CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Arturo	MI J	OFFICE USE ONLY
NAME	NICKNAME AJ	LAST Garcia	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Cir. Alamo, TX 78	CITY; STATE: ZIP CODE	RECEIVED
Change of Address			(ity Secretary's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	802-0199	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Amount 9
TREASURER NAME	Mr	Jesse		Date Processed
1	NICKNAME	LAST	SUFFIX	Date Imaged
		Garcia		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	A CONTROL OF THE STATE OF THE S	no po box please): APT / S nde Dr. Mission, T		STATE: ZIP CODE
	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	(956)	655-3629	EXTENSION	
9 REPORT TYPE	X January 15	30th day before 6	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	10	/ 30 / 23	THROUGH 12	/ 31 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11 / 7 /	23 General	X Special	
12 OFFICE	OFFICE HELD (if any)	ner Place 4		
**************************************	Commissio	illel Flace 4		· · · · · · · · · · · · · · · · · · ·
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
**************************************	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME	16	Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,035.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 845.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,861.8
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 2,173.92
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s 0.00
	Please complete either option below:	
	Please complete either option below:	
) Affidavit	Notary ID #131736380 My Commission Expires September 25, 2026	
NOTARY STAMP/SEAR	Notice Carrie	L day of Jan VIVI,
1. LINOUT	which, witness my hand and seal of office. **ALKENDYA RANGE! AS	sstant Cityllana
gnature of officer administe		Title of officer administering oath
) Unsworn Declaration	on on	
name is	, and my date of birth is	
y address is		3 3
ecuted in	(street) (city) (state County, State of , on the day of (month)	e) (zip code) (country), 20 (year)
		/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	s form.	1 Total pages Schedule A1:		
2 FILER NAME Arturo J. (Garcia			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Jr Garza.		C (ID#:)	7 Amount of contribution (\$)	
11/6/2023	6 Contributor address: Alamo, TX 78516	100.00			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Business Dev			Self	uons)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
11/6/2023	Pete Morales /6/2023		***************************************	100.00	
	Contributor address;	City;	State; Zip Code		
	Alamo, TX 78516				
Principal occup Manager	ation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAI	C (ID#:)	Amount of contribution (\$)	
11/6/2023	Roel Moreno			100.00	
117672020	Contributor address; Alamo, TX 78516	City;	State; Zip Code	100.00	
Principal occup Builder	nation / Job title (See Instructions)		Employer (See Instruction Self	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
11/6/2023	Pete Morales			167.00	
11/0/2020	Contributor address;	City;	State; Zip Code	107.00	
	Alamo, TX 78501				
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)	
Manager			HEB		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
			50	\$.	

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 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 (outer a category not listed above)

Cantributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Other (enter a category	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/30/23	5 Payee name Humberto Garza			
6 Amount (\$) 100.00	7 Payee address; Alamo, TX 78516	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	*****	
PURPOSE OF EXPENDITURE	Polling	Contract Labor	r	
	(c) Check if travel outside of Texas, Complete Schedule T,	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			The state of the s
10/30/23	Selina Medrano			
Amount (\$) 500.00	Payee address: 612 W. Nolana Suite 250 McAllen, TX	City; X 78504	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		WI TOOL
PURPOSE OF EXPENDITURE	Consulting	Event		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	DETMINE WE WILL AND		
10/30/23	Ramona Rodriguez			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00	Alamo, TX 78516			
D. Western Committee	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Polling	Contract	Labor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living] expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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 Arturo J. (Sarcia	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
11/2/2023	6 Contributor address: City; State; Zip Code 803 Sunchase St. San Juan, TX 78589	500.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Business						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
11/3/2023	Liberty Bail Bonds Contributor address; City; State; Zip Code 12403 Bail Bond Drive Edinburg, TX 78542	1,000.00				
Principal occup Business	pation / Job title (See Instructions) Employer (See Self	Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
11/3/2023	Leticia Garcia Contributor address; City; State; Zip Code 1717 Pebble Dr. Mission, TX 78516	1,000.00				
Principal occup Business Ow	pation / Job title (See Instructions) Employer (See	Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
11/3/2023	Contributor address; City; State; Zip Code 827 Nada Drive Alamo, TX 78516	100.00				
Principal occup	pation / 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.						

