#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME RECEIVED Dr. Acreno 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE OFFICEHOLDER MAILING 78516 **ADDRESS** Alamo TX 1123 Boulder Dr. Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 310-8616 PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged Hernandez STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE (956) 874-3686 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit Day Year 10 PERIOD COVERED 15 /2025 07 2015 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Other Month Day Description Special 104 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) THIS BOX'S FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> F	iler ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25.550.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,792.33			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,75767			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$			
18 SIGNATURE   S	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information			
	quired to be reported by me under Title 15, Election Code.	correct and morades an information			
160	quired to be reported by the direct rate 15, Election code.				
	Saul CVIII				
	Signature of Candida	te or Officeholder			
	Oignature of Sandida	is of officeriology			
	Please complete either option below:				
	ANA MARIA GARZA				
	Notary Public, State of Texas				
	Comm. Expires 05-05-2027				
(1) Affidavit	Notary ID 134345537	*			
	A STATE OF THE PROPERTY OF THE				
NOTADY STAND/SEA		the I of			
NOTARY STAMP/SEA		+			
Sworn to and subscribed	before me by Koel Wound this the 13	day of July,			
214/					
20 // to certify	which, witness my hand and seal of office.	DI C 01			
	fra Targa	the scretary			
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR	어, 기(의 조용병 = 호생이 기에 명)			
(2) Unsworn Declarati	on				
My name is	, and my date of birth is				
My address is					
,	(street) (city) (state)	(zip code) (country)			
Executed in	County, State of , on the day of (month)	, 20 (year)			
	, and the second				
	Signature of Candidate/C	Officeholder (Declarant)			

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Commission 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 CON	TRIBUTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	DS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$	

## 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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:		CONTROL OF THE PROPERTY OF THE	3 Filer ID (Ethics Commission Filers)
	2 FILER NAME RUEL Woreno	Ur.	
4 Date 2   27   25	5 Payee name  55'S Pourty Ho		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.80		McAllen	TX 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Event Exp		
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		,
2127/25	Academy Sports		
Amount (\$)	Payee address;	City;	State; Zip Code
173.17		MCAI	ien Tx
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Citas Awards		
EXPENDITURE	Gifts Awards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	TJ Maxx		
Amount (\$) 55	Payee address;	City;	State; Zip Code
73.		McAllen	Ty
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts Awards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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	S 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/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROPI Moreno	Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2   27   25	5 Payee name Target		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
419.31		Missi	on TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Cifts Awards		
	(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	Payee name		
2127128	Office Depot		-
Amount (\$)	Payee address;	City;	State; Zip Code
28. 12		Missio	in TX
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Ci ci in in in in in		
OF EXPENDITURE	Cifts Awards		
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/27/25	Best Bay		
Amount (\$)	Payee address;	City;	State; Zip Code
482. 94		Meane	n Tx
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts Awards		
	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
	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/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Moreno Jr. Koei 5 Payee name gdom Kreationz 6 Amount (\$) 7 Payee address; Palmview Tr (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Adv OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2/28/25 Killer's Golf City; State: Zip Code Pavee address: Amount (\$) McAllen Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fuent EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 03 103/25 City; State: Zip Code Amount (\$) Pavee address: 25 McAllen Description Category (See Categories listed at the top of this schedule) **PURPOSE** Event Exp OF EXPENDITURE

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

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
Consulting 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 By Candidate/Officeholder/Politica Credit Card Payment	Street American Constitution Constitution	Gift/Awards/Mem Legal Services	orials Expense			Travel Out Of District Other (enter a category)	
1 Total pages Schedule F1:	2 FILER N	(0.52 - 0.0)		eno ;		3 Filer ID (Ethic	s Commission Filers)
4 Date 02 128 128	5 Payee n	ame	ice (				
6 Amount (\$)	<b>7</b> Payee a	ddress;			city; Mission	State;	Zip Code
8	(a) Catego	ry (See Categories li	sted at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Co	ntract	labo	r			
	(c)	Check if travel outside	e of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officehold	er name		Office sought		Office held
Date	Payee n	ame					
02/28/25	1	vette	Vill	areal			
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
160.00					Hercede	s TX	
	Categor	y (See Categories lis	ted at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Cont	ract	labor				
		Check if travel outside	e of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officehold	er name		Office sought		Office held
Date	Payee r	name					
03   03   28	Payee a	oce lyn	Jagu	relin	Silva City;	Flores State;	Zip Code
Amount (\$)	rayee a	ludress,			**122		Zip Godo
300.00					MCAIL	en Tx	
PURPOSE OF EXPENDITURE	Categor	y (See Categories lis	ted at the top of thi	s schedule)	Description		
		Check if travel outside	e of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholo	der name	245	Office sought		Office held
	A	TACH ADDITION	ONAL COPIE	S 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
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

