# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	ide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	Arturo	J MI	OFFICE USE ONLY
NAME .	NICKNAME AJ	Garcia	SUFFIX	Pate Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #; Cir. Alamo, TX 785	CITY; STATE; ZIP CODE	JAN 1,5 2025 BY: @ 3. 2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 956 )	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mr  NICKNAME	FIRST Jesse LAST Garcia	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); APT / Stande Dr. Mission, T		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 956 ) 65	PHONE NUMBER 5-3629	EXTENSION	
9 REPORT TYPE	X January 15	30th day before o		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 30 / 23	Reporting Limit  Month	Day Year  / 15 / 25
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)  Commission	oner Place 4	13 OFFICE SOUGHT (if known	1)
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF T THE PROPERTY OF THE STATE OF T	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		CO TO	PAGE 2	

# 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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	32,535.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	845.00
	4. TOTAL POLITICAL EXPENDITURES	\$	24,881.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	7,654.38
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct	and includes all information
rec	guired to be reported by me under Title 15, Election Code.	)	_
			5
	Signature of Car	ndidate or Of	ficeholder
	Please complete either option below	<b>:</b>	
	SERVANDO MOISES RODRIGUEZ		
(4) 4 55 1	Notary Public, State of Texas  See Comm. Expires 04-21-2027		
(1) Affidavit	Notary ID 134320554		
NOTARY STAMP/SEA			
		15th da	y of Januar Y
1 05	which, witness my hand and seal of office.		- east-
Soul	Servando Moises Rodriguez	Not	ar X
Signature of officer administe		and the second Second Company of the	of officer administering oath
(0) 11	CONTRACTOR AND ASSESSMENT OF A STATE OF A ST	in a back	
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		***************************************
My address is	7		· · · · · · · · · · · · · · · · · · ·
Executed in	(street) (city) (s County, State of , on the day of	tate) (zip o	
	county, state of, on the day of(month	) , 20	(year)
	Signature of Candid	late/Officeholo	der (Declarant)

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sec. 95 Sec. 999	Saunta	
Arturo J. 0	sarcia sarcia	
4 Date	5 Full name of contributor out-of-state PAC (ID# )	7 Amount of contribution (S)
4 Date	CELLS C. S. S. S. SONIE	7 Amount of containation (3)
	Zares, L.L.C.	
11/2/2023		500.00
10 0 15	6 Contributor address; City; State: Zip Code	300.00
	San Juan, TX 78589	
	Gan ddan, 17 10000	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Lange Control	3	
Business		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (S)
	Liberty Rail Randa	
11/3/2023	Liberty Bail Bonds	4 000 00
11/3/2023	Contributor address; City; State; Zip Code	1,000.00
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Edinburg, TX 78542	
Principal occup	ration / Job title (See Instructions) Employer (See Instruc	ctions)
Business	Self	
Dusiness	Jei:	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Leticia Garcia	
11/3/2023	Leticia Carcia	4 000 00
111012020	Contributor address; City; State; Zip Code	1,000.00
		.,000.00
	Mission, TX 78516	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Business Ow	ner	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
	Eric & Karen Gibson	
11/3/2023	Lite & Raich Gibson	400.00
11/3/2023	Contributor address; City; State; Zip Code	1 100.00
	91 St	100.00
	Alamo, TX 78516	
		La company (constitution)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
Self Employe	ed	
7		
		- Committee of the Comm
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.
i		

## SCHEDULE A1

and the second second				
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME		<del> </del>		3 Filer ID (Ethics Commission Filers)
Arturo J. (	Garcia Garcia			
4 Date	5 Full name of contributor	out-of-state PAC	S (IC#)	7 Amount of contribution (S)
	Jr Garza.			
11/6/2023				100.00
11/0/2020	6 Contributor address;	City:	State: Zip Code	100.00
	Alamo, TX 78516			
6 V: 0-20	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Business Dev	velopment		Self	
	Full name of contributor	aut of state 200		
Date		out-or-state PAC	C (ID#)	Amount of contribution (S)
44/0/0000	Pete Morales			100.00
11/6/2023	Contributor address:		State; Zip Code	100.00
		T.3.		
	Alamo, TX 78516			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Manager			HEB	
			L	
Date	Full name of contributor	out-of-state PA(	C (ID#)	Amount of contribution (\$)
	Roel Moreno			<b>.</b>
11/6/2023		100.00		
	Contributor address;	City:	State; Zip Code	
	Alamo, TX 78516			
				Numerical Control of the Control of
E III AM I I I I I I I I I I I I I I I I	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Builder			Self	
Date	Full name of contributor	S 2 SAVIL 1225		
Date		out-of-state PA	C (ID#:)	Amount of contribution (S)
4.4.0.10000	Pete Morales			407.00
11/6/2023	Contributor address;	City;	State; Zip Code	167.00
	A1 . TX 70504		2000	
*	Alamo, TX 78501			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Manager			HEB	
			1	
	A TT4 017 A DOTTO	NIAL CODIES	OF THE COLUMN	
	If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N	
	" continuator is out-or-state PAO,	picase see ilisti	denon guide for additional	reporting requirements.

