CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: CANDIDATE/ MS / MRS / MR М **OFFICEHOLDER** OFFICE USE ONLY Rolando NAME Date Received NICKNAME LAST SUFFIX Rios 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER 2313 N 25 1/2 St McAllen TX 78501 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER (956 739-6909 PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Joel NAME Date Processed NICKNAME LAST Date Imaged Ochoa STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CAMPAIGN CITY; STATE; ZIP CODE TREASURER 1513 Redbud Ave McAllen TX 78504 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER **PHONE** 956 358-8948 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 2 18 / ²⁵ 25 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Other Description Year 25 General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) City Comissioner District 3 14 NOTICE FROM 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 OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Rolando Rios | | | 16 Filer | ID (Ethics Co | mmission Filers) |
|---|--|---|--------------|-------------------|-----------------------|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC | L CONTRIBUTIONS (OTHER TH INTEES OF LOANS, OR TRONICALLY) | AÑ | \$ | |
| | 2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN | BUTIONS NS, OR GUARANTEES OF LOAN | S) | \$ | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICA | L EXPENDITURE. | | \$ | |
| | 4. TOTAL POLITICAL EXPEND | ITURES | | \$ | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD | TONS MAINTAINED AS OF THE | AST DAY | \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING | F ALL OUTSTANDING LOANS AS G PERIOD | OF THE | \$ | |
| | wear, or affirm, under penalty of perjury, to quired to be reported by me under Title 15, E | | true and co | orrect and inc | ludes all information |
| | | Signature of | Candidate | or Officehold | der |
| | Please comp | lete either option bel | ow: | | |
| (1) Affidavit | | | | | |
| NOTARY STAMP/SEA | AL. | | | | |
| Sworn to and subscribed | before me by | this | the | day of | , |
| 20, to certif | which, witness my hand and seal of office. | | | | |
| Signature of officer administ | ering oath Printed name of of | ficer administering oath | | Title of offic | er administering oath |
| (2) Unsworn Declarat | ion | OR | | | |
| • | | | | | |
| My name is Joel Och | odbud Avo | , and my date of bir McAllen | th is | 78504 | Hidalgo |
| My address is 1513 R | (street) | (city) | (state) | (zip code) | (country) |
| Executed in Hidalgo | County, State of Texas | on the 3rd day of Ar | | 20 25 (year | |
| | | Signature of C | andidata/Of | ficeholder (Dr | eclarant) |
| | | Signature of C | ariuluate/Of | moenioidei (Di | oral any |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME | 20 Filer ID (Ethics Co | mmission Filers) |
|-----|--|------------------------|------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 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 | \$ | |
| 6, | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (| \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | \$. | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$. |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | \$ | |

