CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST ROEL LAST		MI SUFFIX	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	2 70 0 0 0 00-000000 000	city; sta	78516	JAN BY:	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	910.8616	EXT	ENSION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MY NICKNAME	FIRST REGIONAL HAST HERNAN		MI SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #;	DITY;	STATE;	ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		ENSION	TX	78516
9 REPORT TYPE	January 15	30th day before o		Runoff Exceeded Modified Reporting Limit	treasurer a (Officeholde	
10 PERIOD COVERED	Month	Day Year / 31 / 2 3	THROUGH	Month	Day Year	
11 ELECTION	Month Day	Year Primary	Runoff	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	missioner Pl		CE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	DE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME			
		GO TO	PAGE 2	S		

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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) 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 Roel Woreno 5 Payee name 501,5 11/09 6 Amount (\$) City; State; Zip Code 7 Payee address; 200 00 Alamo (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Seliva Haye Medrano City; State; Description Category (See Categories listed at the top of this schedule) PURPOSE Consulting OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; Zip Code 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

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	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)	\$ 7,518,83	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 7.302.37	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 211.50	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	
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	ANA MARIA GARZA Notary Public, State of Texas Comm. Expires 05-05-2027 Notary ID 134345537		
NOTARY STAMP/SEA	0/1/12	and alama	
Sworn to and subscribed 20 , to certify	which, witness my hand and seal of office.	xecutive Socreta	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath	
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is			
Executed in		ate) (zip code) (country)	
Executed III	county, state of, on the day or(month)	, 20 (year)	
	Signature of Candida	ate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Roel Moreno Jr.			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
11/01/23	6 Contributor address; City; State; Zip Code	1,250		
	1123 Boulder Dr. Hland TX 78510	£		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru			
\	ban to Self			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
11/02/3	Contributor address; City; State; Zip Code			
,		1,000		
	Edinburg TX			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Jessica Hernandez	050 60		
11/2/23	Contributor address; City; State; Zip Code	~ 250.60		
	Wellen TX			
Principal occup	pation / Job title (See Instructions) Employer (See Instr	ructions)		
Date	Full name of contributor	_) Amount of contribution (\$)		
11/23	Duan Zamora			
11/101	Contributor address; City; State; Zip Code	500.00		
	Wichilen Tx			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

·	The second secon	,	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Roel Woreno Jr	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
11/07/2	6 Contributor address; City; State; Zip C		
	Mission TX		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	ee Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
11/09/23	Contributor address; City; State; Zip C		
Principal occup	eation / Job title (See Instructions) Employer (S	ee Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
11/09/23	Monitor Contributor address; City; State; Zip Co Was a Refund MCHILEN TX	768. 8T	
Principal occup	Service As the As Asserted Market Service as the Company of the Co	ee Instructions) Was a Refund	
Date	Full name of contributor	60	
11/10/23	Contributor address; City; State; Zip Co		
Principal occup	AND NOTE OF THE PROPERTY OF THE PARTY OF THE	ee Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

LOANS If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Roel Moreno 3	V.		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 1,250	
5 Date of loan	7 Name of lender ut-of-state I	PAC (ID#:)	9 Loan Amount (\$)	
11/01/23	Roel Moreno Jr.			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
YN	Alam	10 TX 78516	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15		
none		Check if personal fund account (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
			Interest rate	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	merestrate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal functions account (See Instruction	ds were deposited into political ons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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 Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Roel Worens	Ŭr.	3 Filer ID (Ethics Commission Filers)
4 Date \\ 01 23	5 Payee name HEB		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
66.51		Alamo	, TX
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF	Event Expe	ense	
EXPENDITURE	L VC.vc.		
	(c) Check if travel outside of Texas. Complete Sch	nedule 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		
11/01/23	Sunocco		
Amount (\$)	Payee address;	City;	State; Zip Code
62.50		Man	no Tx
	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE OF	· T		
EXPENDITURE	Transportation		
	Check if travel outside of Texas. Complete Sch	nedule 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		
11/61/23	Letty Me	dina	
Amount (\$)	Payee address;	City;	State; Zip Code
47.		Alam	0 T>
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Polling Exp		
	Check if travel outside of Texas. Complete Sch	edule 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) Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/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 h	ow to complete this form.	
1 Total pages Schedule F1:	The second secon	oreno Fr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Hive ber to		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
156.		Alam	o TX
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF			
EXPENDITURE	Contract		
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austir	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		
11/01/23	Jose Manuel	Rodriguez	
Amount (\$)	Payee address;	City;	State; Zip Code
100.60		Man	o Tx
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF			
EXPENDITURE	Contract		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
11/02/23	Maria Car	ntu	
Amount (\$)	Payee address;	City;	State; Zip Code
500, ⁶⁰		Alaw	ic tx
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF			
EXPENDITURE	Consulting		
	Check if travel outside of Texas. Complete Schedu	ule 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 NEE	DED

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 Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Roel Wo	reno Jr	
4 Date	5 Payee name		
11/03/23	Red Lobster		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
66.23		Mal	Allen T
8	(a) Category (See Categories listed at the top of this s		
PURPOSE	~ .		
OF EXPENDITURE	tood		
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/03/23	Verizon		
Amount (\$)	Payee address;	City;	State; Zip Code
166-79		McH'	lleu Tz
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE		n	2 1.5
OF EXPENDITURE	Consulting Ex	P	hone Banking
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (DE THIS SCHEDI II E AS NEI	EDED
	AL INCLINDUI TOWAL COPIES	A THIS SCHEDULE AS NEI	LULU

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wag	ges/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Wor	end J-	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			***************************************	
11/03/23	Selina	Hayes			
6 Amount (\$)	7 Payee address;	7	City;	State;	Zip Code
55. ⁰⁰			Ala	wo Tx	
8	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE		1			
OF EXPENDITURE	Consulting				
	(c) Check if travel outside of Texas. Comp		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				
11/03/23	Gerrardo	Me	dina		
Amount (\$)	Payee address;		City;	State;	Zip Code
3417.00			Pharr	D	
	Category (See Categories listed at the top of	this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Consulting S	eruica		Social	Wedia
EXPENDITORE				T/ 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Check if travel outside of Texas. Compl	ete Schedule 1.		, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	(Office held
Date	Payee name				
1106123	Golden Ch	K			
Amount (\$)	Payee address;		City;	State;	Zip Code
8.65			San	Juan	
	Category (See Categories listed at the top of	his schedule)	Description		
PURPOSE OF EXPENDITURE	Food		E.		
	Check if travel outside of Texas. Comple	ete 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 COP	ES OF THIS S	CHEDULE AS NEEL	DED	

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 Fees Food/Beverage 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 Credit Card Payment	The second secon	inting Expense Travel Out Of District Contract Labor Other (enter a category not listed above) Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 11 66 23	5 Payee name	Duiro
6 Amount (\$)	7 Payee address;	City; State; Zip Code
5.00		Alano TI
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description
PURPOSE OF	F 1	
EXPENDITURE	tood	
	(c) Check if travel outside of Texas. Complete Sched	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/06/23	Sunocco	
Amount (\$)	Payee address;	City; State; Zip Code
44,33		Alamo D
	Category (See Categories listed at the top of this sched	ule) Description
PURPOSE OF EXPENDITURE	Fuel	
	Check if travel outside of Texas. Complete Schedu	le 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	
11/16/23	Circkle R	
Amount (\$)	Payee address;	City; State; Zip Code
47.23		San Juan Hobora Tx
	Category (See Categories listed at the top of this sched	ule) Description
PURPOSE OF EXPENDITURE	Fuel	
	Check if travel outside of Texas. Complete Schedu	leT. 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		/ages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	l comment of the comm	3 Filer ID (Ethics Commission Filers)	
	Roel Woren	0 03-	
4 Date	5 Payee name Wal Wart		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
32.74		Alamo Tx	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	6		
OF EXPENDITURE	Event Exp		
	(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		
11/06/23	Lisa Vera		
Amount (\$)	Payee address;	City; State; Zip Code	
75.00		Alano Tx	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Contract		
EXPENDITURE	Contract		
	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		
1106/23	Charles Ruiz	-	
Amount (\$)	Payee address;	City; State; Zip Code	
75.00		Alamo Tx	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	<u></u>		
EXPENDITURE	Contract		
	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		Salaries/Wa	ges/Contract Labor	Other (enter a	categor	y not listed above)
Credit Card F ayment		The Instruction	n Guide explains	s how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER N	IAME	Roel	Wo	reno J	3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Payeen							
11/06/23		Jesu	SP	leyes				
6 Amount (\$)	7 Payee a	ddress;			City;	Sta	te;	Zip Code
100.00					Ala	uio "	77	
8	(a) Catego	ry (See Categories lis	ted at the top of this s	schedule)	(b) Description			
PURPOSE								
OF	^		1	1				
EXPENDITURE		outrac	+					
	(c)	Check if travel outside	of Texas, Complete Sc	hedule T.	Check if Austi	n, TX, officehold	er living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholde	er name		Office sought			Office held
Date	Payee n	ame						W
11/06/123		Terry	Sin	9187	* F }			
Amount (\$)	Payee a	ddress;			City;	Sta	te;	Zip Code
30.00					Alau	0	7	
	Categor	y (See Categories list	ed at the top of this so	chedule)	Description			
PURPOSE		Δ		1				
OF EXPENDITURE		Cont	ract					
		Check if travel outside	of Texas. Complete Sci	hedule T.	Check if Austi	n, TX, officehold	er living (expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholde	r name		Office sought			Office held
Date	Payee n	ame						Name of the second seco
11 06 23		Jani	e	Con	zalez			
Amount (\$)	Payee a				City;	Sta	te;	Zip Code
75.00					Alan	no t	>	
	Category	/ (See Categories list	ed at the top of this sc	hedule)	Description			
PURPOSE								
OF EXPENDITURE	C	outroe	+					
			of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholde	er living e	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholde	er 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Tracy Garci	a	
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	2 3 3		
OF EXPENDITURE	Contract	1	
	(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		
11/06/23	Ramona Rodriguezz		
Amount (\$)	Payee address;	City; State; Zip Code	
75.00		Alamo Tx	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract		
	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		
11/06/23	Janie Garcia		
Amount (\$)	Payee address;	City; State; Zip Code	
75,00		Alamo Tx	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract		
	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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	STAM (A.)	Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROEL WOR	3 Filer ID (Ethics Commission Filers)	
4 Date 1(06 / 23	5 Pavee name	orales	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
352.60		Alamo Tx	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Reimbursen	ent	
	(c) Check if travel outside of Texas. Complete Sch	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	Payee name		
11107123	EOO GOOGOL	El Dorado	
Amount (\$)	Payee address;	City; State; Zip Code	
19.05		Alamo Tx	
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	Food		
	Check if travel outside of Texas. Complete Sch	edule 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		
11/07/23	Diligencia		
Amount (\$)	Payee address;	City; State; Zip Code	
11.23		Alamo Ta	
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Food		
_	Check if travel outside of Texas. Complete School	edule 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

