



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

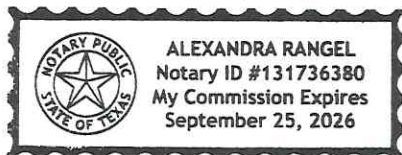
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 5,928.10
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 STAMP / SEAL

Sworn to and subscribed before me by Arturo Garcia this the 30 day of October, 2023, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Alexandra Rangel Title of officer administering oath Assistant City Manager

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)



# 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 <b>Arturo J. Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/08/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Moises Flores</b> 6 Contributor address; City; State; Zip Code <b>1224 Bobby Dr. Donna, TX 78537</b>	7 Amount of contribution (\$) <b>5,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>08/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jose Garza</b> Contributor address; City; State; Zip Code <b>205 W. Main St. Rio Grande City, TX 78582</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>08/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Minidoka Lanco, LLC</b> Contributor address; City; State; Zip Code <b>4610 S Business Highway 281 Edinburg, TX 78539</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>08/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ronnie Cruz &amp; Vera A. Boda</b> Contributor address; City; State; Zip Code <b>1300 Northgate Lane McAllen, TX 78504</b>	Amount of contribution (\$) <b>1,250.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Arturo J. Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/10/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>The Law Office of Rene A. Flores, P.L.L.C.</b> 6 Contributor address; City; State; Zip Code <b>403 N. Conway Avenue Mission, TX 78572</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>08/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jesus G. Anaya</b> Contributor address; City; State; Zip Code <b>846 Papalote Dr. Alamo, TX 78516</b>	Amount of contribution (\$)  <b>400.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>08/16/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Acosta &amp; Marsha Acosta</b> Contributor address; City; State; Zip Code <b>PO BOX 577 Alamo, TX 78516</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)
Date <b>08/22/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Hiram Gutierrez &amp; Corina Gutierrez</b> Contributor address; City; State; Zip Code <b>701 N. Bentsen Rd. McAllen, TX 78501</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Arturo J. Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Linebarger Goggan Blair &amp; Sampson, LLP</b> 6 Contributor address; City; State; Zip Code <b>P.O. BOX 17428 Austin, TX 78760</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>08/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ricky Rod Law Group PLLC</b> Contributor address; City; State; Zip Code <b>505 W Cano St. Edinburg, TX 78539</b>	Amount of contribution (\$) <b>750.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>09/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Adrian Hernandez</b> Contributor address; City; State; Zip Code <b>2100 Kennedy Cir. McAllen, TX 78501</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Doctor</b>		Employer (See Instructions)
Date <b>09/14/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Fela Olivarez</b> Contributor address; City; State; Zip Code <b>PO BOX 3538 McAllen, TX 78502</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Arturo J. Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/18/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>The Law Office of Hector Hernandez Jr., PLLC</b> ..... 6 Contributor address; City; State; Zip Code <b>210 W Cano St. STE. C Edinburg, TX 78539</b>	7 Amount of contribution (\$)  <b>1,500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions)
Date <b>09/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>The Law Office of Daniel Gonzalez PLLC</b> ..... Contributor address; City; State; Zip Code <b>901 W Ferguson Avenue Pharr, TX 78577</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>10/12/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAW OFFICE OF FRANCISCO RODRIGUEZ</b> ..... Contributor address; City; State; Zip Code <b>1111 W NOLANA AVE SUITE A McAllen, TX 78504</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
Date <b>10/18/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LAW OFFICE OF PALACIOS CRUZ &amp; MORENO PLLC</b> ..... Contributor address; City; State; Zip Code <b>5526 N 10TH ST MCALLEN TX 78504</b>	Amount of contribution (\$)  <b>750.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Arturo J. Garcia</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/19/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Terry Lee McGovern</b> 6 Contributor address; City; State; Zip Code <b>2000 S MCCOLL RD. APT B McAllen Texas 78504</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions)
Date <b>10/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Roel Moreno Jr.</b> Contributor address; City; State; Zip Code <b>Alamo, TX 78516</b>	Amount of contribution (\$) <b>122.24</b>
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)
Date <b>10/23/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Felix Garza</b> Contributor address; City; State; Zip Code <b>Alamo, Texas 78516</b>	Amount of contribution (\$) <b>244.48</b>
Principal occupation / Job title (See Instructions) <b>Business Development</b>		Employer (See Instructions)
Date <b>10/26/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Law Offices of Richard Garza</b> Contributor address; City; State; Zip Code <b>4610 S Business Highway 281 Edinburg, TX 78539</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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)
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4 Date 08/14/2023	5 Payee name Marco Lopez
