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 (Eth	ics Commission Filers)	2 Total pages fi	led: 9
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Victor	1	S	OFFICE	USEONLY
NAME	NICKNAME "Seby"	LAST Haddad		SUFFIX	Date Received	enzetozula
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		city; stat Allen TX		Date_	ecretary's Received 7-14 - 20
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 60	PHONE NUMBER 05-7762	EXTE	ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Roberto LAST		MI A SUFFIX	Receipt # Date Processed	Amount \$
	"Robby"	Haddad		SOTTIA	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT / S		cAllen	STATE;	ZIP CODE 78501
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 78	PHONE NUMBER 4-6327	EXTE	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		fter campaign appointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 01 / 2023	THROUGH	Month 06	Day Yea / 20	
11 ELECTION	ELECTION DAY	Year Primary General	Runoff	Other Description July 15th	1 2023 - Semi-An	nual Report
12 OFFICE	OFFICE HELD (if any) City Commissione	er, District 5, City of McAllen		ICE SOUGHT (if know	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE. S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	DE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
Additional Page	GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	:ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S		-
		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)			
Mr. \	/ictor S. "Seby" Haddad	,			
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)	\$ 13,850.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$9,63 4 .01			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 103,178.34			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	KH.	. 1			
P		bol			
	Signature of Ca	andidate or Officeholder			
	Please complete either option below	v:			
(1) Affidavit	BLANCA GARCIA Notary ID #123995000 My Commission Expires January 4, 2026				
NOTARY STAMP/SEA	L				
		14th day of July,			
A	which, witness my hand and seal of office.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Signature of officer administe		Title of officer administering oath			
	OR	The or officer sammetering can			
(2) Unsworn Declarati					
.,					
My name is	, and my date of birth is				
My address is	,				
		state) (zip code) (country)			
Executed in	County, State of , on the day of	, 20 (year)			
		-			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

20 Filer ID (Ethics Cor	nmission Filers)
	SUBTOTAL AMOUNT
	\$13,850.00
	\$
	\$
	\$
NTRIBUTIONS	\$9,634.01
	\$
CONTRIBUTIONS	\$
	\$
IDS	\$
BUSINESS OF C/OH	\$
NTRIBUTIONS	\$
IONS RETURNED	^{\$} 76.30
	NTRIBUTIONS CONTRIBUTIONS BUSINESS OF C/OH NTRIBUTIONS IONS RETURNED

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: 2
2 FILI	Mr. Victor S. "Seby" Haddad	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Co	de
	== SEE ATTACHED ==	
8 Prir	cipal occupation / Job title (See Instructions) 9 Employer (See	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	de
Prin	cipal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Co	
Prin	cipal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Coo	Court for the statement for the statement of the statemen
Prin	cipal occupation / Job title (See Instructions) Employer (Se	e Instructions)
	'	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

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

VICTOR S. "SEBY" HADDAD

MONETARY POLITICAL CONTRIBUTIONS (SCHEDULE A-1 ATTACHMENT)

JULY 15, 2023 REPORT

Date Accepted	Name / Company	Address	City	State	Zip	Amount
1/10/2023	Efraim Tomas Vela	1120 Nyssa Ave	McAllen	TX	78501	\$ 1,000.00
12/15/2022	Guillermo R. Perez	7333 N 4th St	McAllen	TX	78504	\$ 2,000.00
12/15/2022	Carlos Garcia Cantu	5208 N 10th St #240	McAllen	TX	78504	\$ 1,000.00
12/15/2022	Larry G. Safir	812 E SUndown Drive	McAllen	TX	78503	\$ 1,000.00
1/18/2023	Michael G Rodriguez	25110 Lost Arrow	San Antonio	TX	78258	\$ 300.00
1/6/2023	Sonia Salkinder	13309 Borolo Drive	Edinburg	TX	78541	\$ 500.00
1/20/2023	Marco Eduardo Garcia	19103 Heather Oaks	San Antonio	TX	78258	\$ 250.00
2/6/2023	Harjinder Singh	5807 N 3rd Lane	McAllen	TX	78504	\$ 1,000.00
2/2/2023	Esponjas Development Ltd	2912 S Jackson Road	McAllen	TX	78503	\$ 2,500.00
2/10/2023	Rigoberto Villarreal	1405 Pamela Drive	Mission	TX	78572	\$ 1,000.00
2/17/2023	Robert W. Williams	PO Box 5632	McAllen	TX	78502	\$ 100.00
2/20/2023	Tijerina Dental Center PLLC	4121 N 22nd St	McAllen	TX	78504	\$ 1,000.00
3/27/2023	Sunil B Wadhwani	4614 S Bus Hwy 281	Edinburg	TX	78539	\$ 1,000.00
3/3/2023	Halff Associates - State PAC	1201N Bowser Road	Richardson	TX	75081	\$ 500.00
4/25/2023	Paul W. Sullivan	PO Box 1107	Boerne	TX	78006	\$ 200.00
5/3/2023	TREPAC / Texas Assoc of Realtors - PAC	PO Box 2246	Austin	TX	78768	\$ 500.00

Total \$ 13,850.00

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

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

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

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor Other	el Out Of District r (enter a categ	ory not listed above)
1 Total pages Schedule F1:	² FILER NAME Mr. Victor S. "Seby" Haddad	3 Fil	er ID (Ethic	s Commission Filers)
4 Date 01/13/2023	5 Payee name Square Inc			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$0.01	1455 Market St, Suite 600	San Francisco	CA	94103
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Return of Micro De	posit Veri	fication
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/20/2023	Jorge Rios			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$250.00	808 N 28th St	McAllen	TX	78501
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Sign Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, or	fficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
01/20/2023	Nufo Salinas Photography			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$866.00	5518 Gonzalez St	Edinburg	TX	78542
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Photography Hea	adshots	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	fficeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

				1 0		
		EXPENDITURE CATE	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food y Gift/ al Committee Lega	nt Expense s d/Beverage Expense Awards/Memorials Expense al Services te Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Mr. Victor	S. "Seby" Haddad			3 Filer ID (Ethic	es Commission Filers)
4 Date 01/23/2023	5 Payee name Javier Ca	ntu				
6 Amount (\$)	7 Payee addres	s;		City;	State;	Zip Code
\$1,910.00	1307 W D	ourante Ave		Alamo	TX	78516
8	(a) Category (See	e Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/	Wages/Contract La	abor	Sign Fram	es / Sandbag	s / Labor
	(c) Check	if travel outside of Texas. Complete Se	chedule T.	Check if Aus	stin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
Date	Payee name					
01/24/2023	Public Re	search Group				
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$2,500.00	135 Pased	Del Prado, Suite	62	Edinburg	TX	78539
	Category (See	Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Consulting	g Expense		Data Analy	ytics / Flyer De	esign
	Check	if travel outside of Texas. Complete So	chedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
Date	Payee name					
01/27/2023	City of Mo	cAllen				
Amount (\$)	Payee addres	s;		City;	State;	Zip Code
\$250.00	1300 W F	louston Ave		McAllen	TX	78501
	Category (See	Categories listed at the top of this so	chedule)	Description	a a	
PURPOSE OF EXPENDITURE	Fees			Filing Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				g expense	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
	ATTACH	HADDITIONAL COPIES	OF THIS S	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a categ		
1 Total pages Schedule F1:	² FILER NAME Mr. Victor S. "Seby" Haddad		3 Filer ID (Ethic	s Commission Filers)	
4 Date 02/21/2023	5 Payee name Brand Boosters				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$2,329.54	301 N McColl Road, Suite G	McAllen	TX	78501	
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Printii	Sign Printing (large & yard)		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05/24/2023	Brand Boosters				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,493.31	301 N McColl Road, Suite G	McAllen	TX	78501	
	Category (See Categories listed at the top of this sche	edule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Political Ma	ailer		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder livin	g 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 sche	Description			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

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 Schee	dule K: 1
2 FILER NAME	Mr. Victor S. "Seby" Haddad	3 Filer ID (Ethics	Commission Filers)
4 Date 01/31/2023 02/23/2023 03/31/2023 04/30/2023 05/31/2023 06/30/2023	5 Name of person from whom amount is received Lone Star National Bank 6 Address of person from whom amount is received; City; Sta 520 E Nolana Ave McAllen TX		8 Amount (\$) \$76.30 returned to filer Amount (\$)
		ate; Zip Code political contribution	returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; Sta	te; Zip Code	Amount (\$)
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
6	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	