman	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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ 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.

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

PSJA FINANCE-RCV'D
26 OCT '26 AM8:E

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST | MI
Adina

NICKNAME | LAST | SUFFIX
Santillan

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE
416 Judean Lane | San Juan | TX | 78589

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
(956) | 460-8548 |

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI
Jonathan

NICKNAME | LAST | SUFFIX
Gongora

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE
416 Judean Lane | | San Juan | TX | 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
(956) | 252-8888 |

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
10 / 03 / 2026 THROUGH 10 / 24 / 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)
N/A

13 OFFICE SOUGHT (if known)
PSJA ISD School Board Place 1

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

PSJA FINANCE-RCV
26 OCT '26 PM3:1

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Adina Santillan			**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)	$ 800.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1250.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 116.00
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.

Adina Santillan
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
MINERVA RODRIGUEZ
Notary Public, State of Texas
ID# 135567424
My Commission Expires
08-06-2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adina Santillan this the 26 day of Oct., 2026, ~~to certify~~ which, witness my hand and seal of office.

Minerva Rodriguez — Minerva Rodriguez — 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 _____ (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)
Adina Santillan	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 800.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1000.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	[ ]	SCHEDULE E: LOANS	$ 0
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ $1250
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 225.07
10.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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
Adina Santillan

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10-23-2026	Hiram A Gutierrez	$800.00
	6 Contributor address; City; State; Zip Code: McAllen TX 78501	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Attorney	

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)	

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)	

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)	

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:
2 FILER NAME Adina Santillan	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10-02-2026	Jonathan Sakulenzki **7** Contributor address; City; State; Zip Code	$1000	Political Signs ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner	**11** Employer (FOR NON-JUDICIAL) (See Instructions) South Texas Risk Mgmt LLC
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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ 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.

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: Adina Santillan	3 Filer ID (Ethics Commission Filers)
4 Date: 10-18-2026	5 Payee name: La Hacienda	
6 Amount ($): $250	7 Payee address; City: San Juan State: TX Zip Code: 78589	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: Hall Expense for Event
	(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: 10-23-2026	Payee name: Hermelia Garcia	
Amount ($): $1000	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Polling Expense	Description: Poll Worker-Get Out The Vote
	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED