

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: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. ANTONIO M	OFFICE USE ONLY		
	NICKNAME LAST SUFFIX TONY AGUIRRE JR			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 XANTHISMA AVE McAllen TEXAS 78504	Secretary's Office Received Date 4-3-2025		
	5 CANDIDATE / OFFICEHOLDER PHONE			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 867-0035	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. LINDA	Receipt #	Amount \$	
	NICKNAME LAST SUFFIX AGUIRRE	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 701 XANTHISMA AVE McAllen TX 78504	Date Imaged		
	8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 451-0354		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 2 / 20 / 2025 THROUGH 3 / 31 / 2025			
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any) DIST 1 COMMISSIONER	13 OFFICE SOUGHT (if known) DIST 1 COMMISSIONER		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.			
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

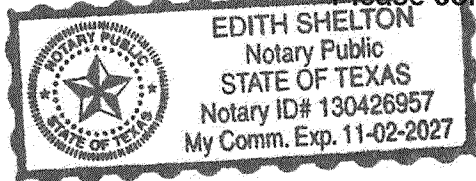
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 19,525.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 7,591.91
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,591.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,933.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 Antonio Aguirre, Jr. this the 3rd day of April, 2025

[Signature] to certify which, witness my hand and seal of office.
Edith Shelton Notary
 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)

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: 15
2 FILER NAME Antonio Agorale Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE AVERILL JR.	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code P.O. BOX 720490 MS/AL 36274		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINOD K KASAU	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 312 W. HOLLY LANE LOOP MS/AL		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date Month of APRIL	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASH CONTRIBUTIONS	Amount of contribution (\$) 450.00
Contributor address; City; State; Zip Code FROM VARIOUS PEOPLE		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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

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: <i>19</i>
2 FILER NAME <i>Antonio Aguilar Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. D. GUERRA</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>4804 N. ST. McAllen 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>EFRAIN BARBOSA</i>	Amount of contribution (\$) <i>125.00</i>
Contributor address; City; State; Zip Code <i>1020 EAST PRODUCE Hidalgo TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>OFFICE OF R. CRAMER, PLLC</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1308 E. JASMINE McAllen</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Carlos Peralta</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 4878 EDINBURG TX 78540</i>		
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: <i>19</i>
2 FILER NAME <i>Aufair Agencie</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>OBEN RAMOS JR.</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>316 QUAMASIA H SALLEW 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICHARD ZAMORA</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2238 ESTATE GATE DR. SIMPSONVILLE 78260</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANGEL SENDA</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>P.O. BOX 720391 McALLEN 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ADRIAN ANRIGA</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>116 BLUEBIRD McALLEN 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Antonio Aguilar		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC GRACIELA DETRIECH	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1611 Maxwell Dr. Mission		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELIPE ALEXANDER CARRASCO	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4609 Vermont Ave McAllen 78503		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS SALINAS	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2111 SCOUT LANE MISSION 78572		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT CARRASCO	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 620 N 20TH ST McAllen 78504		

