CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C	C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commiss	sion Filers) 2	Total pages filed:	
OFF	NDIDATE /	MS / MRS / MR Mr	FIRST Arturo	мі J		OFFICE USE ON	ILY
NAN	VIE.	NICKNAME AJ	LAST Garcia	SUF	FIX	ECEIVE	-n
OFF MAII ADE	NDIDATE / FICEHOLDER LING DRESS	ADDRESS / PO BOX; 1113 Ortega	Cir. Alamo, TX 78	류왕(세) 3 - 4A		OCT 3 0 2023	Kirl
Ch	nange of Address				City S	Secretary's (JTTICE
OFF	NDIDATE/ FICEHOLDER DNE	(956)	802-0199	EXTENSION		e Hand-delivered or Date P	
	MPAIGN EASURER	MS / MRS / MR	FIRST Jesse	MI		eipt # Amount	
NAN	ME		LAST		FIX	e Processed	
		NICKNAME	Garcia	301		e Imaged	
TRE	MPAIGN EASURER DRESS	TO SEE IN COMPANY PRO	nde Dr. Mission, T			STATE; ZIP CO	DE
(Reside	ence or Business)	FI .					
TRE	MPAIGN EASURER ONE	AREA CODE	PHONE NUMBER 655-3629	EXTENSION		1	
3		(950)	000-0029				
9 REI	PORT TYPE	January 15	30th day before e	election Runoff		15th day after campaig treasurer appointment (Officeholder Only)	ın
		July 15	X 8th day before ele	ection Exceeded Reporting I	1	Final Report (Attach C/0	DH - FR)
10 PEF		Month	Day Year		Month	Day Year	
CO	VERED	8 /	/ 3 / 23	THROUGH	10 / 3	30 / 23	
11 ELE	ECTION	ELECTION DA	TE	ELEC	TION TYPE		
		Month Day	Year Primary		ther escription		
		11 / 7 /	General	Special _			
12 OF	FICE	OFFICE HELD (if any)		13 OFFICE SOUGH	CA AMERICAN CARE COME	ce 4	
N B INTERNET							
PO	TICE FROM LITICAL MMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOU	IT THE CANDIDATE	'S OR OFFICEHOLDER'S KNO	WLEDGE OR
		COMMITTEE TYPE	COMMITTEE NAME	w			
,	Additional Pages	GENERAL	COMMITTEE ADDRESS				
		SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
			COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
			GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$	19,468.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	845.00
	4. TOTAL POLITICAL EXPENDITURES	\$	13,540.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	5,928.10
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
	Please complete either option below ALEXANDRA RANGEL Notary ID #131736380 My Commission Expires		iceholder
(1) Affidavit	September 25, 2026		
Sworn to and subscribed	before me by Arton Garcia this the	<u>30</u> day	of October,
20 1 , to certify		Ksstcat Title	of OTOBEY, City Une gev of officer administering oath
(2) Unsworn Declarat	on on	建 界。4. 电线	
My name is	, and my date of birth is	5	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
and 🗸 compound the Color of th		(state) (zip c	code) (country)
Executed in	County, State of, on the day of(month	h) , 20) (year)
	Signature of Candi	idate/Officehold	er (Declarant)

SCHEDULE A1

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

			N
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Arturo J. C	Barcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Moises Flores	(ID#:)	7 Amount of contribution (\$)
08/08/2023	6 Contributor address: City: 1224 Bobby Dr. Donna,	State; Zip Code TX 78537	5,000.00
8 Principal occu Attorney		9 Employer (See Instruction Self	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/10/2023	Jose Garza Contributor address: City: 205 W. Main St. Rio Grande Cit	State: Zip Code	250.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruction Self	ons)
Date		(ID#:)	Amount of contribution (\$)
08/10/2023	Minidoka Lanco, LLC Contributor address; City; 4610 S Business Highway 281 Edinb	State; Zip Code ourg, TX 78539	500.00
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/10/2023	Ronnie Cruz & Vera A. Boda Contributor address; City;	State; Zip Code	1,250.00
	1300 Northgate Lane McAllen,	TX 78504	•
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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

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 Arturo J. (3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC The Law Office of Rene A. Flores, P.		7 Amount of contribution (\$)	
08/10/2023	6 Contributor address: City: 403 N. Conway Avenue Mission	State; Zip Code	1,000.00	
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructi Self	ons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
08/10/2023	Jesus G. Anaya Contributor address; City;	State; Zip Code	400.00	
846 Papalote Dr. Alamo, TX 78516				
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructi Self	ons)	
Date		(ID#:)	Amount of contribution (\$)	
08/16/2023	Robert Acosta & Marsha Acosta Contributor address; City;	State; Zip Code	1,000.00	
	PO BOX 577 Alamo,	IX 78516		
Principal occup Business Ow	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
08/22/2023	Hiram Gutierrez & Corina Gutierrez Contributor address; City;	State; Zip Code	1,000.00	
	701 N. Bentsen Rd. McAllen, T.	X 78501	1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