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6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 1126 Redbud Ave McAllen, TX 78504
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Logo Design
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/15/2023	Payee name Felix "JR" Garza Campaign
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Amount (\$) 626.00	Payee address; City; State; Zip Code Alamo, TX 78516
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Shirts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Gerardo Medina
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Amount (\$) 267.00	Payee address; City; State; Zip Code 2118 N 48TH Lane McAllen, TX 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Graphic Design
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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)
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4 Date 08/28/2023	5 Payee name Selina Medrano
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6 Amount (\$) 500.00	7 Payee address; 612 W. Nolana Ste 250 McAllen, TX 78504	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Event
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/28/2023	Payee name Ontiveros Printing
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Amount (\$) 125.00	Payee address; 915 E Ferguson St., Pharr, TX 78577	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Stickers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/30/2023	Payee name GT Screen Printing
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Amount (\$) 488.95	Payee address; 847 S Alamo Rd., Alamo, TX 78516	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/18/2023		<b>5</b> Payee name Gerardo Medina			
<b>6</b> Amount (\$) 267.00		<b>7</b> Payee address; City; State; Zip Code 2118 N 48th Lane McAllen, TX 78501			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Graphic		<b>(b)</b> Description		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/25/2023		Payee name Selina Medrano			
Amount (\$) 500.00		Payee address; City; State; Zip Code 612 W. Nolana Suite 250 McAllen, TX 78504			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting		Description Event		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/25/2023		Payee name Pete Morales Campaign			
Amount (\$) 137.50		Payee address; City; State; Zip Code 473 King James Dr. Alamo, TX 78516			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/25/2023		<b>5</b> Payee name Felix "JR" Garza Campaign			
<b>6</b> Amount (\$) <b>241.11</b>		<b>7</b> Payee address; City; State; Zip Code Alamo, TX 78516			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing		<b>(b)</b> Description Shirts		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/21/2023		Payee name Leslie Gower			
Amount (\$) <b>1,000.00</b>		Payee address; City; State; Zip Code Pharr, TX 78577			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting		Description Polling		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/07/2023		Payee name Leslie Gower			
Amount (\$) <b>2,000.00</b>		Payee address; City; State; Zip Code Pharr, TX 78577			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting		Description Polling		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/11/2023	5 Payee name KANS & KEGS
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6 Amount (\$) 160.00	7 Payee address; City; State; Zip Code 418 N ALAMO TEXAS 78516
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD	(b) Description TACOS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/13/2023	Payee name UPPER VALLEY MAIL
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Amount (\$) 3,446.32	Payee address; City; State; Zip Code 1418 Beech Ave #109 MCALLEN TEXAS 78504
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description FLYERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/2023	Payee name GERARDO MEDINA
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Amount (\$) 267.00	Payee address; City; State; Zip Code 2118 N 48TH LANE MCALLEN TEXAS 78501
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description GRAPHIC
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/16/2023	<b>5</b> Payee name Selina Medrano	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 612 W. Nolana Suite 250 McALLEN, TEXAS 78504	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description Event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date 10/18/2023	Payee name Ontiveros Printing	
Amount (\$) 250.00	Payee address; City; State; Zip Code 915 E Ferguson St. Pharr, TX 78577	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description FLYERS
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
Date 10/18/2023	Payee name Border Press	
Amount (\$) 2,045.00	Payee address; City; State; Zip Code 620 E Price Rd, Brownsville, TX 78521	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description Flyer
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

**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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/20/2023	<b>5</b> Payee name Selina Medrano
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<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 612 W. Nolana Suite 250 McALLEN, TEXAS 78504
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting	<b>(b)</b> Description Event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/2023	Payee name Lisa Vera
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Amount (\$) 100.00	Payee address; City; State; Zip Code Alamo, TEXAS 78516
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling	Description contract labor
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/2023	Payee name Border Press
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Amount (\$) 419.74	Payee address; City; State; Zip Code 620 E Price Rd, Brownsville, TX 78521
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING	Description Flyer
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**