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: 15
2 FILER NAME Antonio Aguiera		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE MARTHA Sanchez	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 621 Kennedy Ave MSAllen		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAVIER HINOJOSA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1308 ENCANTO BLVD MISSION 78574		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL RODRIGUEZ	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4401 S. H ST. MSAllen 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PANCIANO LOAYACA	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3804 ANAYA ST. EDWARDS 78539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>15</u>
2 FILER NAME <u>Antonio Aguilar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/28/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RUBEN & MARINA SOLIS</u>	7 Amount of contribution (\$) <u>250.00</u>
6 Contributor address; City; State; Zip Code <u>5803 XL TAYLOR K. AVE #A 78573</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/28/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CARMINA CRAIG LEWIS</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>4901 XL 3RD ST. MSALLEN 78504</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HELODA BARRERA</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>10112 XL 12TH ST. MSALLEN 78504</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/28/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ERNEST ANN WILLIAMS</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>2400 XL 10TH ST. MSALLEN TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>15</i>
2 FILER NAME <i>Antonio Aguirre</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>N/A Auto Sales</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>11063 N. BRAUN RD ALTON 78573</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NA TOWING SERVICE</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>11063 N. BRAUN RD. ALTON 78573</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex; Andrea Gonzales</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>McAllen TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Guillermo Aguirre</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>McAllen TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <i>Antonio Aguilar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARCELO CAVA 305</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code <i>MSA/len TX 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SOSANO JUAN IGLESIAS</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>MSA/len TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RODRIGO HERRERA JAMSON MEDRICK</i>	Amount of contribution (\$) <i>450.00</i>
Contributor address; City; State; Zip Code <i>MSA/len TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RONNIE CRUZ YENA BODA</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>1300 Northgate Lane MSA/len</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>15</u>
2 FILER NAME <u>Arturo Aguon</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/11/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOSE CHANIN</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>2201 E. AUGUSTA Sq. MSALee</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>3/14/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LAURO TIERINA</u>	Amount of contribution (\$) <u>300.00</u>
Contributor address; City; State; Zip Code <u>2619 Piquias St. EDINBURG TX</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/15/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hebe Ramirez</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>1508 S. LONG STAR WAY unit 1 EDINBURG</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/15/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PRICIANO GARCIA</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <u>MSALee TEXAS</u>		
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 <i>Antonio Aguilar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOSE G. AGUILAR</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>M. Allen Guillermo Aguilar@gmail.com</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/20/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KLAIRE RHODES M. Allen</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>KLAIRE DUFFY@gmail.com</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/20/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LORI RHODES M. Allen</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>Loricrhodes.com</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/20/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARLTON CROUCH M. Allen</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>CARLTON CROUCH@gmail.com</i>		
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: 15

2 FILER NAME *Antonio Aguine*

3 Filer ID (Ethics Commission Filers)

4 Date *2/23/25* 5 Full name of contributor out-of-state PAC (ID#: _____) *Heriberto Manrique MSA/ku*
 6 Contributor address; City; State; Zip Code *IRENE URIBE 00@yahoo.com*

7 Amount of contribution (\$) *500.00*

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date *2/23/25* Full name of contributor out-of-state PAC (ID#: _____) *Nolan Perez Harlingen*
 Contributor address; City; State; Zip Code *NPerez@TEXASDigestive.com*

Amount of contribution (\$) *500.00*

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *2/27/25* Full name of contributor out-of-state PAC (ID#: _____) *Calixto Hernandez MSA/ku*
 Contributor address; City; State; Zip Code *CALIHernandez@AOL.com*

Amount of contribution (\$) *500.00*

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date *2/27/25* Full name of contributor out-of-state PAC (ID#: _____) *Michael McBurk MCA/ku*
 Contributor address; City; State; Zip Code *McBurkMA@gmail.com*

Amount of contribution (\$) *500.00*

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 15

2 FILER NAME Antonio Aquilino

3 Filer ID (Ethics Commission Filers)

4 Date 2/28/25

5 Full name of contributor out-of-state PAC (ID#: _____)
FELIDA VILLARREAL MCAJON

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

F-VILLARREAL@LIVE.COM

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2-29-25 EDNA POSADA

Contributor address; City; State; Zip Code

EDNA@SPALAPOSADA.COM

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3-01-25 LOREEN RHODES

Contributor address; City; State; Zip Code

LOREEN@MIRHODES.COM

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3-1-25 MISHELL MAZON

Contributor address; City; State; Zip Code

M MAZON@RHODES.COM

500.00

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Angelo Aguero	3 Filer ID (Ethics Commission Filers)
4 Date 3-1-2025	5 Payee name HOWELLING RABBITS	
6 Amount (\$) 3591.91	7 Payee address; City; State; Zip Code 1200 AUBURN AVE SUITE 350 MALLEN TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description KICK-OFF CAMPAIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 3-10-2025	Payee name BRAND BOOSTERS	
Amount (\$) 4000.00	Payee address; City; State; Zip Code 301 W. M. COIL RD SUITE G MALLEN TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description PURCHASE OF SIGNS & CAMPAIGN MESSAGING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED