#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX LAST NICKNAME Joreno ean ZIP CODE APT / SUITE #; CITY; ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** MAILING Boulder Dr. Alamo 30 cm **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (956)PHONE Receipt # Amount \$ MI MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged ZIP CODE CITY; STATE; STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) **EXTENSION** CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE 15th day after campaign REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Month Day Year 10 PERIOD Year Month Day COVERED 10 30 / 2023 2023 THROUGH 29 ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Day Month Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

Constitution of the state of th		
15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,364
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	* 1,436.17
	Signature of Cand  Please complete either option below:	idate or Officeholder
	1 leade dellipiote states option below	
(1) Affidavit	ALEXANDRA RANGEL Notary ID #131736380 My Commission Expires September 25, 2026	
NOTARY STAMP/SEA		31 day of October
0.0	y which, witness my hand and seal of office.	31 day of October.
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	·
My address is		
Executed in	(street) (city) (state of, on theday of(month)	te) (zip code) (country), 20 (year)
	Signature of Candidat	re/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	Roel Moreno Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)		
Date (0   0 3   2	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)		
Date  Date  Date  Date  Principal occup	Full name of contributor	Amount of contribution (\$)		
· Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
10   20   23	Sose Trividad Garcia Contributor address; City; State; Zip Code Hission Tx	1,000,		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)		
		æ:		
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.

If the requested information is not applicable, bolder include this page in the report						
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:					
2 FILER NAME	ROP! (eon' More	no Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)			
10/20/23	6 Contributor address; City; State; Zip Code		1,000.60			
	Weslac	o Tx				
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date	Full name of contributor	(10#:)	Amount of contribution (\$)			
10/20/23	Eduardo S Correa City;	State; Zip Code				
	Linn	tx	1,000.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
10  20  23	Contributor address, City,	State; Zip Code	1,000,00			
	McAller					
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)			
· Date	Full name of contributor	(ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code	s.			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
		9				
		8	æ			
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	mmission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$		
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		\$	

### 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 Selection/Marces/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Gift/Awards/Memonals Expense Printing E I Committee Legal Services Salaries/N The Instruction Guide explains how to a	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROP! "LEDN' 1	Joreno Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 9   29	5 Payee name El Dorado		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
25.55		Alamo	TX 78516
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Food		
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		
9/29/23	Selina Hay	es	
Amount (\$)	Payee address;	City;	State; Zip Code
240.		Pharr	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food	For	even+
	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/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/29/23	Jolan Tastin	9	
Amount (\$)	Payee address;	City;	State; Zip Code
7.00		Alamo	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food	· Donati	0~
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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
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

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wa		Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co		
1 Total pages Schedule F1:	2 FILER NAME ROE "LEÓN		Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/02/23	Hacker Billboards		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
280,00		Lared	D TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising		
	(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		
10/02/23	El Dorado		
Amount (\$)	Payee address;	City;	State; Zip Code
36.96		Alani	O TX 78516
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	E 1		
OF EXPENDITURE	Food		
27. 2.13.13.1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Ol			
Date	Payee name		
10103 123	Tower Burger	•	
Amount (\$)	Payee address;	City;	State; Zip Code
20.57		Alar	ND TX 78516
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food	Food	For Block Wik
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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
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

Credit Card Payment	The Instruction Guide explains how to co		(enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROE! "LEON	1 Moreno Ju.	ler ID (Ethics Commission Filers)
4 Date	5 Payee name	100 000	
10/05/23	Felix Garza		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2111 16			
241.		Alamo	T8 78516
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Reimbursemens		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh			
Date	Payee name		
10 106 123	Angel Romer		
Amount (\$)	Payee address;	City;	State; Zip Code
00			
240.		Mission	ナチ
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	tood	Donation	Plates
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
10/06/23	Vose Manuel	Kodrigh	.65
Amount (\$)	Payee address;	City;	State; Zip Code
1100 00			
480.		tharr	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Contract labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS S	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
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) 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 5 Payee name Zip Code City; State; 7 Payee address; McAllen (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 10/10/23 d Tortilleria State: Zip Code Amount (\$) San Juan Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State: Zip Code San Juan Description Category (See Categories listed at the top of this schedule) PURPOSE OF Food 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
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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROEL "Leon	" Horeno J.	iler ID (Ethics Commission Filers)
4 Date \0   10   73	5 Pavee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
17.66	7	Alamo	T8 78516
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense		
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/23	wal mart		
Amount (\$)	Payee address;	City;	State; Zip Code
107.08		Alawa	TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Exp		
	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		
10/10/23	GO Daddy Com		
Amount (\$)	Payee address;	City;	State; Zip Code
13.16		Alamo	T
DUDDOG	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adv. Exp	W	ebsite
	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			

### 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 Gftf/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ROEL "LEON"	Works J. Siler ID (Ethics Commission Filers)		
4 Date 10 10 123	5 Payee name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
(d1,85		Alamo Tx		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gas	Fuel for Blk wikers		
	(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			
10/10/23	14eb			
Amount (\$)	Payee address;	City; State; Zip Code		
20.00		Alamo Tx		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gas	Fuel for Blk Walkers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/10/23	Selina Hayes	Medrano		
Amount (\$)	Payee address;	City; State; Zip Code		
100.00		Pharr Tx		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Exp			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S 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
CreditCard 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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME ROPL "Leon" N	3 Filer ID (Ethics Commission Filers)		
4 Date 10 10 123	5 Payee name	WYCAC St.		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
C.73	COUNTY COUNT	Alamo Tx		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	Food		
	(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/Oi	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/10/23	Sunocco			
Amount (\$)	Payee address;	City; State; Zip Code		
9.61		Alamo Tx 78516		
	Category (See Categories listed at the top of this schedule)	For BIK Welkers		
PURPOSE OF EXPENDITURE	Food	For BIK Walkers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10 110 123	Whetaburger	+		
Amount (\$)	Payee address;	City; State; Zip Code		
10.71		Alano TX		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fee d			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
	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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Printing	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 ROE! "Leon"	Moreno Ju	Filer ID (Ethics Commission Filers)
4 Date 10 111 123	5 Payee name Tanuaria Heradyr		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
GL1.98		San Jaa	n Tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food		
	(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		
10/11/23	Wal mart		
Amount (\$)	Payee address;	City;	State; Zip Code
163.65		Alaw	o tx
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Exp		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/11/23	Ruben Fal	o ela	
Amount (\$)	Payee address;	City;	State; Zip Code
200,00		McAller	n tx
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract 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/O	Candidate / Officeholder name	Office sought	Office held
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
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

Candidate/Officeholder/Politica		/ages/Contract Labor (	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROE! "LEON"	Moreno Ja	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10-17-23	kon's keas		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
170.00		Alavuo	TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food / 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		
10/11/23	Gorena Elevu		
Amount (\$)	Payee address;	City;	State; Zip Code
210.60		Edinbur	9 >
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/12/23	Evelyn Moreno		
Amount (\$)	Payee address;	City;	State; Zip Code
20.00		Alamo	78
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event EXR		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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 CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Tra Polling Expense Tra Printing Expense Tra	licitation/Fundraising Expense ansportation Equipment & Related Expense avel In District avel Out Of District her (enter a category not listed above)
Credit Card Payment .	The Instruction Guide explains	how to complete this form.	and the second s
1 Total pages Schedule F1:	2 FILER NAME ROE \ Leon	Moreko In 31	Filer ID (Ethics Commission Filers)
4 Date 10   12   23	5 Payee name  Burlington		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
32.46		Denna	TX
8	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Event	Gifts	for event
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10 17 1823	Payee name		
101111	Buth & Body	Works	
Amount (\$)	Payee address;	City;	State; Zip Code
76.38		McAller	17
	Category (See Categories listed at the top of this school	edule) Description	
PURPOSE OF EXPENDITURE	Event EXP	Girts	s for Event
	Check if travel outside of Texas. Complete Sche	dule 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	Payee name	2	5
10/13/23	El Dorado		
Amount (\$)	Payee address;	City;	State; Zip Code
28.73		Alamo	7
	Category (See Categories listed at the top of this scho	dule) Description	
PURPOSE OF EXPENDITURE	Food		
,	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX,	afficeholder 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

