CANDIDA	TE / OFF	ICEHOLDE CE REPORT	R		FO COVER SI	ORM C/OH HEET PG 1
The C/OH Instruction	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)				2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Rolando LAST Rios		MI	OFFICE	USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO 2313 N 25	X; APT / SUITE #:	CITY; STAT McAllen T		ity Secr	:etary's (Received - 25 –202
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 739- 6909	EXTE	NSION .	Date Hand-delivered	or Date Poslmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	Joel LAST Ochoa		MI SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 1513 Redbu	(NO PO BOX PLEASE); APT		Allen	STATE;	ZIP CODE 78504
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 358-8948	EXTE	NSION		
9 REPORT TYPE 10 PERIOD COVERED	January 15 July 15 Month	30th day before 8th day before Day Year	election E	Exceeded Modified Reporting Limit	Day Year	ointment
11 ELECTION	ELECTION DAY Month Day 5 / 3	Year Primar		ELECTION TYPE Other Description	/ 25 / 25	,
12 OFFICE	OFFICE HELD (if any)		177-2713019 1297	E SOUGHT (if known)	ner District 3	3
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIL THE CANDIDATE / OFFI CONSENT. CANDIDATES COMMITTEE TYPE	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ COMMITTEE NAME	S ACCEPTED OR POLITICA	AL EXPENDITURES MA	DE BY POLITICAL COMM	ITTEES TO SUPPORT
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR				
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMI AIGI	I MANOE REFORM					
15 C/OH NAME			16 Filer	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT	L CONTRIBUTIONS (OTHER THA NTEES OF LOANS, OR FRONICALLY)	N	\$		
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS	5)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE,		\$		
	4. TOTAL POLITICAL EXPENDI	TURES		\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE L	AST DAY	\$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS G PERIOD	OF THE	\$		
	wear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, E		rue and co	orrect and includes all information		
Signature of Candidate or Officeholder						
	Please comp	lete either option belo	ow:			
		*				
(1) Affidavit						
NOTARY STAMP/SEA	NL.					
Sworn to and subscribed	l before me by	this the	ne	day of		
20, to certif	y which, witness my hand and seal of office.					
Signature of officer adminis	ering oath Printed name of of	icer administering oath		Title of officer administering oath		
	的知识 和14年的经济各种组织	OR	and the	发生的是1986年,198 3年		
(2) Unsworn Declara	ion					
My name is Joel Och	noa	, and my date of birtl	n is			
My address is 1513 F	edbud Ave	McAllen	TX	78504 Hidalgo		
Executed in Hidalgo	(street) County, State of Texas	(city) , on the 25th day of Ap.	(state)	(zip code) (country) (country) (country) (country) (country) (country) (country)		
		Signature of Ca	ndidate/Of	ficeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	emmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: 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 CON	ITRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	\$	

See Attached

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	•••
Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			. In the report.
	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM	ΛΕ		3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	 Check if travel outside of Texas. Complete Schedule T
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
	s 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	Zip Code	Amount of In-kind contribution description
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	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)		
	y		
If	ATTACH ADDITIONAL COPIES OF TI contributor is out-of-state PAC, please see Instruction	HIS SCHEDUL	EAS NEEDED

PLEDGED CONTRIBUTIONS

SCHEDULE B

	If the reques	ited information is not applicable, be NOT me	idde tilla page i		
	The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedu	le B:
2	FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor ut-of-state PAC (ID#:		8 Amount I of Pledge \$ I	9 In-kind contribution description
		7 Pledgor address; City; Stat	e; Zip Code	1	
				Check if travel outsi	de of Texas. Complete Schedule T.
10	Principal occu	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor ut-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		
				Check if travel outs	ide of Texas, Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code]
				Check if travel outs	ide of Texas. Complete Schedule T
	Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State			l I
				Check if travel out	I side of Texas. Complete Schedule
	Principal occu	upation / Job title (See Instructions)	Employer (Se	e Instructions)	
F					
-		ATTACH ADDITIONAL COPIES	OF THIS SCHED	ULE AS NEEDED	og roguiroments
	İ	If contributor is out-of-state PAC, please see Ins	truction guide fo	r additional reportif	iy requirements.

LOANS SCHEDULE E

If the requeste	ed information is not applicable, DO NO	OT include this page in the re	port.
	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
L Y L N			11 Maturity date
	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	iateral	15 Check if personal fund account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
L Y L N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds account (See Instruction	ds were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	on (See Instructions)		
Filliopal Goodpa	ក (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPIE nder is out-of-state PAC, please see Inst	IES OF THIS SCHEDULE AS NEED	DED porting requirements.