See Affached

| 2025 Financial statement | | - | | | | | |
|---|---------|----------------|-------------|-------------|-----------|---|-------------|
| General Fund - Operating Account | January | February | March | March | March | May | Totals |
| Donations | | | | | | | Income |
| Feb 18-25-Felipe A. Cavazos ck#1164 | | \$500.00 | | | | | \$500.00 |
| Feb. 19,25-Eyewitness Investigative ck#1016 | | \$200.00 | | | | ****** | \$200.00 |
| Feb. 21, 25-Rolando Rios | | \$5,000.00 | | | | *************************************** | \$5,000.00 |
| Feb. 24, 25-Ruben Cavazos ck#190 | | \$500.00 | | | | | \$5,000.00 |
| Feb. 28, 25-cash | | \$500.00 | | | | | \$500.00 |
| March 04,25- Rolando Rios | | φ500.00 | \$20,000.00 | | | | \$20,000.00 |
| March 06, 25-Monica Villarreal ck#1062 | | | \$500.00 | | | | \$500.00 |
| March 06, 25-Nicholus I Munoz ck#1136 | | | \$500.00 | | | | \$500.00 |
| March 05, 25-Encore Fine Properties ck#4256 | | | \$500.00 | | | | \$500.00 |
| March 19, 25- RC Consulting&Mapping | | | \$500.00 | | | *************************************** | \$500.00 |
| | | 100000 | 7.55.00 | | | 400-000 | \$0.00 |
| | | | | | | N-1/4/ | \$0.00 |
| Total Income | \$0.00 | \$6,700.00 | \$22,000.00 | \$0.00 | \$0.00 | \$0.00 | \$28,700.00 |
| | | | | , , , , , | φυ.σσ | φυ.υυ | 920//00/00 |
| | | | | | | | |
| Expenses | | | | | 18477-7 | | |
| Public Research Group | | \$3,000.00 | ****** | \$1,140.00 | \$890.00 | | \$5,030.00 |
| Daniel Lira-Sign Installation | | \$300.00 | \$200.00 | \$250.00 | • | | \$750.00 |
| Charlie Leal- Kickoff photographer | | \$300.00 | | | 2001 | | \$300.00 |
| Javier Cantu- Signs Rental | | | \$2,650.00 | | 7.444 | | \$2,650.00 |
| Brand Booster- signs | | | \$5,628.57 | \$2,616.40 | | | \$8,244.97 |
| Roy Rios-Signs Installation | | | \$100.00 | | | | \$100.00 |
| Cantu's Special Event | | | \$792.39 | | | | \$792.39 |
| Fernanda T. Salinas-Gas volunteers | | | \$80.00 | | | ***** | \$80.00 |
| Rebecca's Mexica Rest. | | | \$1,262.03 | | | | \$1,262.03 |
| OG Marketing- advertising | | | \$1,000.00 | | | | \$1,000.00 |
| | | | | | | | \$0.00 |
| Office Depot- debt card | | | \$43.26 | | | | \$43.26 |
| Total Expenses | \$0.00 | \$3,600.00 | \$11,756.25 | \$4,006.40 | \$890.00 | \$0.00 | \$20,252.65 |
| Balance on Hand | \$0.00 | \$3,100.00 | \$10,243.75 | -\$4,006.40 | -\$890.00 | \$0.00 | \$8,447.35 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| 71 | e Instruction Guide explains how to complete th | is form | 1 Total pages Schedule A1: |
|----------------|---|---------------------------|---------------------------------------|
| FILER NAMI | | 15 101111. | 3 Filer ID (Ethics Commission Filers) |
| | | | |
| Date | 5 Full name of contributor out-of-state P. | AC (ID#:) | 7 Amount of contribution (\$) |
| | 6 Contributor address; City; | State; Zip Code | |
| Principal occ | upation / Job title (See Instructions) | 9. Employer (See Instruct | tions) |
| Date | | AC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occi | upation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state P | AC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state F | PAC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zlp Code | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |
| | | | |
| | | | |
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| | | | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | he Instruction Guide explains how to complete this for | m. | 1 Total pages Schedule A2: | | |
|-------------------|--|-------------|--|--|--|
| 2 FILER NAM | 1E | | 3 Filer ID. (Ethics Commission Filers) | | |
| 4 TOTAL C | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | | |
| 5 Date | 6 Full name of contributor | | 8 Amount of 9 In-kind contribution Contribution \$ description | | |
| | 7 Contributor address; City; State; | Zip Code | | | |
| 10 Principal occ | cupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employe | or (FOR NON-JUDICIAL)(See Instructions) | | |
| | principal occupation (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR JUDICIAL) (See Instructions) | | |
| | 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 | Full name of contributor | | Amount of In-kind contribution description | | |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | r (FOR NON-JUDICIAL)(See Instructions) | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | tor'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) | - daniele | | | |
| | | | | | |
| ı | ATTACH ADDITIONAL COPIES OF T | | | | |

PLEDGED CONTRIBUTIONS

SCHEDULE B

| | n me reques | ited information is not a | ppiicable, DO NOT III | ciade tilis page | ni me report. | | |
|----|-----------------|-------------------------------------|-------------------------|--------------------|---------------------------|---|--|
| | The | Instruction Guide explain | as how to complete this | form. | 1 Total pages Schedule B: | | |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics C | ommission Filers) | |
| 4 | TOTAL OF | UNITEMIZED PLED | GES | | \$ | | |
| 5 | Date | 6 Full name of pledgor | out-of-state PAC (ID#: | | 8 Amount of Pledge \$ | 9 In-kind contribution description | |
| | | 7 Pledgor address; | | ate; Zip Code | | | |
| | | | | | Check if travel outs | I. ide of Texas. Complete Schedule T. | |
| 10 | Principal occu | pation / Job title (See Instru | uctions) | 11 Employer (See | Instructions) | | |
| | Date | Full name of pledgor | out-of-state PAC (ID#: |) | Amount of Pledge \$ | In-kind contribution description | |
| | | Pledgor address; | City; St | ate; Zip Code | | | |
| | | | | | Check if travel outs | 1. side of Texas, Complete Schedule T. | |
| | Principal occup | l eation / Job title (See Instru | ctions) | Employer (See | Instructions) | | |
| | An | | | | | | |
| : | Date | Full name of pledgor | out-of-state PAC (ID#: | | Amount of Pledge \$ | In-kind contribution description | |
| | | Pledgor address; | City; St | ate; Zip Code | | 1 | |
| | | | | | Check if travel out | i side of Texas. Complete Schedule T | |
| | Principal occu | pation / Job title (See Instru | uctions) | Employer (See | Instructions) | | |
| | Date | Full name of pledgor | out-of-state PAC (ID#: | | Amount of Pledge \$ | In-kind contribution L description | |
| | | Pledgor address; | City; State | | | Î k 1 | |
| | | | | | Check if travel out | side of Texas. Complete Schedule T | |
| | Principal occu | I pation / Job title (See Instru | ctions) | Employer (See | Instructions) | | |
| | | | | | | | |
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| | | | | | | | |
| | | ATTAC | H ADDITIONAL COPIES | OF THIS SCHEDU | ILE AS NEEDED | | |
| | If | contributor is out-of-sta | te PAC, please see Ins | truction guide for | additional reportin | g requirements. | |

LOANS SCHEDULE E

| If the requeste | d information is not applicable, | DO NOT inclu | de this pa | age in the re | port. |
|--|--|---------------------------------------|-----------------|---------------------------------------|---|
| The | Instruction Guide explains how t | to complete this | form. | | 1 Total pages Schedule E: |
| 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UI | NITEMIZED LOANS | | | | \$ |
| 5 Date of loan | | ut-of-state PAC (ID#:_ | |) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? | 1 a | ity; | State; | Zip Code | 10 Interest rate 11 Maturity date |
| I Y L N | | | | | is maturity date |
| 12 Principal occupati | on / Job title (See Instructions) | 13 Em | oloyer (See | Instructions) | |
| 14 Description of Col | lateral | 15 | Check accoun | if personal func it (See Instruct | ds were deposited into political ions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; Ci | ity; | State; | Zip Code | |
| 20 Principal Occupat | ition (See Instructions) | 21 Em | oloyer (See | Instructions) | |
| Date of loan | Name of lender | it-of-state PAC (ID#: | | | Loan Amount (\$) |
| is lender a financial Institution? | Lender address; Ci | ity; | State; | Zip Code | Interestrate |
| □ Y □ N | | | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Emp | loyer (See | Instructions) | |
| Description of Colla | ateral | | | | |
| поле | | | Check i | f personal fund t (See Instruction | s were deposited into political ons) |
| GUARANTOR INFORMATION | Name of guarantor | ···- <u>I</u> ··· <u>·</u> · <u>·</u> | | | Amount Guaranteed (\$) |
| | Guarantor address; Ci | ty; | State; | Zip Code | |
| not applicable | | | | | |
| Principal Occupation | on (See Instructions) | Emp | loyer (See | Instructions) | |
| If le | ATTACH ADDITIONA nder is out-of-state PAC, please | L COPIES OF T | HIS SCHED | OULE AS NEE | DED porting 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gfft/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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Payee name City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zip Code State; City: Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Giff/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Printing Expense Travel in District Candidate/Officeholder/Political Committee Travel Out Of District 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 F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code TYPE OF **EXPENDITURE** Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| Т | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: |
|--------------|--|---------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; | City; State; Zip Code |
| | 7 Description of investment | |
| | 8 Amount of investment (\$) | |
| Date | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; | City; State; Zip Code |
| | Description of investment | |
| | Amount of investment (\$) | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SC | HEDULE AS NEEDED |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Glft/Awards/Memorials 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) Legal Services The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 CREDIT CARD Name of financial institution **ISSUER** 6 PAYMENT (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description EXPENDITURE Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

Reset Form

Reset Page

Revised 1/1/2025

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Loan Repayment/Reimbursement Event Expense Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name Zip Code City; State; 6 Amount (\$) 7 Payee address; Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Payee address; State; Amount (\$) City: Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zip Code Payee address; State; Amount (\$) City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

| Contributions/Donations Made | Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Food/Beverage Expense Folling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor | | Contract Labor | o a los (critics a dategory mornis | | |
|---|---|--|---|------------------------------------|------------------------------|---|
| | | The Instruction Guide explain | ns how to comple | ete this form, | | |
| 1 Total pages Schedule H: | 2 FILER N | AME | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Business | name | | | | |
| 6 Amount (\$) | 7 Business | address; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category | (See Categories listed at the top of this so | chedule) (b) D | escription | | |
| | (c) (| Check if travel outside of Texas. Complete Sch | nedule T. | Check if Austin | . TX, officeholder living ex | (pense |
| 9 Complete ONLY if direct expenditure to benefit C/O | | ate / Officeholder name | Office | sought | | Office held |
| Date | Business | name | COMMUNICATION OF THE PROPERTY | | | |
| Amount (\$) | Business | address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category | (See Categories listed at the top of this sci | hedule) D | escription | | |
| | C | heck if travel outside of Texas. Complete Scho | edule T. | Check if Austin, | , TX, officeholder living ex | pense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | te / Officeholder name | Office | Office sought Office held | | · · · · · · · · · · · · · · · · · · · |
| Date | Business | name | | | | A second of the |
| Amount (\$) | Business | address; | | City; | State; | Zip Code |
| PURPOSE | Category | (See Categories listed at the top of this sci | hedule) D | escription | | |
| OF EXPENDITURE | | | | | | |
| | | heck if travel outside of Texas. Complete School | | | , TX, officeholder living ex | pense |
| Complete ONLY if direct expenditure to benefit C/O | | te / Officeholder name | Office | sought | | Office held |
| | ATTA | ACH ADDITIONAL COPIES O | F THIS SCHE | DULE AS NEE | DED | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

| | The Instruction Guide explains how to cor | ithiere mis totili. |
|------------------------------|--|--|
| Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission File |
| Date | 5 Payee name | |
| Amount (\$) | 7 Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| Date | Payee name | |
| Amount (\$) | Payee address; | City State Zip Cod |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |

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

SCHEDULE K

| | The Instruction Guide explains how to appeal to the | 1 Total pages Schedule K: |
|-------------|---|---|
| 2 FILER NAM | The Instruction Guide explains how to complete this form. | i total pages Schedule K: |
| - HLL IVA | IVIE | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; | State; Zip Code |
| | 7 Purpose for which amount is received | 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; Zíp Code |
| | Purpose for which amount is received | 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 C | 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 C | Check if political contribution returned to filer |
| | ATTACH ADDITIONAL COPIES OF THIS SCHE | EDULE AS NEEDED |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| If the requested information | n is not applicable, DO NOT include this page | in the reboir. | | | |
|--|---|--|--|--|--|
| The Instruction Gu | de explains how to complete this form. | 1 Total pages Schedule T: | | | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Name of Contributor / Corporati | on or Labor Organization / Pledgor / Payee | | | | |
| 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location | | | | | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, | seminar, or other event) | | | |
| Name of Contributor / Corporat | lon or Labor Organization / Pledgor / Payee | | | | |
| Schedule F2 Dates of travel Nam | rted on: Schedule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H se of person(s) traveling arture city or name of departure location | Schedule D Schedule F1 Schedule COH-UC Schedule B-SS | | | |
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| Means of transportation | Purpose of travel (including name of conference | e, seminar, or other event) | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHED | ULE AS NEEDED | | | |