### 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Printing	Expense Travel Out Of District  Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	20 ST
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
		ovene Ju
4 Date	5 Payee name	.105
6 Amount (\$)	Ouadalube Gonz	City; State; Zip Code
		3.0,
100.00		Alamo Tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	The de	
EXPENDITURE	Plate Donation	
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/10/103	Sol' May	Malana
0 13 123 Amount (\$)	Payee address;	City; State; Zip Code
O a Ga	rayee audiess,	Only, State, Zip Gode
200,00		Pharr TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	· • • • • • • • • • • • • • • • • • • •	
EXPENDITURE	Contract labor	
All Carlos Carlo	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	
10/16/123	Cantis Special	T. 12.16
Amount (\$)	Payee address;	City: State; Zip Code
54.13		Podd * Sagarradin Produ Sandrijder
34.		McAllen Tx
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	Event Exp	
1.6	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	S 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
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 Communication and Estate Services

Candidate/Officeholder/Political Committee 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) Leon" Hoveno S 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/23 Amount (\$) City: State: Zip Code 500° Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising 1 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 Pavee name Date Amount (\$) Payee address: City; State: Zip Code 00 Category (See Categories listed at the top of this schedule) 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 Complete ONLY if direct expenditure to benefit C/OH

### 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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	NO OX			
10116 173	Smoker's				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
166.40		& San Juan Tr			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food				
	(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				
10/16/23	Esteban Ruiz				
Amount (\$)	Payee address;	City; State; Zip Code			
40.00		San Juan Tx			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food	Piate Donation			
	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				
10/17/23	Schlotzko	it.			
Amount (\$)	Payee address;	City; State; Zip Code			
13-49		Edinhurg TX			
_	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE		-			
,	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			

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Exp Advertising Expense Event Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 "Leon" Moreno Jr State: Zip Code 6 Amount (\$) 7 Payee address; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Website OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name City; State; Zip Code Category (See Categories listed at the top of this schedule) PURPOSE Event Exp 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 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Zip Code City; State:

Event

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Office held

Description

Office sought

Check if Austin, TX, officeholder living expense

#### 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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME ROE 1 Lecur Moveno of 3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
18.57		Alamo			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Gas	For BIK walkers			
	(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/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
10 723 /23	Sunoco				
Amount (\$)	Payee address;	City; State; Zip Code			
2/3.55		Alamo T>			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE	Gas				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
10   23   23	Olive Garden				
Amount (\$)	Payee address;	City; State; Zip Code			
25.00		San Juan Tx			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
	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

Candidate/Officeholder/Polifical Credit Card Payment	The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)  omplete this form.
1 Total pages Schedule E1:	2 FILER NAME ROE "LEON' 1	Soveno Tr. 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	V.
10/23/23	Cross Church	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
100.00		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	*	
OF EXPENDITURE	Donation.	Donation Plates
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	<b>i</b> .	AMARIA 2000-00-00-00-00-00-00-00-00-00-00-00-00
Date	Payee name	
10/23/23	Anna Becho	
Amount (\$)	Payee address;	City; State; Zip Code
25.60	**	
de.		Alamo To
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		•
OF EXPENDITURE	Ennd	Plates Donation
LAFERDITORE	1 000	The Tes penditione
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held .
expenditure to benefit C/OH		
Date	Payee name	
	- ayou hame	
10/23/23	Tower Burger	The state of the s
Amount (\$)	Payee address;	City; State; Zip Code
98.84		Alamo Tx
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		- Blk Walkers
OF EXPENDITURE	Food	Food for Man
•	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	
	Candidate / Officerolder flame	Office Sought Unice nein
expenditure to benefit C/OH	Candidate / Cincerloider Harrie	Office sought Office held
expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF THIS SO	