Contributions/Donations Made by Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Roel Lioreno	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
03/03/25	Evelyn Romers	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
100.00		Dame TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	3	Cake
OF EXPENDITURE	Food	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
03/05/25	Evelyn Romero	
Amount (\$)	Payee address;	City; State; Zip Code
1,500 .00		Mamo Tx
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food 2 Catering	Catering
	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	-
03 107/25	Walmart	
Amount (\$)	Payee address;	City; State; Zip Code
21.62		Alamo Tx
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event Exp	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

# SCHEDULE F1

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

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

Advertising Expense Accounting/Banking

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political (	Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Printing Expense Salaries/Wages/Contract		Out Of District enter a category no	t listed above)
edit Card Payment	The Instruction Guide explain	ns how to complete this	form.		
Total pages Schedule F1:		Moreno	JV. 3 File	er ID (Ethics Co	mmission Filers)
Date	5 Payee name				
03/10/25	Square space	e		Ol-to	Zip Code
(modific (\$\psi\$)	7 Payee address;	Ci	ty;	State;	Zip Code
18.19					
	(a) Category (See Categories listed at the top of thi	s schedule) (b) Desci	113. 1-12 (1960)	9	
PURPOSE			Dow	iain	
OF EXPENDITURE					
LXI LIIOTTON	(c) Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, or	fficeholder living exp	ense
	Candidate / Officeholder name		sought	Of	fice held
Complete ONLY if direct expenditure to benefit C/OH					
Date	Payee name				
3/10/25	Bella mia				
2/10 1			City;	State;	Zip Code
Amount (\$)	Payee address;				
67. 39			Meallen	TX	
	Category (See Categories listed at the top of thi	s schedule) Desc	cription		
PURPOSE OF			Me	etins	
EXPENDITURE	+ cod			- Washaldes living o	noneo
	Check if travel outside of Texas. Complet		Check if Austin, TX,		ffice held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	e sought	0	mice neid
Date	Payee name				
3/10/25	Daniel R	odri guez			
Amount (\$)	Payee address;		City;	State;	Zip Code
505		T	harr	TX	
	Category (See Categories listed at the top of the	nis schedule) Des	scription		
PURPOSE OF EXPENDITURE	Contract lab	4	Signs	1 France	's
	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin, TX,		
Complete ONLY if direct	Candidate / Officeholder name	Offi	ce sought		Office held
expenditure to benefit C/C					
	ATTACH ADDITIONAL COP	IES OF THIS SCHED	ULE AS NEEDE	D	

## 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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	pense Travel Out Of District  Other (enter a category not listed above)
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Total pages constant		
Date 03   12   25	5 Payee name	
Amount (\$)	7 Payee address;	City; State; Zip Code
97.52		Pharr TX
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Tools to
OF EXPENDITURE	EXB	lasas Arrest
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H	
Date	Payee name	
3/12/25	Luis Loera	City; State; Zip Code
Amount (\$)	Payee address;	City,
Soo.		Edinburg TX
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Francs signs
OF EXPENDITURE	EXP	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/15/25	Carry Rayland	
Amount (\$)	Corner Bakery Payee address;	City; State; Zip Code
Allouit (4)	© 200 € 200 E	
42.		Michillen 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  Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office neid
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED
	AT IACH ADDITIONAL GOT 125 G. T.	Povised 1/1/202

## 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense Printing	Expense /Wages/Contract Labor 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 ROEL Moreno 5	īv.	3 Filer ID (Ethics Commission Filers)
4 Date 7   15   25	5 Payee name Teresco	Sandoval	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
160.00		Plano	Ty
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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		
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 Austir	n, TX, officeholder living expense
Complete ONLY 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 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 THI	S SCHEDULE AS NEE	DED