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	•		3 Filer ID (Ethics Commission Filers)
Arturo J. 6	arcia	SWASH-Same	
4 Date	5 Full name of contributor out-of-state PAC (	(ID#)	7 Amount of contribution (S)
	Leon De Leon		
11/29/2023	6 Contributor address; City:	State: Zip Code	500.00
	San Juan,	TY 78580	000.00
	Sair suari,	1X 10000	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Business	S	self	
1		1	
Date	Full name of contributor out-of-state PAC	·	Amount of contribution (\$)
	Linebarger Goggan Blair & Sam	ipson, LLP	
04/19/2024	Contributor address; City;	State; Zip Code	750.00
			100.00
	Austin, I	TX 78760	
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Attorneys	4.	Self	
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (S)
	Palacios Thompson	2 /25	(-)
04/19/2024	19/2024 Talacios Monipson	E 000 00	
	Contributor address; City;	State; Zip Code	5,000.00
	Edinbu	ırg, TX 78539	
			Analysis and a second a second and a second
	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Attorneys	,	self	
Date	Full name of contributor	10.4	Amount of contribution (C)
	03(0) 04.0	(IU#	Amount of contribution (S)
	Arredondo Law Firm		
	Contributor address; City;	State; Zip Code	500.00
	McAllen, TX	78504	000:00
	WicAlleri, TX	70004	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Attorneys		self	
		900	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	ection guide for additional	reporting requirements.
3			

## SCHEDULE A1

		- many kaj kraj k	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Arturo J. (	Sarcia Sarcia		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC of Trisha Salazar	(ID#)	7 Amount of contribution (S)
04/19/2024	6 Contributor address: City: Alamo, TX 78516	State: Zip Code	500.00
8 Principal occu Business Ow		9 Employer (See Instruct Self	ions)
Date		(IC#)	Amount of contribution (S)
04/25/2024	South Texas Bail Bonds  Contributor address: City; Edinburg, 7	State: Zip Code	2,000.00
Principal occup Business Ow	ation / Job title (See Instructions)  NOT	Employer (See Instruct Self	ions)
Date 05/07/2024	Pedro Morales  Contributor address: City:	(ID#:) State; Zip Code	Amount of contribution (S)  750.00
	Alamo, TX 78516		
Manager	ection / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (S)
	Contributor address; City;	State: Zip Code	
Principal occur	eation / Job title (See Instructions)	Employer (See Instruct	iens)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

### 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/Severage Expense
Gith/Awards/Memorials Expense
Lecal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

contributions/Donations Made By Candidate/Officeholder/Political		Wages/Contract Labor	Other (enter a catego	
redit Card Payment	The Instruction Guide explains how to	complete this form.	- Allewisch Harris	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date 10/30/23	5 Payee name Humberto Garza			and the second s
Amount (S) 100.00	7 Payee address; Alamo, TX 78516	City:	State:	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description  Contract Labo	F	, Avgansa
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	an, 17, unicenties hand	Office held
Date 10/30/23	Payee name Selina Medrano	de especial		
Amount (\$) 500.00	Payee address: 612 W. Nolana Suite 250 McAllen, T	city: X 78504	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting	Description Event		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/30/23	Ramona Rodriguez			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00 ·	Alamo, TX 78516			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling	Description  Contract	t Labor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULF AS NE	EDED	

## SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memonals Expense
Legal Services

Loan Repayment/Reimbursament Office Overhoad/Rental Expense Politing Expense Ponting Expense Salanes/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Solaries M  The Instruction Guide explains how to c	/ages/Contract Labor complete this form.	Other (enter a category no	ot listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
4 Date 10/30/23	5 Payee name Jose Palomo			
6 Amount (S) 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	Manager and American Committee of the Co	
PURPOSE OF EXPENDITURE	Polling	Contract Labor		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce 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 schedule)	Description		
PURPOSE OF EXPENDITURE	Polling	Contract Labo	or	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offi	ce heid
Date	Payee name	***************************************	1000	
10/31/23	Dora Aleman			
Amount (S)	Payee address;	City:	State;	Zip Code
75.00	Alamo, TX 78516			
	Category (See Categories listed at the top of this schedule)	Description	310000000000000000000000000000000000000	
PURPOSE OF EXPENDITURE	Polling	Contract	Labor	
	Check if traval outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice 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 Contributions/Denations Made Sy