### 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) 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) "Leon" Moreno 4 Date 5 Payee name 10/23/23 6 Amount (\$) 7 Payee address; City; State: Zip Code 8 (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10 123 | 23 State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** 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 Date Payee name Amount (\$) City; Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) PHRPASE Food 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

### 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 6 Amount (\$ 7 Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Laria Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Event EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PHRPOSE OF EXPENDITURE Check if travel outside of Texas. Com Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

#### 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

Credit Card Payment	The Instruction Guide explains how to	Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:		Woven o Tr. 3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	ISOTO OT
10/23/23	Lisa Vera	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
75.00		Alamo Tx
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Contract 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	
10/23/23	Lisa Vera	
Amount (\$)	Payee address;	City; State; Zip Code
200 00		
200.		Alamo TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	Contract labor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
Date	Payee name	
10 /23/23	图 Moni+	N = -
Amount (\$)	Payee address;	
F2. 24	•	City; State; Zip Code
526.24		Alamo Tt
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	THE Adv Exp	
•	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
experiorate 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
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

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule E1:	2 FILER NAME ROC 1 "Leon" Moreno 37.  5 Payee name  3 Filer ID (Ethics Commission Filers)					
4 Date 18 / 24 / 23	5 Payee name El, Rincon Chino					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
1341. 50		Alam	o tx			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food.	Food +	for poils			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
10/24/23	7 - eleven					
Amount (\$)	Payee address;	City;	State; Zip Code			
47. 37		Alamo	T			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fuel / Gas					
	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   24   2023	Trisha Salazar		*			
. Amount (\$)	Payee address;	City;	State; Zip Code			
100.00		Alamo	TX			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense					
•	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, or	fficeholder 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						

### 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 Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overheadt/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule E1:	2 FILER NAME ROEL LEON LO	veno Sc. 3 Filer ID (Ethics Commission Filers)			
4 Date 10 124 123	5 Payee name A J Carcia				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
124.24		Alamo Tx			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Exp				
	(c) 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				
10/25/2023	Chick Fil A				
Amount (\$)	Payee address;	City; State; Zip Code			
11. 20		Westaco Tx			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food	,			
	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   25   23	Chick Fil A	•			
. Amount (\$)	Payee address;	City; State; Zip Code			
26.75		Weslaco Tx			
and the state of t	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food :				
*	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					

#### 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 Giff/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

Credit Card Payment	The Instruction Guide explains how to	other (enter a category not listed above)  complete this form.
1 Total pages Schedule E1	2 FILER NAME ROE! "LEON" L	3 Filer ID (Ethics Commission Filers)
4 Date 10   25   202	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
20,00		Alamo TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Donation.	
	(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/O	Candidate / Officeholder name	Office saught Office held
Date	Payee name	
10/26/2023	Longhorn	
Amount (\$)	Payee address;	City; State; Zip Code .
29.24		Weslaco Tx
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food	
	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	
10/26/23	Sunoco	45
Amount (\$)	Payee address;	City; State; Zip Code
31.37		Alamo Tx
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Fuel/Gas "	
-	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 S	CHEDULE 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
Gradit Card Payment

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.						
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4 Date 10   26/202	I.F. Dougo money					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
50.00		Alamo	TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	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/O	Candidate / Officeholder name	Office sought	Office held			
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10   26   23	7- eleven					
Amount (\$)	Payee address;	City;	State; Zip Code			
71,37		Alamo	TX			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fuel					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense			
*Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED				

#### SCHEDULE F1

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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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule E1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) "Leon" Moreno 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE . Food OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City: State: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE Contract 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 Payee name Date 2023 Payee address: City: Zip Code 00 Juan Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Te Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

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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