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

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 fo	orm.	1 Total pages Schedule A1:			
2 FILER NAME Arturo J. C	Sarcia		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (II Linebarger Goggan Blair & Sampson,	42 (A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	7 Amount of contribution (\$)			
08/17/2023	6 Contributor address; City; P.O. BOX 17428 Austin,	State; Zip Code TX 78760	1,000.00			
8 Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date		D#:)	Amount of contribution (\$)			
08/24/2023	Contributor address; City:	State; Zip Code	750.00			
	505 W Cano St. Edinburg, TX 78	3539				
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date	584 W & 1096 /4 W	D#:)	Amount of contribution (\$)			
09/09/2023	Adrian Hernandez Contributor address; City;	State; Zip Code	1,000.00			
	2100 Kennedy Cir. McAllen, TX	TAINED TECHNOLOGY	1,000.00			
Principal occup Doctor	nation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)			
09/14/2023	Fela Olivarez		1 000 00			
00/11/2020	Contributor address; City; State; Zip Code		1,000.00			
	PO BOX 3538 McAllen, TX 78502					
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruction	ons)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	m.	1 Total pages Schedule A1:		
2 FILER NAME Arturo J. (Barcia		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of The Law Office of Hector Hernandez Jr., PLLC				
09/18/2023	6 Contributor address; City; St	ate; Zip Code	1,500.00		
	210 W Cano St. STE. C Edinburg,	TX 78539	,		
8 Principal occu Attorney	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)		
00/40/0000	The Law Office of Daniel Gonzale	z PLLC	F00 00		
09/18/2023	Contributor address; City; S	tate; Zip Code	500.00		
901 W Ferguson Avenue Pharr, TX 78577					
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
40/40/00	LAW OFFICE OF FRANCISCO RODRIGUEZ				
10/12/23	Contributor address; City; Si	tate; Zip Code	500.00		
	1111 W NOLANA AVE SUITE A McAllen, TX	78504			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)		
Attorney					
Date	Full name of contributor out-of-state PAC (ID#: LAW OFFICE OF PALACIOS CRUZ & N		Amount of contribution (\$)		
10/18/23	Contributor address; City; S	itate; Zip Code	750.00		
	5526 N 10TH ST MCALLEN TX	X 78504			
PT STREET	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Attorney					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:	
2 FILER NAME Arturo J. (Barcia		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-si Terry Lee McGovern	tate PAC (ID#:)	7 Amount of contribution (\$)	
10/19/2023	6 Contributor address; City: 2000 S MCCOLL RD. APT B M	State; Zip Code cAllen Texas 78504	1,000.00	
8 Principal occu Business Ow	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)	
Date		tate PAC (ID#:)	Amount of contribution (\$)	
10/23/2023			122.24	
	Contributor address; City: Alamo, TX 78516	State; Zip Code	122.24	
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions)				
Date		tate PAC (ID#:)	Amount of contribution (\$)	
10/23/2023	Felix Garza Contributor address; City; Alamo, Texas 78516	State; Zip Code	244.48	
Principal occup Business Dev	ation / Job title (See Instructions) /elopment	Employer (See Instruc	etions)	
Date	Full name of contributor out-of-s Law Offices of Richard Garza	tate PAC (ID#:)	Amount of contribution (\$)	
10/26/2023	Contributor address; City;	State; Zip Code	500.00	
4610 S Business Highway 281 Edinburg, TX 78539				
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruc	otions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
. Total pages constitution				
4 Date	5 Payee name			
08/14/2023	Marco Lopez	0.1	C1-1-	7:- Code
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	1126 Redbud Ave McAllen, TX 78504	+		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising	Logo Design		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/15/2023	Felix "JR" Garza Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
626.00	Alamo, TX 78516			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	Shirts		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	Conside Madine			
	Gerardo Medina			
Amount (\$)	Payee address;	City;	State;	Zip Code
267.00	2118 N 48TH Lane McAllen, TX 7850	01		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising	Graphic Design	1	
EXPENDITURE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*************************************
	Check if travel outside of Texas. Complete Schedule T.	A 15 52	n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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 Event Expense Fees Food/Beverage Expense 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 Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 08/28/2023 Selina Medrano 7 Payee address: City; Zip Code State: 6 Amount (\$) 612 W. Nolana Ste 250 McAllen, TX 78504 500.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Event Consulting **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ontiveros Printing 08/28/2023 City: State: Zip Code Amount (\$) Payee address; 915 E Ferguson St., Pharr, TX 78577 125.00 Description Category (See Categories listed at the top of this schedule) Stickers Printing Expense PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 08/30/2023 GT Screen Printing Amount (\$) Payee address; State: Zip Code City; 847 S Alamo Rd., Alamo, TX 78516 488.95 Description Category (See Categories listed at the top of this schedule) Printing Shirts PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s now to complete this form.	T 2
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/18/2023	Gerardo Medina		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
267.00	2118 N 48th Lane McAllen, TX	78501	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE	Graphic		
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	8	
09/25/2023	Selina Medrano		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	612 W. Nolana Suite 250 McAl	len, TX 78504	
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE	Consulting	Event	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/25/2023	Pete Morales Campaign		
Amount (\$)	Payee address;	City;	State; Zip Code
137.50	473 King James Dr. Alamo, TX	78516	
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE	Advertising		
OF EXPENDITURE	564		
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Н	1980	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (only a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee 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)
4 Date	5 Payee name		Annual control of the second s
09/25/2023	Felix "JR" Garza Campaign	···	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
241.11	Alamo, TX 78516		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing	Shirts	
OF	3		
EXPENDITURE		L	
	(c) Check if travel outside of Texas. Complete Schedule T.		in. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/21/2023	Leslie Gower		
Amount (\$)	Payee address;	City;	State; Zip Code
1 000 00	Pharr, TX 78577		
1,000.00	, , , , , , , , , , , , , , , , , , , ,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Consulting	Polling	
OF		Oming	
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/07/2023	Leslie Gower		
Amount (\$)	Payee address;	City;	State; Zip Code
2,000.00	Pharr, TX 78577		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Consulting	Polling	
OF	3	. Jimiy	
EXPENDITURE		1-	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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 (expense)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2023	5 Payee name KANS & KEGS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
160.00	418 N ALAMO TEXAS 78516		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	FOOD	TACOS	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/13/2023	UPPER VALLEY MAIL		
Amount (\$)	Payee address;	City;	State; Zip Code
3,446.32	1418 Beech Ave #109 MCALLEN	TEXAS 78504	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	PRINTING	FLYERS	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/16/2023	GERARDO MEDINA		
Amount (\$)	Payee address;	City;	State; Zip Code
267.00	2118 N 48TH LANE MCALLEN TEX	AS 78501	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PRINTING	GRAPHIC	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	S SCHEDULE AS NE	EDED

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (or transport of listed above)

The Instruction Guide explains how to complete this form. 3 Filler ID (Ethics Commission Filers) 5 Payee name 5 Amount (8) 7 Payee address; City; State; Zip Code 612 W. Nolana Suite 250 McALLEN, TEXAS 78504 8 PURPOSE EXPENDITURE (b) Check if faval outside of Texas. Complete Scheduler. Check if Austin, TX, officeholder living expense Consulting Candidate / Officeholder name Candidate / Officeholder name Complete QNLY if direct expenditure to benefit Color. Purpose EXPENDITURE Complete QNLY if direct expenditure to benefit Color. Complete QNLY if direct expenditure to benefit Color. Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Complete QNLY if direct expenditure to benefit Color. Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Complete QNLY if direct expenditure to benefit Color. Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Complete QNLY if direct expenditure to benefit Color. Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit Color. Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose Color Press Amount (8) Payee address: City: State: Zip Code Collegory (See Categories listed at the top of this schedule) Purpose Color Press Amount (8) Payee address: City: State: Zip Code Collegory (See Categories listed at the top of this schedule) Purpose Color Press Amount (9) Purpose Color Press Color Press Color P	Candidate/Officeholder/Politica Credit Card Payment	**************************************	/ages/Contract Labor	Other (enter a category not listed above)
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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

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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 10/20/2023 Selina Medrano 6 Amount (\$) 7 Payee address; City; State; Zip Code 612 W. Nolana Suite 250 McALLEN, TEXAS 78504 200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Consulting Event **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/24/2023 Lisa Vera Amount (\$) Payee address; City; State: Zip Code 100.00 Alamo, TEXAS 78516 Category (See Categories listed at the top of this schedule) Description Polling contract labor **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/20/2023 **Border Press** Amount (\$) Payee address; City; State: Zip Code 419.74 620 E Price Rd, Brownsville, TX 78521 Category (See Categories listed at the top of this schedule) Description PRINTING **PURPOSE** Flyer OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED