

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Adrian		OFFICE USE ONLY Date Received <div style="font-size: 2em; color: blue;">1-16-24</div> <div style="color: blue;">AW</div> Date Hand-delivered or Date Postmarked <div style="font-size: 2em; color: blue;">1-16-24</div> <div style="color: blue;">AW</div> Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX Farias		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS (NO BOX) APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 9755753		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Enriqueta		
	NICKNAME LAST SUFFIX Caballero		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 264 W Mile 13 N., Weslaco, TX 78599		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 453.6075		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year 07 / 16 / 23 THROUGH 01 / 15 / 24		
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex;"> <div style="flex: 1;"> Month Day Year / / </div> <div style="flex: 2;"> Primary Runoff Other Description General Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) City Commissioner District 4		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO 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

1. 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)

\$

37,540

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

34,362.85

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

2,381.40

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

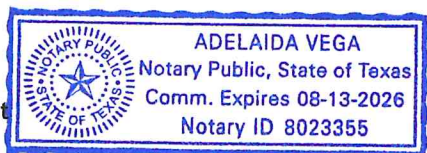
18 SIGNATURE

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



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adrian Jarias this the 16th day of January

2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,540
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	\$ 34,362.85
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 Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <input type="text"/>
2 FILER NAME <input type="text"/>		3 Filer ID (Ethics Commission Filers) <input type="text"/>
4 Date 9/18/23	5 Full name of contributor <input type="text"/> out-of-state PAC (ID#: <input type="text"/>) J&R Construction 6 Contributor address; City; State; Zip Code 2609 Woodland Dr. Weslaco, TX 78596	7 Amount of contribution (\$) <input type="text"/> 2,500
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) <input type="text"/>
Date 9/18/23	Full name of contributor <input type="text"/> out-of-state PAC (ID#: <input type="text"/>) Southern Trenchless Contributor address; City; State; Zip Code PO Box 8084, Weslaco, TX 78596	Amount of contribution (\$) <input type="text"/> 2,500
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>
Date 9/18/23	Full name of contributor <input type="text"/> out-of-state PAC (ID#: <input type="text"/>) Key Performance Petroleum Contributor address; City; State; Zip Code PO Box 410 Navasota, TX 77868	Amount of contribution (\$) <input type="text"/> 150
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>
Date 9/18/23	Full name of contributor <input type="text"/> out-of-state PAC (ID#: <input type="text"/>) American Financial Bureau Contributor address; City; State; Zip Code PO Box 195. Weslaco, TX 78599	Amount of contribution (\$) <input type="text"/> 300
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/27/23	5 Full name of contributor Kevin Bloomquist out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2101 Alexandria; Weslaco, TX 78596	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/27/23	Full name of contributor Kirk Bloomquist out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2302 Wimbeldon; Weslaco, TX	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor Joe Olivares out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code PO Box 1667; Weslaco, TX	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor Anissa Alvarado out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 206 China St.; Weslaco, TX	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/23	5 Full name of contributor Jonathan Sakulenski out-of-state PAC (ID#: _____) 6 Contributor address; McAllen, TX City; State; Zip Code	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/23	Full name of contributor CB3 Consultants out-of-state PAC (ID#: _____) Contributor address; Edinburg, TX City; State; Zip Code	Amount of contribution (\$) 700
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor James Fasano out-of-state PAC (ID#: _____) Contributor address; 2009 Alexandria Dr. Weslaco, TX 78596 City; State; Zip Code	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor Godspeed Enterprises out-of-state PAC (ID#: _____) Contributor address; 5700 N 14th Mcallen, TX City; State; Zip Code	Amount of contribution (\$) 350
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/23	5 Full name of contributor Adrian Gonzalez out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1718 N Missouri; Weslaco, TX 78596	7 Amount of contribution (\$) 2500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/23	Full name of contributor Nicholus Munoz out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4122 S Rhonda St. Apt 4204. Edinburg, TX	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor Leonardo Munoz out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3813 Tierra de Oro, Weslaco, TX 78596	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/23	Full name of contributor Godspeed Enterprises out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5700 N 4th St, McAllen, TX	Amount of contribution (\$) 650
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

