CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR FIRST Mr. Victor	MI S	OFFICE USE ONLY	
TWINE	NICKNAME LAST "Seby" Haddad	SUFFIX \mathcal{C}_{ℓ}	ty Secretary's (
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1207 Westway Ave	city; state; zip code McAllen TX 78501	Date 1217074	
Change of Address			Da	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 605-7762	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Roberto	мі А	Receipt # Amount \$ Date Processed	
	"Robby" Haddad	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT 604 Kendlewood Ave	/ SUITE #; CITY; McAllen	STATE; ZIP CODE TX 78501	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 784-6327	EXTENSION		
9 REPORT TYPE	January 15 30th day befo	ore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before	e election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 2024	THROUGH 06	Day Year / 30 / 2024	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Prima	Description		
	Gene	eral Special July 15th 2	024 - Semi-Annual Report	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)	
	City Commissioner, District 5, City of N	vicalien		
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.			
(3)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	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 Mr. Victor S.	"Seby" Haddad	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	° 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ₀		
	4. TOTAL POLITICAL EXPENDITURES	\$ 500.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	of the \$0		
ł	swear, or affirm, under penalty of perjury, that the accompanying report is triguired to be reported by me under Title 15, Election Code.	ue and correct and includes all information		
Cindy Gonzalez Notary ID# 13086724-9 My Comm. Exp. 10-18-2024 (1) Affidavit				
NOTARY STAMP/SEAL Sworn to and subscribed before me by				
20 24 , to certify which, witness my hand and seal of office.				
Signature of officer administra	ering bath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth	s		
My address is	, (site)	/		
Executed in	(street) (city) County, State of , on the day of	(state) (zip code) (country) th)		
	Signature of Cano	lidate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con		mmission Filers)	
Mr. Vict	or S. "Seby" Haddad		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	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 CO	NTRIBUTIONS	\$500.00
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 CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	^{\$} 78.08

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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense 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) Mr. Victor S. "Seby" Haddad 1 5 Payee name 4 Date 02/06/2024 McAllen Education Foundation 6 Amount (\$) 7 Payee address; City; State: Zip Code 5111 N 10th St #356 McAllen TX 78504 \$500.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Contributions/Donations made by Donation

PURPOSE OF EXPENDITURE	Candidate	Bonadon	
	(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		
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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 Sched	dule K:	
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)	
Mr. Victor S.	"Seby" Haddad			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
01/31/2024 02/29/2024 03/31/2024 04/30/2024 05/31/2024 06/30/2024	Lone Star National Bank		\$78.08	
	6 Address of person from whom amount is received; City; 520 E Nolana Ave McAllen	State; Zip Code	.	
	7 Purpose for which amount is received C	heck if political contribution	returned to filer	
	Interest Bearing Account			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;			
	Purpose for which amount is received C	heck if political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code		
	Purpose for which amount is received C	heck if political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City;	State; Zip Code		
	Purpose for which amount is received C	heck if political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				