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10/26/20						
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE						
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Chack if Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
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Amount (\$)	Payee address;	City;	State; Zip Code			
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D'		Alanco	TX			
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OF EXPENDITURE	Food		0			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	r, TX, officeholder living expense			
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expenditure to benefit C/OH			•			
77.						
Date	Payee name		¢.			
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Amount (\$)	Payee address;	City;	State; Zip Code			
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	Category (See Categories listed at the top of this schedule)	Description				
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	Check if fravel 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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

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	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politica	Fees Office Overhit Food/Beverage Expense Polling Expense Printing Expense			Travel In District Travel Out Of Dist	ipment & Related Expense	
Credit Card Payment .		The Instruction Guid	e explains how to	complete this form.		
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4 Date   D   27   23	5 Payee na	me ,	lov+		escitusors escueleitelis ar secu	
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8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	7	Tood.	ā	Supplies & Food	Poils	
	(c)	Check if travel outside of Texas.	Complete Schedule T.	Check if As	ıstin, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/Ol-		ate / Officeholder name		Office sought		Office held
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10   27   26 23	η	J Gar	cic			
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PURPOSE OF EXPENDITURE	E	vent Ex	P			
and the state of t		Check if travel outside of Texas, C	complete Schedule T.	Check if Au	stin, TX, afficeholder livin	g expense
*Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name	***************************************	Office sought		Office held s
Date	Payee na	me				
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Amount (\$) 23, 26				Alam	U TX	
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		theck if travel outside of Texas. Co	omplete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

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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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rentel Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.									
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4 Date	5 Payee name									
10   27   23 6 Amount (\$)	El Dorado									
	7 Payee address;	City;	State; Zip Code							
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description								
PURPOSE										
EXPENDITURE	tood.									
	(c) Check if travel outside of Texes. Complete Schedule T. Check if Austin, TX, officeholder living expense									
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office sought Office held							
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Date	Payee name									
10   27   23	Jesus Reyes	S								
Amount (\$)	Payee address;	City;	State; Zip Code							
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	Category (See Categories listed at the top of this schedule)	Description								
PURPOSE			distribution of the state of th							
OF EXPENDITURE	Contract labor		e							
.0	Check if travel outside of Texas, Complete Schedule T.		r, TX, afficeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH										
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Date	Payee name									
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10/27/23	Selina Medrano									
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250.		Pharr	Texas							
	Category (See Calegories listed at the top of this schedule)	Description								
PURPOSE			· ·							
OF EXPENDITURE	Consultant "									
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held							
expenditure to benefit C/OH										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

### SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense g Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
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4 Date 10 - 27 - 2073	5 Payee name							
6 Amount (\$)	7 Payee address;	City; State; Zip Code						
ή5.∞		Alamo Texas						
8	(a) Category (See Categories listed at the top of this schedule	(b) Description						
PURPOSE OF EXPENDITURE	Contract labor							
	(c) Check if travel outside of Texas. Complete Schedule 1	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held						
Date	Payee name .							
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Amount (\$)	Payee address;	City; State; Zip Code						
75.00		Alamo Texas						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Contract labor							
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, afficeholder living expense						
*Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held .						
Date	Payee name							
10   27   27	Edna Harlinez	τ.						
Amount (\$)	Payee address;	City; State; Zip Code						
75.		Alamo TX						
PURPOSE	Category (See Categories listed at the top of this schedule)	Description						
OF EXPENDITURE	Contract 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 CODIES OF THIS SCHEDULE AS NEEDED								

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### **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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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Credit Card Payment									
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10-27-2023									
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PURPOSE		<b>4</b>							
EXPENDITURE	Contr	act labor							
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
9 Complete ONLY if direct		/ Officeholder name		Office sought	-	Office held			
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PURPOSE							and the same		
OF EXPENDITURE			-				-		
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Complete ONLY if direct expenditure to benefit C/OH	Canuluale /	Oncerolder name		Office sought		Office held	Total Control of the		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									