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/23	5 Full name of contributor out-of-state PAC (ID#: _____) Cook Insurance Group 6 Contributor address; City; State; Zip Code 305 W 8th St., Dallas, TX 75208	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#: _____) Valiant Energy Contributor address; City; State; Zip Code 1808 W Mozelle St., Pharr, TX 78577	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#: _____) Woodmen of the World Contributor address; City; State; Zip Code 701 S Texas., Weslaco, TX 78596	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#: _____) Brown Thumb Shredding Contributor address; City; State; Zip Code PO Box 1648., Weslaco, TX 78599	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) Ron McVey 6 Contributor address; City; State; Zip Code 318 E 18th st., Weslaco, TX 78596	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/23	Full name of contributor out-of-state PAC (ID#: _____) Mid Valley Piano Contributor address; City; State; Zip Code 1221 E 10 St. Ste 101., Weslaco, TX 78596	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/23	Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Everitt Contributor address; City; State; Zip Code 901 S. Texas Blvd., Weslaco, TX 78596	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/27/23	Full name of contributor out-of-state PAC (ID#: _____) Munoz Drilling Contributor address; City; State; Zip Code PO BOX 446., Weslaco, TX 78596	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor Patrick Feeney out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 900 Natalie St., Wslaco, TX 78596	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/12/23	Full name of contributor Adan Ortiz out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2710 Mi Tierra, Weslaco, TX 78599	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/23	Full name of contributor Daisy Rivera Solis out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6413 N Mile 4.5 West, Weslaco, TX 78599	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/2023	Full name of contributor US Water out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4939 Cross Bayou., New Port, Florida	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/23	5 Full name of contributor out-of-state PAC (ID#: _____) STX Rehab 6 Contributor address; City; State; Zip Code 505 Angelita Dr. Weslaco, TX 78596	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/23	Full name of contributor out-of-state PAC (ID#: _____) Daisy Rivera Solis Contributor address; City; State; Zip Code 6413 N 4.5 West., Weslaco, TX 78599	Amount of contribution (\$) 5890
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/7/23	Full name of contributor out-of-state PAC (ID#: _____) Edible Arrangement Contributor address; City; State; Zip Code 5113 N 10th St., McAllen TX 78504	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#: _____) Smith Security Contributor address; City; State; Zip Code 621 S. Texas Blvd., Weslaco, TX 78596	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/23	5 Full name of contributor out-of-state PAC (ID#: _____) Andres Palma 6 Contributor address; City; State; Zip Code 1801 Batista ., Edinburg,TX	7 Amount of contribution (\$) 1500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Marcus Cruz Contributor address; City; State; Zip Code 1925 White Tail Dr. Harlingen,TX 78550	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Lopez Law Group Contributor address; City; State; Zip Code 2611 N Texas Blvd., Weslaco,TX 78599	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#: _____) Armando Martinez Contributor address; City; State; Zip Code PO Box 1651. , Weslaco,TX 78596	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) Salazar Ins. Group 6 Contributor address; City; State; Zip Code 611 E Loop 499., Harlingen, TX	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/9/23	Full name of contributor out-of-state PAC (ID#: _____) Linebarger Contributor address; City; State; Zip Code PO Box 17428., Austin, TX	Amount of contribution (\$) 1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/23	Full name of contributor out-of-state PAC (ID#: _____) Cook Insurance Contributor address; City; State; Zip Code 305 W 8th st., Dallas, TX 75208	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/9/2023	Full name of contributor out-of-state PAC (ID#: _____) Daisy Rivera Solis Contributor address; City; State; Zip Code 6413 N Mile 4.5 West., Weslaco, TX 78599	Amount of contribution (\$) 250
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/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 10/24/23		5 Payee name Tierra Santa			
6 Amount (\$) 4,448.72		7 Payee address; City; State; Zip Code Weslaco, TX 78596			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/3/23		Payee name Weslaco Band Booster			
Amount (\$) 24,355		Payee address; City; State; Zip Code Weslaco, TX 78596			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Fundraiser		
	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					
Date 11/3/23		Payee name Eliza Grimaldo			
Amount (\$) 40		Payee address; City; State; Zip Code Weslaco, TX 78596			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Cheer Fundraiser		
	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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/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 11/13/23	5 Payee name Weslaco High School Golf	
6 Amount (\$)	7 Payee address; Weslaco, TX	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/23	Payee name Valley Nature Center	
Amount (\$) 500	Payee address; Weslaco, TX 78596	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Fundraiser
	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		
Date 11/16/2023	Payee name Frontera Audubon	
Amount (\$) 150	Payee address; Weslaco, TX	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Fundraiser
	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		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