Forms provided by Texas Ethics Commission

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 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 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	,
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EEDED

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense 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 OF 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 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

-	The Instruction Guide explains how to complete this form.			1 Total pages Schedule F3:				
2 FIL	ER NAME		3	Filer ID	(Ethics	Commissio	n Filers)	
4 Dat	te	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; Cit	 у;			State;	Zip Code	
		7 Description of investment						
		8 Amount of investment (\$)						
Da	ate	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; Cit	ty;			State;	Zip Code	
		Description of Investment						
		Amount of investment (\$)						
			-					
		ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EΑ	S NEE	DED			

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) 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 Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By 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. 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 (b) Date Expenditure Charged (a) Amount 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

_							
			EXPENDITURE CATEO	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co			Event Expense Fees Gift/Awards/Memorials Expense Legal Services Coal Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NA	AME			3 Filer ID (Ethics	Commission Filers)
4	Date	5 Payee na	me				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category	/ (See Categories listed at the top of this s	chedule)	(b) Description		
	TAL FIRDITOILE	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, afficeholder living e	xpense
	omplete <u>ONLY</u> if direct kpenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
	Date	Payee na	ime				
	Amount (\$) Reimbursement from political contributions intended	Payee ad	ddress;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Categor	y (See Calegories listed at the top of this	schedule)	Description		
	EXPENDITURE		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit Co		idate / Officeholder name		Office sought		Office held
F	Date	Payee na	ame				
+	Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
	Reimbursement from political contributions Intended						
	PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	schedule)	Description		
	EAPENDITURE		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aus	tin, TX, officeholder living	expense
ŀ		Cano	didate / Officeholder name		Office sought		Office held

Complete ONLY If direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Giff/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (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 Date Business name Amount (\$) Business address; City; State: Zip Code 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.	
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Con	nmission Filers
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 required.)	information
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 required.)	information
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 or required.)	f information
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 required.)	of Information

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

SCHEDULE K

	e Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K:			
2 FILER NAME		3 Filer ID (Ethi	cs Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	S Address of person from whom amount is received; City; S	tate; 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 porson from when	itate; Zip Code				
		f political contribution	returned to filer			
Date	Name of person from whom amount is received	8	Amount (\$)			
		ate; Zip Code				
		political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; St	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this	page in the reperior
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule F2 Schedule F4 Schedule G Schedule	
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 confe	erence, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule F2 Schedule F4 Schedule G Schedule Dates of travel Name of person(s) traveling Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conf	ference, seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule Schedule F2 Schedule F4 Schedule G Schedule Dates of travel Name of person(s) traveling	
Departure city or name of departure location Destination city or name of destination location	
Means of transportation Purpose of travel (including name of con	nference, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this fo	
	•• Complete only if "Report Type" on page 1 is marked "Fir	nal Report" ••
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
3	SIGNATURE	<u> </u>
	I do not expect any further political contributions or political expenditures in connection with r designating a report as a final report terminates my campaign treasurer appointment. I also campaign contributions or make any campaign expenditures without a campaign treasurer appointment.	understand that I may not accept
_	Signatu	re of Candidate / Officeholder
4	FILER WHO IS NOTAN OFFICEHOLDER Complete A & B below only if you are not an officeholder	
	A. CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
	I have unexpended contributions or unexpended interest or income earned from poli- may not convert unexpended political contributions or unexpended interest or inco- personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political cont- filing this final report. Further, I understand that I must dispose of unexpended politic interest or income earned on political contributions in accordance with the requireme	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended
	B. ASSETS	
	Check only one:	
	I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.
	I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to
	s	signature of Candidate
	OFFICEHOLDER	
	Complete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as
	Się	gnature of Officeholder



Filer name

(1) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Received	
	ivered or Date Postmarked
Date Hand-del	ivered or Date Postmarked
	Amount \$

OFFICE LICE ONLY

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID #

- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- report due on 5. I am filing this affidavit with the I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

NOTARY STAMP/SEAL				Signature	of Filer	
Swom to and subscribed before me by 20, to certify which, witness			this	the	day of	
Signature of officer administering oath	Printed name	e of officer administer	ring oath	e en estado	Title of officer	administering oath
(2) Unsworn Declaration My name is		, and	I my date of bi	rth is		
My address is	(street)		(city)	_'(state) '	(zip code) -	(country)
Executed in Cou	inty, State of	, on the				
			Sig	nature of Fi	ler (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT

2025 Financial statement General Fund - Operating Account	January	February	March	March_	April	Mav	Totals
						1	0.00
Donations							Income
Balance carried over				_	\$8,447.35		\$8,447.35
Gloria Pena- Donation					\$250.00		\$250.00
Jaime Ricardo Solis- Donation					\$500.00		\$500.00
							\$0.00
							\$0.00
					7		\$0.00
lotal Income	\$0.00	\$0.00	\$0.00	\$0.00	\$9,197.35	\$0.00	\$9,197.35
Expenses							
							\$0.00
BJ'S Rest.					\$107.69		\$107.69
Sam's Club-Waters, drinks, snacks					\$224.08		\$224.08
Maribel Reyes Paid contract labor					\$975.00		\$975.00
El Pato- bfast tacos					\$176.89		\$176.89
Elizabeth Hernadez-canvasing (4)					\$1,420.00		\$1,420.00
Public Research Group- Consulting					\$150.00		\$150.00
Public Research Group- Canvasing					\$540.00		\$540.00
Miguel Torres-gas					\$80.00		\$80.00
Academy- 3 Tents					\$324.72		\$324.72
Academy- 2 bench					\$86.58		\$86.58
Country Omelette					\$39.42		\$39.42
Country Omelette					\$108.37		\$108.37
Wal Mart-supplies					\$51.57		\$51.57
Abigail Vargas- contract labor					\$1,400.00		\$1,400.00
Fernanda T. Salinas- Canvasing					\$540.00		\$540.00
Total Expenses	¢n nn	3	à	5	200	1	
	7 0100	40.00	70:00	70.00	JU,227.J2	, o. o.	20,424.32
Balance on Hand	\$0.00	\$0.00	\$0.00	\$0.00	\$2,973.03	\$0.00	\$0.00 \$2.973.03