Event Expense Loan Repayment/Reimbursement
Fees Office Overridad/Rental Expense
Food/Beverage Expense Polling Expense
Oit/Awards/Memonals Expense
Legal Services Salarse/Memonals Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W  The Instruction Guide explains how to co	ages/Contract Labor omplete this form.	Other (enter a catego	ry not listed above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date 10/30/23	5 Payee name Tracy Garcia			
Amount (S) 75.00	7 Payee address; Alarno, TX 78516	City:	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Polling	Contract Labor	110000000000000000000000000000000000000	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living	expensa
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name i	Office sought		Office held
Date 10/31/23	Five Star Embroidery		au	
Amount (\$) 356.00	Payee address: 7708 N Ware Rd. McAllen, TX 78504	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Design	Shirts		
	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/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/31/23	Edna Martinez			
Amount (S)	Payee address;	City:	State;	Zip Code
75.00	Alamo, TX 78516			
\$1 × 31/1206+430	Category (See Categories listed at the top of this schedule)	Description		(a)
PURPOSE OF EXPENDITURE	Polling	Contract	t Labor	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memonals Expense
Legal Services

Loan Renayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/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 c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/23	5 Payee name Border Press		
6 Amount (S) 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 Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	Office held
Date			
11/2/23	Jacob Moreno		ë
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	Poiling	Contract Labo	or «
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
11/6/23	Charles Ruiz		er .
Amount (\$)	Payee address;	City;	State; Zip Code
75.00	Alamo, TX 78516		is .
	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 Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDI II E AS NES	inen

## 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/Memonals Expense
Lecal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

redit Card Payment	The Instruction Guide explains how to	complete this form.
Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission File
Date 11/6/23	5 Payee name Terry Singleterry	'
Amount (S) 30.00	7 Payee address: Alamo, TX 78516	City: State; Zip Code
	(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 Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 11/6/23	Jesus Reyes	9 (9)
Amount (\$) 100.00	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 Labor
	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/O	Candidate / Officeholder name H	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 schedule)	Description
PURPOSE	Polling	Contract Labor
OF EXPENDITURE		li de la companya de
	Check if travel outside of Texas, Complete Schedule T.	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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
FoodBeverage Expense Polling Expense
FoodBeverage Expense
Feed Sentress
FoodBeverage Expense
FoodB

Candidate/Officeholder/Politice Credit Card Payment	Committee Legal Services Salaries/ The Instruction Guide explains how to c	Vages/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	s)
4 Date 11/7/23	5 Payee name Jackie Gonzalez		
6 Amount (6) 75.00	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 Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date			
11/7/23	Maria Escobar		
Amount (S)	Payee address; Alamo, TX 78516	City: State; Zip Code	
200.00	Mario, 1X 70010		
	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/Or	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 schedule)	Description	
PURPOSE OF EXPENDITURE	Polling	Contract Labor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, efficaholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selances/Maces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (entre a category not listed above)

Printing Expense Salanes/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 11/7/23 Dora Aleman State; Zip Code 6 Amount (S) City: 7 Payee address; Alamo, TX 78516 75.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Contract Labor OF Polling 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 Date Tracy Garcia 11/7/23 Amount (S) Payee address: City: State; Zip Code Alamo, TX 78516 75.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor Polling 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 Edna Martinez 11/7/23 Amount (S) Payee address; City; State; Zip Code 75.00 Alamo, TX 78516 Category (See Categories listed at the top of this schedule) Description PURPOSE Polling Contract Labor 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/Severage Expense
Gitt/Awards/Memonals 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 11/7/23	5 Payee name Rene Solis				
6 Amount (5) 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			
HAVE STRAIGHT STRAIGHT STRAIGHT	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought	C	Office held	
Date					
11/7/23	Ramona Rodriguez				
Amount (S) 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	n. TX, officeholder living e	xpense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				office held	
Date	Payee name		THE PARTY OF THE P		
11/7/23	Janie Gonzalez				
Amount (S)	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 <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

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 Loan Repayment/Reimbursement Pees Office Overmood/Rental Expense Food/Beverage Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date 11/7/23	5 Payee name Terry Singleterry	- I and the second				
6 Amount (\$) 50.00	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 Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date				=		
11/7/23	Pete Morales					
Amount (S)	Payee address:	City;	State; Zip Code			
810.00	Alamo, TX 78516					
THE PARTY OF THE P	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Flyer					
	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/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		And the second s	7		
5/13/24	Freedom Bank					
Amount (S)	Payee address:	City:	State; Zip Code			
\$19.54	Alamo, TX 78516					
	Catagory (See Catagories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Admin Fees	Check Order				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense
Gift/Awards/Memonals Expense
Printing Expense

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:		CONTRACTOR OF THE CONTRACTOR O	3 Filer ID (Ethics Commission Filers)			
			Control of the contro			
4 Date	5 Payee name	<u> </u>	Language Control of the Control of t			
05/07/2024	Palacios Garza & Thompson					
6 Amount (S)	7 Payee address;	City;	State; Zip Code			
4,000.00	2724 West Canton Road Edinburg, T	X 78539				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	OTHER	Clerical Error - Return				
OF EXPENDITURE			*			
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Or	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 schedule)	Description	Milosophia Karata K			
PURPOSE						
OF EXPENDITURE						
DAFENDITURE		J				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
experientare to bettern oron	1					
Date	Payee name					
Amount (\$)	Payee address;	City:	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description	The second secon			
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/OF	Candidate / Officeholder name	Office sought	Office held			
OO						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						