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 11/17/23		5 Payee name Rudy Silva Elem.			
6 Amount (\$) 233		7 Payee address; City; State; Zip Code Weslaco, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Cheer Sponsorship		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/30/23		Payee name Rudy Silva Elem			
Amount (\$) 150		Payee address; City; State; Zip Code Weslaco, TX 78596			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description School Fundraiser		
	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					
Date 12/1/23		Payee name V&M Prints			
Amount (\$) 634.35		Payee address; City; State; Zip Code Weslaco, TX 78596			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Caps/Shirts		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)
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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 12/5/23		5 Payee name Cynthia Villa			
6 Amount (\$) 200		7 Payee address; City; State; Zip Code Weslaco, TX 78596			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Fundraiser/Medical Exp		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/13/23		Payee name Valley Nature Center			
Amount (\$) 100		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Sponsorship		
	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					
Date 12/14/23		Payee name Daisy Solis			
Amount (\$) 100		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Sponsorship, Weslaco Dreamettes		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/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 12/14/23		5 Payee name Joe Burnias			
6 Amount (\$) 50		7 Payee address; City; State; Zip Code Weslaco, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Sponsorship/Boxing		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/14/23		Payee name Leonel Caballero			
Amount (\$) 160		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Fundraiser, Medical Exp.		
	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					
Date 12/15/23		Payee name Rudy Silva Elem			
Amount (\$) 100		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Cheer Sponsorship		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/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 12/20/23		5 Payee name Aurora House			
6 Amount (\$) 630		7 Payee address; City; State; Zip Code Weslaco, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Fundraiser/Sponsor		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/26/23		Payee name Jolyn Garcia			
Amount (\$) 100		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Sponsorship/Miss Weslaco		
	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					
Date 12/27/23		Payee name Giovana Zamarano			
Amount (\$) 150		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp		Description Photographer		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 12/28/23		5 Payee name Noe Reyna			
6 Amount (\$) 100		7 Payee address; City; State; Zip Code Weslaco, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation		(b) Description Christmas Sponsor		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/29/23		Payee name Valiant Energy			
Amount (\$) 150		Payee address; City; State; Zip Code Pharr, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Event Sponsor		
	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					
Date 1/16/24		Payee name Lailah Alvarado			
Amount (\$) 100		Payee address; City; State; Zip Code Weslaco, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Contract Employee		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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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 9/18/23		5 Payee name Giovanna Zamaorano			
6 Amount (\$) 97.36		7 Payee address; City; State; Zip Code Weslaco, TX 78596			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description In-Kind Reimbursement		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/18/23		Payee name Daisy Rivera Solis			
Amount (\$) 1319.42		Payee address; City; State; Zip Code Weslaco, TX, 78599			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description In-Kind Remibursement		
	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					
Date 10/21/23		Payee name V&M Print			
Amount (\$) 210		Payee address; City; State; Zip Code Weslaco, TX 78596			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Shirts/Caps		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 1/5/23	5 Payee name Myrgv.com	
6 Amount (\$) 225	7 Payee address; City; State; Zip Code McAllen TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp.	
	(b) Description Christmas Greeting	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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	
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, 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	
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, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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