

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr. Aquino</u> FIRST <u>M</u> MI NICKNAME <u>Tony</u> LAST <u>Aquino</u> SUFFIX <u>JR</u>		<b>OFFICE USE ONLY</b> Date Received <i>City Secretary's Office</i> <u>Received</u> Date <u>4-25-25</u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>701 XANTHISMA AVE</u> <u>MSAILEN TEXAS 78504</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 867-0035</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mrs. Linda</u> FIRST <u>L</u> MI NICKNAME <u>A</u> LAST <u>Aquino</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>701 XANTHISMA AVE</u> <u>MSAILEN TX 78504</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(956) 451-0354</u>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15           <input type="checkbox"/> 30th day before election           <input type="checkbox"/> Runoff           <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)         </div> <div> <input type="checkbox"/> July 15           <input checked="" type="checkbox"/> 8th day before election           <input type="checkbox"/> Exceeded Modified Reporting Limit           <input type="checkbox"/> Final Report (Attach C/OH - FR)         </div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <u>2 / 20 / 2025</u> THROUGH <u>4 / 25 / 2025</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>5 / 3 / 25</u> 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) <u>DIST 1 Commissioner</u>	13 OFFICE SOUGHT (if known) <u>DIST 1</u>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

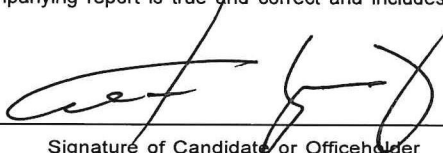
GO TO PAGE 2

# 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)	\$ 6500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8000.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11933.09
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.

  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

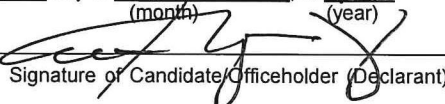
OR

## (2) Unsworn Declaration

My name is Antonio Aguiar JL, and my date of birth is [REDACTED].

My address is 701 Xim-Phisud Ave, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in Hidalgo County, State of TEXAS, on the 25 day of April, 2025.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" 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	\$ 11933.09
6.	<input checked="" 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Antonio Aguilar E</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>April 1st</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Socialife Magazine</i>	8 Amount of Contribution \$ <i>1000.00</i>	9 In-kind contribution description <i>ADD IN MAGAZINE</i>
7 Contributor address; City; State; Zip Code <i>Hc Allen TEXAS</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>April 1st</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CONCEPTO MAGAZINE</i>	Amount of Contribution \$ <i>2500.00</i>	In-kind contribution description <i>ADD STORY</i>
Contributor address; City; State; Zip Code <i>716 Wellington Ave DUNBURG</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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>			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 B:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description		
APR. 16/25	777 Family LTD 2912 S. JACKSON RD McAllen TX	500.00			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
4/15/25	ALFONSO QUINTERO 100 E EMORY AVE McAllen TX 78504	500.-			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
4/8/25	MARIA CANTO 3202 BLUE STONE ST. EDINBURG TX 78539	500.-			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
4/8/25	RED ROCK DEV. GROUP LTD 2912 S. JACKSON RD McAllen TX	500.-			
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 B:	
2 FILER NAME <i>Antonio Aguilar Jr.</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	

5 Date <i>4/8</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sylvia Cantu</i>	8 Amount of Pledge \$ <i>500.-</i>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <i>7600 West Rodgers Rd Edinburg TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>C. Z Cantu Enterprises</i>	Amount of Pledge \$ <i>500.-</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>2912 S. Jackson Rd McAllen TX 78504</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>ESPOL JAS Development</i>	Amount of Pledge \$ <i>500.-</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>2912 S. Jackson McAllen TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>EULADIO Ramirez</i>	Amount of Pledge \$ <i>500.-</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>3105 Yellowhammer Ave McAllen TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 B:	
2 FILER NAME <i>Antonio Aguirre Jr.</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date <i>4/10</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>RCC SPECIAL PROJECTS LLC</i>			8 Amount of Pledge \$ <i>500.-</i>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <i>2912 S. JACKSON McAllen TX</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>JOSE TOVAR SANDY TOVAR</i>			Amount of Pledge \$ <i>500.-</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>207 Pelican Ave McAllen TX</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>ADRIAN VILLARREAL</i>			Amount of Pledge \$ <i>500.-</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>McAllen TX</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lupita Villarreal</i>			Amount of Pledge \$ <i>500.-</i>	In-kind contribution description
Pledgor address; City; State; Zip Code <i>McAllen TX</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 B:	
2 FILER NAME <i>David Aguirre Jr</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date <i>4/10/25</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRENA RBV. GROUP LTD</i>			8 Amount of Pledge \$ <i>500.-</i>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <i>McAllen Texas</i>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Antonio Aguilar Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/2025</i>	5 Payee name <i>AD City Agency</i>		
6 Amount (\$) <i>8000.00</i>	7 Payee address; City; State; Zip Code <i>833 N. WARE RD MESA/Alta TX 78501</i>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Social Media : ADS</i>
	(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 <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
	<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		
PURPOSE OF EXPENDITURE	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

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 4650.00	
<b>5</b> Date 2-25-25	<b>6</b> Payee name AD City Agency		
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code		
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	<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>11</b> 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	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			