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 **FIRST** 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr Adrian NAME LAST NICKNAME SUFFIX **Farias** 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956 9755753 PHONE Receipt # FIRST CAMPAIGN MS / MRS / MR **TREASURER** Enriqueta Ms Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Caballero STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN **TREASURER** 264 W Mile 13 N., Weslaco, TX 78599 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** 956 453.6075 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Dav Month Year Month Year COVERED 24 16 23 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City Commissioner District 4 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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FORM C/OH COVER SHEET PG 2

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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)	\$
	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 LAS OF REPORTING PERIOD	T DAY \$ 2,381.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	Cianatura of the	ndidate or Officeholder
-	Signature of Car	indidate of Officeriolder
	Please complete either option below	7:
(1) Affidavit	ADELAIDA VEGA Notary Public, State of Texas Comm. Expires 08-13-2026 Notary ID 8023355	
NOTARY STAMP/SEA Sworn to and subscribed	() 14 in lating	H day of On Rughes
	which, witness my hand and seal of office.	day of Apparent
, to certify	which, witnessyny hand and seal of office.	no tabet
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	·
My address is		
		etate) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20) (year)
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)		on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	-	\$	37,540
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	34,362.85
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	
10.	0. 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		\$	

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) J&R Construction	7 Amount of contribution (\$) 2,500
18/23	6 Contributor address; City; State; Zip Code 2609 Woodland Dr. Weslaco,TX 78596	2,500
Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 18/23	Full name of contributor out-of-state PAC (ID#:) Southern Trenchless	Amount of contribution (\$) 2,500
	Contributor address; City; State; Zip Code PO Box 8084, Weslaco,TX 78596	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
Date (18/23	Full name of contributor out-of-state PAC (ID#:) Key Performance Petroleum	Amount of contribution (\$)
10/23	Contributor address; City; State; Zip Code PO Box 410 Navasota,TX 77868	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:) American Financial Bureau	Amount of contribution (\$)
/18/23	Contributor address; City; State; Zip Code PO Box 195. Weslaco,TX 78599	300
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ons)
t		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	
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SCHEDULE A1

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The	e 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 out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 2101 Alexandria; Weslaco, TX 78596	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 9/27/23	Full name of contributor out-of-state PAC (ID#:Kirk Bloomquist	150
	Contributor address; City; State; Zip Code 2302 Wimbeldon; Weslaco,TX	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#:	500
	Contributor address; City; State; Zip Code PO Box 1667; Weslaco,TX	
Principal occi	upation / Job title (See Instructions) Employer (See Instr	uctions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 206 China St.; Weslaco,TX	
Principal occi	upation / Job title (See Instructions) Employer (See Instr	uctions)
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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	s 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	C (ID#:)	7 Amount of contribution (\$)
10/20/20	6 Contributor address; McAllen,TX	City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 10/23/23	Full name of contributor CB3 Consultants		C (ID#:)	Amount of contribution (\$)
10/20/20	Contributor address; Edinburg,TX	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date 10/23/23	Full name of contributor James Fasano) (ID#:)	Amount of contribution (\$)
	Contributor address; 2009 Alexandria Dr. Wesl	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 10/23/23	Full name of contributor Godspeed Enterprises	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/20/20	Contributor address: 5700 N 14th Mcallen, TX	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
		8		
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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 out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 1718 N Missouri; Weslaco, TX 78596	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
,	Contributor address; City; State; Zip Code 4122 S Rhonda St. Apt 4204. Edinburg,TX	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#:	50
	Contributor address; City; State; Zip Code 3813 Tierra de Oro, Weslaco,TX 78596	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date 9/25/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3723720	Contributor address; City; State; Zip Code 5700 N 4th St, McAllen, TX	
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
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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 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 (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	otions)
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 (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ctions)
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 (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
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 occup	eation / Job title (See Instructions) Employer (See Instructions)	ctions)
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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	≣	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/23	5 Full name of contributor out-of-state PAC (ID#:) Ron McVey	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 318 E 18th st., Weslaco,TX 78596	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date 9/26/23	Full name of contributor out-of-state PAC (ID#:) Mid Valley Piano	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1221 E 10 St. Ste 101., Weslaco,TX 78596	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10/11/23	Full name of contributor out-of-state PAC (ID#:) Jeffrey Everitt	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 901 S. Texas Blvd., Weslaco,TX 78596	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Munoz Drilling	Amount of contribution (\$)
9/27/23	Contributor address; City; State; Zip Code PO BOX 446., Weslaco,TX 78596	300
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/10/20	6 Contributor address; City; State; Zip Code 900 Natalie St., Wslaco,TX 78596	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date 10/12/23	Full name of contributor out-of-state PAC (ID#:Adan Ortiz	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2710 Mi Tierra, Weslaco,TX 78599	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date 10/16/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 6413 N Mile 4.5 West, Weslaco, TX 78599	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date 9/25/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0/20/2020	Contributor address; City; State; Zip Code 4939 Cross Bayou., New Port,Florida	
Principal occuj	pation / Job title (See Instructions) Employer (See Inst	ructions)
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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	7 Amount of contribution (\$)	
10/1/120	6 Contributor address; City; State; Zip Code 505 Angelita Dr. Weslaco,TX 78596		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 10/25/23	Full name of contributor out-of-state PAC (ID#:) Daisy Rivera Solis Contributor address: City: State: Zip Code	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code 6413 N 4.5 West., Weslaco, TX 78599		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
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 (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
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 (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
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Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1:
2 FILER NAM	E		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; St 1801 Batista., Edinburg,TX		7 Amount of contribution (\$)
	Too Datiota ., Edinburg, 17		
8 Principal oc	cupation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#:_Marcus Cruz Contributor address; City; St 1925 White Tail Dr. Harlingen,TX 78550	tate; Zip Code	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 10/30/23	Lopez Law Group	ate; Zip Code	Amount of contribution (\$) 500
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/30/23	Full name of contributor out-of-state PAC (ID#_Armando Martinez Contributor address; City; St PO Box 1651., Weslaco,TX 78596	tate; Zip Code	Amount of contribution (\$) 500
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
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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 occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
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 (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 11/9/23	Full name of contributor out-of-state PAC (ID#:) Cook Insurance	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 305 W 8th st., Dallas,TX 75208	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
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 (\$)
Principal occuj	pation / Job title (See Instructions) Employer (See Instruc	tions)
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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 Gitl/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	al Committee Legal Services Salaries A The Instruction Guide explains how to 6	Vages/Contract Labor	Other (enter a catego	ory not listed above)
		<u> </u>		
1 Total pages Schedule F1:	2 FILER NAME	;	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/24/23	Tierra Santa			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,448.72	Weslaco,TX 78596			
E ● N → N0 22 N 10001	, , , , , , , , , , , , , , , , , , , ,			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Event Expense	Fundraiser		
OF				
EXPENDITURE		<u> </u>		
	(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/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/3/23	Weslaco Band Booster			
11/3/23	VVesiaco Baria Booster			
Amount (\$)	Payee address;	City;	State;	Zip Code
24,355	Weslaco,TX 78596			
,	,			
	Category (See Categories listed at the top of this schedule)	Description		
	Donation	Fundraiser		
PURPOSE OF	Donation	Tariaraiooi		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	I			
	P. Control of the Con			
Date	Payee name			
11/3/23	Eliza Grimaldo			
Amount (\$)	Payee address;	City;	State;	Zip Code
40	Weslaco,TX 78596			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation	Cheer Fundraise	er	
OF				140
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
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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

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.		
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 Austi	in, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date 11/16/23	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 Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
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 Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	1	Office held
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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

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.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Con	nmission Filers)
4 Date 11/17/23	5 Payee name Rudy Silva Elem.			
6 Amount (\$)	7 Payee address;	City;	State; 2	Zip Code
233	Weslaco,TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Donation	Cheer Sponso	rship	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held
Date	Payee name			
11/30/23	Rudy Silva Elem			
Amount (\$)	Payee address;	City;	State; 2	Zip Code
150	Weslaco,TX 78596			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation	School Fundra	iser	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	ce held
Date	Payee name			
12/1/23	V&M Prints			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
634.35	Weslaco,TX 78596			
	Category (See Categories listed at the top of this schedule)	Description	X CAMBRIAN DE YORK TO THE TOTAL OF THE TOTAL	
PURPOSE OF	Advertising	Caps/Shirts		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Off	ice held
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5 Payee name

Donation

Payee name

Payee address;

Weslaco,TX

Donation

Payee name

Daisy Solis

Valley Nature Center

(c)

Cynthia Villa

7 Payee address;

Weslaco, TX 78596

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

4 Date

200

Date

100

Date 12/14/23

12/13/23

Amount (\$)

8

12/5/23

6 Amount (\$)

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

> **PURPOSE** OF **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

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

City;

(b) Description

Office sought

City;

Description

Office sought

Sponsorship

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

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

3 Filer ID (Ethics Commission Filers) State; Zip Code Fundraiser/Medical Exp Check if Austin, TX, officeholder living expense Office held State; Zip Code Check if Austin, TX, officeholder living expense Office held

	,			
Amount (\$)	Payee address;	City;	State;	Zip Code
100	Weslaco,TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation	Sponsorship, We	slaco Drea	mettes
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
		Company States and the state of		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED	
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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

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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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Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/14/23	5 Payee name Joe Burnias		,	
6 Amount (\$) 50	7 Payee address; Weslaco,TX	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation	Sponsorship/Bo	oxing	
	(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			
12/14/23	Leonel Caballero			
Amount (\$) 160	Payee address; Weslaco,TX	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Fundraiser,Med	dical 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/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/15/23	Payee name Rudy Silva Elem			
		v		
Amount (\$) 100	Payee address; Weslaco,TX	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule) Donation	Description Cheer Sponsors	ship	
EXPENDITURE		L		
	Check if travel outside of Texas. Complete Schedule T.	100 200	, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Reset Form

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	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	5 Payee name		
12/20/23	Aurora House		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
630	Weslaco,TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Donation	Fundraiser/Spe	onsor
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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/26/23	Jolyn Garcia		
12/20/23	Jolyn Garcia		
Amount (\$)	Payee address;	City;	State; Zip Code
100	Weslaco,TX		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Cotogogy (Con Cotogogica listed at the top of this pehadule)	Description	
	Category (See Categories listed at the top of this schedule) Donation		dies Meslace
PURPOSE OF	Donation	Sponsorship/N	MISS VVESIACO
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
12/27/23	Giovana Zamarano		
Amount (\$)	Payee address;	City;	State; Zip Code
150	Weslaco,TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Exp	Photographer	
OF	J		
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	:DED
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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

Event Expense 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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	5.7
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/28/23	5 Payee name Noe Reyna			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100	Weslaco,TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation	Christmas Spor	nsor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/29/23	Valiant Energy			
Amount (\$)	Payee address;	City;	State;	Zip Code
150	Pharr,TX			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Event Sponsor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/16/24	Lailah Alvarado		e	
Amount (\$) 100	Payee address; Weslaco,TX	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Contract Emplo	yee	
	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	S SCHEDULE AS NEE	DED	
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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

Event Expense 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 Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	ory not instead above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date 9/18/23	5 Payee name Giovanna Zamaorano			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
97.36	Weslaco,TX 78596			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	In-Kind Reimb	usement	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/18/23	Daisy Rivera Solis			
Amount (\$)	Payee address;	City;	State;	Zip Code
1319.42	Weslaco,TX, 78599			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	In-Kind Remib	ursement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/21/23	V&M Print			
Amount (\$) 210	Payee address; Weslaco,TX 78596	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Shirts/Caps		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	
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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

Forms provided by Texas Ethics Com

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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

Revised 8/17/2020

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)
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; McAllen TX	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Exp.	Christmas Gre	eting	
	(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/OF	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		
PURPOSE OF EXPENDITURE				
	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
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	