Event Expense Fees Food/Beverage 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 Credit Card Payment		Printing Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11 07 /23	5 Payee name Torry Sin 7 Payee address;	sleterey	
6 Amount (\$)	7 Payee address;	Ćity;	State; Zip Code
50.00		Alai	no Tz
8	(a) Category (See Categories listed at the top of this s		
PURPOSE OF EXPENDITURE	Contract		
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/07/23	Maria Beatr	iz Escobar	r-
Amount (\$)	Payee address;	City;	State; Zip Code
50.00		Alan	uo T>
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Contract		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11107123	Edna Mart	iner	
Amount (\$)	Payee address;	City;	State; Zip Code
75.00		Alam	io ta
	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE OF EXPENDITURE	Contract		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 11/07/23 Aleman 6 Amount (\$) City: 7 Payee address; Zip Code 75.60 Pharr (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Solis 11/07/23 Amount (\$) City; State: Zip Code Payee address; Alamo 100. po Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract 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 11/07/23 City; Zip Code 100. Alama Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF Contract 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 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) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Roel Woo	veno of				
4 Date 11 /07/23	5 Payee name Shars R	estaurant				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
14.84		Ala	Alamo Ts			
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 S	Schedule T. Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11/08/23	The Land	ulark on	Tower			
Amount (\$)	Payee address;	City;	State; Zip Code			
333' 41		Alau	o TX			
	Category (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	Food					
	Check if travel outside of Texas. Complete S	chedule 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					
11/08/23	Dutch Bi	ros				
Amount (\$)	Payee address;	City;	State; Zip Code			
12.82		Alai	ino Ts			
	Category (See Categories listed at the top of this s	chedule) Description				
PURPOSE OF						
EXPENDITURE	400 d					
	Check if travel outside of Texas. Complete S	chedule 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 Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Other (enter a category not listed above) 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 11/08/23 6 Amount (\$) City; State; Zip Code 7 Payee address; 79 128. Hlamo Tt (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Consultling EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11/08/23 Sanoco Amount (\$) City: State: Zip Code Payee address; Alamo Description 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 Payee name Sunocco Zip Code City; State: 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 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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 6 Amount (\$) 7 Payee address; State: Zip Code Alauro 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Tractor Supply Zip Code Payee address; Westaco 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 Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City; Zip Code 21.50 Hamo To Category (See Categories listed at the top of this schedule) **PURPOSE** OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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 B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 ROEL	Moreno or.	3 Filer ID (Ethics Commission Filers)	
4 Date 11 0 8 3	5 Payee name	Alvarodo		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
300,00		Ala	uio T	
8	(a) Category (See Categories listed at the top of the	is schedule) (b) Description		
PURPOSE				
OF EXPENDITURE	Contract lab	or		
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/09/23	Circle K			
Amount (\$)	Payee address;	City;	State; Zip Code	
19.59		Sau	Den T.t	
	Category (See Categories listed at the top of this	s schedule) Description		
PURPOSE OF				
EXPENDITURE	Gas			
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, 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			
11/09/27	Maria I	Beatriz Esco	bar	
Amount (\$)	Payee address;	City;	State; Zip Code	
75.00		Alau	no Tx	
	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF				
EXPENDITURE	Contract la	bor		
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	tin, 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				