## SCHEDULE A1

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

18		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Roel Moreno Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
2/24/25	Ronnie Cruz  6 Contributor address; City; State; Zip Code	\$2,500
	McAllen TX 78504	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/11/25	Contributor address; City; State; Zip Code	\$ 2,000
	San Antonio Tx 78216	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/21/25	Contributor address, City, State, 2.19 3333	\$ 2,000
	Donna TX 78572	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/21/25	Contributor address; City; State; Zip Code	\$ 550
	McAllen TX 78504	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

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

#### 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:
Roel Horeno Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 2   11   135   6 Contributor address; City; State; Zip Code AHON TX 78573	7 Amount of contribution (\$) $2,000.00$
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date  Full name of contributor out-of-state PAC (ID#)  Line barger Goggan  Contributor address; City; State; Zip Code  Austin TX 78780	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:)  2/28/25 TOP TEXOS TITLE  Contributor address; City; State; Zip Code  Edin bity TX 78539  Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)  \$\begin{align*} \begin{align*}
Date  Full name of contributor  Century Construction  Contributor address;  City;  State; Zip Code  Palmhurst  TX 78573  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	Roel Moreno Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date		(ID#:)	7 Amount of contribution (\$)		
2125/27	6 Contributor address; City;	State; Zip Code	\$ 1,500		
	Mission	TX			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)		
2/26/25	Contributor address; City;	State; Zip Code	\$ 1,000		
	Pharr	TX 78577			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)		
2126/05	Palacios Carza 4 Thomp Contributor address; City;	Sch State; Zip Code	\$ 1,000		
	Edinburg	TX 78539			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
2/10/25	Yerdue Brandon Fielder ( Contributor address; City;	State; Zip Code	\$ 1,000		
	Lichillen	TX 785011			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### 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 f	1 Total pages Schedule A1:			
2 FILER NAME	Roel Moreno Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)		
2/27/25	SKO Elite				
	6 Contributor address; City;	State; Zip Code	\$ 700		
			, 700		
San Juan Tx 78559					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
		T			
Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
1 105	M2 Eng		d		
2/19/25	Contributor address; City;	State; Zip Code	£500		
	Mission	TX 78572			
Dringing Logger	Control of the Contro		one)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
		.n	2 2 3 37 529		
Date	^ ·	ID#:)	Amount of contribution (\$)		
2/27/25	Central Naterials		£ 555		
Tion	Contributor address; City;	State; Zip Code	A 2.20		
	Edinburg	TX 78542			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	ID#:)	Amount of contribution (\$)		
		10#	yanidan di donandan (4)		
2127/25	Contributor address; City;	State; Zip Code	\$ 500		
210.	Contributor address; City;	State, Zip Code	4 200		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
ATTACH ADDITIONAL CODIES OF THIS SCHEDIII E AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME ROEL Moreno Jr.	3 Filer ID (Ethics Commission Filers)				
4 Date  2 127 125  Contributor address; City; State; Zip Code  4 Date  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)					
Date  Full name of contributor  Out-of-state PAC (ID#)  Come 2 3 Construction  Contributor address; City; State; Zip Code  Donna Tx 78537	Amount of contribution (\$) \$ 250.60				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date Full name of contributor out-of-state PAC (ID#)  Lobo Motors  Contributor address; City; State; Zip Code  Mission TX 78572	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date  Full name of contributor	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

 $If contributor is \ out-of\text{-}state \ PAC, please \ see \ Instruction \ guide \ for \ additional \ reporting \ requirements.$ 

#### SCHEDULE A1

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

	<u>v===</u>					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:			
2 FILER NAME Roel Moreno Jr.			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor		7 Amount of contribution (\$)			
	DE D (1					
07/14/25	6 Contributor address; City;	State; Zip Code	\$ 1,500			
Alamo TX 78516						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	<del></del>	#:)	Amount of contribution (\$)			
	Tonny Bimpong		86			
D7/14/2	Tonny Bimpong Contributor address; City;	State; Zip Code	\$ 500.00			
0			•			
	South Padre 悔. Is and					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	#:)	Amount of contribution (\$)			
	Milanoia Sharell & Shakes 126					
. 00		and the second s	\$ 500.00			
7/15/25	Contributor address; City; S	State; Zip Code				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor  ut-of-state PAC (ID:	#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instru			tions)			
ATTACH ADDITIONAL CODIES OF THIS SCHEDIII E AS NEEDED						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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