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 Gitt/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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		nting Expense aries/Wages/Contract Labor w 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 10/30/23	5 Payee name Jose Palomo			
6 Amount (\$) 100.00	7 Payee address; Alamo, TX 78516	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled Polling	(b) Description Contract Labor	*	
	(c) Check if travel outside of Texas. Complete Scheduk	eT. Check if Austi	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	O	ffice held
Date 10/31/23	Rene Solis			
Amount (\$) 100.00	Payee address; Alamo, TX 78516	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedul	e) Description		A HAMBOON HOUSE
PURPOSE OF EXPENDITURE	Polling	Contract Labo	or	
	Check if travel outside of Texas, Complete Schedulo	T. Check if Austin	n, TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
10/31/23	Dora Aleman			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00	Alamo, TX 78516			
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF EXPENDITURE	Polling	Contract	Labor	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distri Other (enter a cates	ct gory not listed above)
Credit Card Payment		The Instruction Guide explain	ns how to co	emplete this form.		
1 Total pages Schedule F1:	2 FILER NA	AME			3 Filer ID (Ethio	cs Commission Filers)
4 Date 10/30/23	5 Payee na Tra	_{me} acy Garcia				
6 Amount (\$) 75.00	7 Payee ad Alamo, T	dress; ГХ 78516		City;	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	y (See Categories listed at the top of this	schedule)	(b) Description Contract Labor		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 10/31/23	Five Sta	ar Embroidery			энч шинжиших энцикч	
Amount (\$) 356.00	Payee ad 7708 N \	dress: Ware Rd. McAllen, TX	< 78504	City;	State;	Zip Code
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Design			Shirts		
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
10/31/23	Edna M	artinez				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
75.00	Alamo,	TX 78516				
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Polling			Contract l	Labor	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin.	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / 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
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Othe	rel Out Of District er (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 F	iler ID (Ethics Commission Filers)
4 Date 10/31/23	5 Payee name Border Press		
6 Amount (\$) 2555.18	620 E Price Rd., Brownsville, TX 785	City; 21	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing	Flyer	
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date			
11/2/23	Jacob Moreno		
Amount (\$)	Payee address:	City;	State; Zip Code
100.00	Alamo, TX 78516		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling	Contract Labor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/23	Charles Ruiz		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	Alamo, TX 78516		
_	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling	Contract Labo	or
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	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

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 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		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/23	5 Payee name Terry Singleterry		
6 Amount (\$) 30.00	7 Payee address; Alamo, TX 78516	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s Polling	(b) Description Contract Labor	r
EXPENDITURE	(c) Check if travel outside of Texas, Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11/6/23	Jesus Reyes		
Amount (\$) 100.00	Payee address; Alamo, TX 78516	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description Contract Lab	or
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/23	Ismael Cantu		
Amount (\$)	Payee address;	City;	State; Zip Code
300.00	Alamo, TX 78516		
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Polling	Contract	Labor
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	855	ense ges/Contract Labor	Travel In District Travel Out Of Distri Other (enter a cate)	ict gory not listed above)
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethio	cs Commission Filers)
4 Date 11/7/23	5 Payee na	ora Aleman		<u></u>		
6 Amount (\$) 75.00	7 Payee ad Alamo,	ddress; TX 78516		City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Pollir	ng		Contract Labor		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 11/7/23	Tracy (Garcia				
Amount (\$) 75.00	Payee ad Alamo,	ddress; TX 78516		City;	State;	Zip Code
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Polling	*		Contract Labo	or	
		Check if travel outside of Texas, Complete Sci	chedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/7/23	Edna M	lartinez				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
75.00	Alamo,	TX 78516				
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Polling			Contract	Labor	
		Check if travel outside of Texas, Complete Sch	hedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	2 11 22 11	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE 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 Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political 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		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/23	5 Payee name Jackie Gonzalez		
6 Amount (\$) 75.00	7 Payee address; Alamo, TX 78516	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Polling	chedule) (b) Description Contract Labor	r
	(c) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/7/23	Maria Escobar		
Amount (\$) 200.00	Payee address: Alamo, TX 78516	City;	State; Zip Code
	Category (See Categories listed at the top of this sci	chedule) Description	
PURPOSE OF EXPENDITURE	Polling	Contract Lab	or
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/7/23	Marichu Cantu		
Amount (\$)	Payee address;	City;	State; Zip Code
1000.00	Alamo, TX 78516		
	Category (See Categories listed at the top of this sci	hedule) Description	
PURPOSE OF EXPENDITURE	Polling	Contract	Labor
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/23	5 Payee name Terry Singleterry	steen-dinase 222	
6 Amount (\$) 50.00	7 Payee address; Alamo, TX 78516	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling	(b) Description Contract Labor	•
	(c) Check if travel outside of Texas, Complete Schedule T.		in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 11/7/23	Pete Morales		
Amount (\$) 810.00	Payee address; Alamo, TX 78516	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Flyer	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 NEI	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise/Magas/Contract Labor

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

Candidate/Officeholder/Politic Credit Card Payment		Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/23	5 Payee name Rene Solis		
6 Amount (\$) 100.00	7 Payee address: Alamo, TX 78516	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Polling	Contract Labor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 11/7/23	Ramona Rodriguez		
Amount (\$) 75.00	Payee address: Alamo, TX 78516	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling	Contract Labo	or
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	autinionali and a second	
11/7/23	Janie Gonzalez		
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	Alamo, TX 78516		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling	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/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED