



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

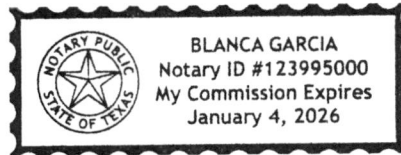
15 C/OH NAME <b>Mr. Victor S. "Seby" Haddad</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,634.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 103,178.34

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Victor Haddad this the 14<sup>th</sup> day of July, 2023, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath Blanca Garcia Title of officer administering oath Vice President

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 <b>Mr. Victor S. "Seby" Haddad</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,634.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 76.30

# 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: <b>2</b>
2 FILER NAME <b>Mr. Victor S. "Seby" Haddad</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... 6 Contributor address; City; State; Zip Code  <b>== SEE ATTACHED ==</b>	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**VICTOR S. "SEBY" HADDAD****MONETARY POLITICAL CONTRIBUTIONS (SCHEDULE A-1 ATTACHMENT)****JULY 15, 2023 REPORT**

<b>Date Accepted</b>	<b>Name / Company</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Amount</b>
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 Wadhvani	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
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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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Mr. Victor S. "Seby" Haddad</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/13/2023</b>	<b>5</b> Payee name <b>Square Inc</b>	
<b>6</b> Amount (\$) <b>\$0.01</b>	<b>7</b> Payee address; City; State; Zip Code <b>1455 Market St, Suite 600 San Francisco CA 94103</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	<b>(b) Description</b> <b>Return of Micro Deposit Verification</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>01/20/2023</b>	Candidate / Officeholder name <b>Jorge Rios</b>	
Amount (\$) <b>\$250.00</b>	Office sought <b>McAllen TX 78501</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Sign Labor</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>01/20/2023</b>	Candidate / Officeholder name <b>Nufo Salinas Photography</b>	
Amount (\$) <b>\$866.00</b>	Office sought <b>Edinburg TX 78542</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Photography Headshots</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Mr. Victor S. "Seby" Haddad</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/23/2023</b>	<b>5</b> Payee name <b>Javier Cantu</b>	
<b>6</b> Amount (\$) <b>\$1,910.00</b>	<b>7</b> Payee address; <b>1307 W Durante Ave</b>	City; State; Zip Code <b>Alamo TX 78516</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <b>Sign Frames / Sandbags / Labor</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>01/24/2023</b>	Payee name <b>Public Research Group</b>	
Amount (\$) <b>\$2,500.00</b>	Payee address; <b>135 Paseo Del Prado, Suite 62</b>	City; State; Zip Code <b>Edinburg TX 78539</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Data Analytics / Flyer Design</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>01/27/2023</b>	Payee name <b>City of McAllen</b>	
Amount (\$) <b>\$250.00</b>	Payee address; <b>1300 W Houston Ave</b>	City; State; Zip Code <b>McAllen TX 78501</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Filing Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Mr. Victor S. "Seby" Haddad</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/21/2023</b>	<b>5</b> Payee name <b>Brand Boosters</b>	
<b>6</b> Amount (\$) <b>\$2,329.54</b>	<b>7</b> Payee address; <b>301 N McColl Road, Suite G</b>	City; State; Zip Code <b>McAllen TX 78501</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Sign Printing (large &amp; yard)</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>05/24/2023</b>	Payee name <b>Brand Boosters</b>	
Amount (\$) <b>\$1,493.31</b>	Payee address; <b>301 N McColl Road, Suite G</b>	City; State; Zip Code <b>McAllen TX 78501</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Mailer</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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.	<b>1</b> Total pages Schedule K: <b>1</b>
<b>2</b> FILER NAME <b>Mr. Victor S. "Seby" Haddad</b>	<b>3</b> Filer ID (Ethics Commission Filers)

<b>4</b> Date 01/31/2023 02/23/2023 03/31/2023 04/30/2023 05/31/2023 06/30/2023	<b>5</b> Name of person from whom amount is received <b>Lone Star National Bank</b>	<b>8</b> Amount (\$) <b>\$76.30</b>
<b>6</b> Address of person from whom amount is received; City; State; Zip Code <b>520 E Nolana Ave McAllen TX 78504</b>		
<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <b>Interest Bearing Account</b>		

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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check 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 <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**