

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Felida Villarreal</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>44,541.53</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>42,012.81</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,528.72</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Felida Villarreal, and my date of birth is [REDACTED]
 My address is 1515 W. Nolana Ave. Apt 4, McAllen, TX, 78504, U.S.
(street) (city) (state) (zip code) (country)
 Executed in Hidalgo County, State of Texas, on the 24 day of April, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Felida Villarreal</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>37,281.77</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>7,259.76</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>42,012.81</i>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:
2 FILER NAME <i>Felida Villarreal</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/26</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Mario Lozoya</i>	7 Amount of contribution (\$) <i>2,500.00</i>
6 Contributor address; City; State; Zip Code <i>2304 S. 49th St. McAllen TX 78504</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/5/26</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Selil & Madhu Mangi</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>3801 E. Sundown Ct. McAllen TX 78504</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/5/26</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Rashmi Chandran</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2108 Fuente De Bozo Edinburg TX 78539</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/5/26</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Emigdio & Lilian Salinas</i>	Amount of contribution (\$) <i>1,500.00</i>
Contributor address; City; State; Zip Code <i>1810 E Griffin Pkwy. Mission, TX 78572</i>		
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.		

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:
2 FILER NAME Felida Villarreal		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mildirim Durak	7 Amount of contribution (\$) 5,000.00
6 Contributor address; City; State; Zip Code 300 Frontera McAllen TX 78504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dayana Guzman	Amount of contribution (\$) 1,581.77
Contributor address; City; State; Zip Code 101 E Expressway 83 Ste. 180 McAllen TX 78501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Villarreal	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 1225 Mulberry Ln. Bellaire TX 77401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Villarreal	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 121 W. Hawk Ave. McAllen TX 78504		
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.

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:
2 FILER NAME Felida Villarreal		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helio Rolando Villarreal	7 Amount of contribution (\$) 3,500.00
6 Contributor address; City; State; Zip Code 121 W. Hawk Ave. McAllen TX 78504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/9/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Lauro Villarreal	Amount of contribution (\$) 3,500.00
Contributor address; City; State; Zip Code 1902 Chula Vista Dr. San Juan TX 78589		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique Villarreal	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 1902 Chula Vista Dr. San Juan TX 78589		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felida Villarreal	Amount of contribution (\$) 3,500.00
Contributor address; City; State; Zip Code 12317 N. Taylor Rd. McAllen TX 78503		
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

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:
2 FILER NAME Felida Villarreca I		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC	7 Amount of contribution (\$) 5,000.00
6 Contributor address; City; State; Zip Code 612 W. Nolana Ste. 340 McAllen TX 78504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliana Villalobos	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8701 N 23rd St. McAllen TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocio Villalobos	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 8701 N 23rd St. McAllen TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joaquin Spamer	Amount of contribution (\$) 1,500.00
Contributor address; City; State; Zip Code 6800 S. International Pkwy Ste. 10 McAllen TX 78503		
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>		

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 Felida Villarreal		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 7,259.76	
5 Date 3/19/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Provinzano	8 Amount of Contribution \$ 3,500	9 In-kind contribution description Magazine Advertising
7 Contributor address; City; State; Zip Code 5900 Toulan Ave Mission TX 78573		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 2/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JJ & Beverly Avila	Amount of Contribution \$ 2,259.76	In-kind contribution description Event Catering
Contributor address; City; State; Zip Code 1600 Wisteria Ave. McAllen TX 78504		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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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>Felida Villarreal</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Osvaldo Palomares</i>	8 Amount of Contribution \$ <i>1,500.00</i>	9 In-kind contribution description <i>Video Advertising</i>
7 Contributor address; City; State; Zip Code <i>2206 E Monroe Harlingen TX 78550</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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>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>			

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>Felida Villarreal</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/2/26</i>	5 Payee name <i>Romulo Sanchez</i>
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6 Amount (\$) <i>10,000.00</i>	7 Payee address; <i>636 Webb St. Mercedes, TX 78570</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/16/26</i>	Payee name <i>The Monitor</i>
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Amount (\$) <i>5,422.00</i>	Payee address; <i>7600 N. 10th St. 600-2A McAllen TX 78504</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/26/26</i>	Payee name <i>Brandon Ross Garcia</i>
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Amount (\$) <i>3,225.00</i>	Payee address; <i>818 North Harper Ave. Los Angeles CA 90046</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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>Felida Villarreal</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/3/26</i>	5 Payee name <i>McAllen Chamber of Commerce</i>
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6 Amount (\$) <i>750.00</i>	7 Payee address; <i>1200 Ash Ave. McAllen, TX 78501</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description
	(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
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Date <i>2/3/26</i>	Payee name <i>Cantu's Special Events</i>
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Amount (\$) <i>219.37</i>	Payee address; <i>121 US-83 Bus. McAllen, TX 78503</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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
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Date <i>2/2/26</i>	Payee name <i>Efren Barajas</i>
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Amount (\$) <i>1,500.00</i>	Payee address; <i>3429 Noyma Ave. McAllen TX 78503</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Felida Villarreal</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/16/26</i>	5 Payee name <i>Brand Boosters</i>
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6 Amount (\$) <i>5,042.90</i>	7 Payee address; <i>301 N. McColl Rd. McAllen, TX 78501</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description
	(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
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Date <i>2/3/26</i>	Payee name <i>Sahadi Kitchen</i>
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Amount (\$) <i>1,666.50</i>	Payee address; <i>1126 Pecan Blvd. McAllen, TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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
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Date <i>2/11/26</i>	Payee name <i>Mancha Screen Printing</i>
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Amount (\$) <i>1,786.13</i>	Payee address; <i>4120 Pecan Blvd. McAllen TX 78501</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Felida Villarreal</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/9/26</i>	5 Payee name <i>Concepto Magazine</i>
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6 Amount (\$) <i>3,500.00</i>	7 Payee address; <i>5900 Toucan Ave. Mission TX 78573</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description
	(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
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Date <i>2/15/26</i>	Payee name <i>City Cafe & Catering</i>
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Amount (\$) <i>2,259.76</i>	Payee address; <i>2901 N. 10th St. Ste H McAllen TX 78501</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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
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Date <i>2/15/26</i>	Payee name <i>Trillavision</i>
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Amount (\$) <i>1,500.00</i>	Payee address; <i>2206 E Monroe Harlingen TX 78550</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Video Advertising</i>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Felida Villarreal** 3 Filer ID (Ethics Commission Filers)

4 Date **4/13/26** 5 Payee name **Leslie Gower**

6 Amount (\$) **2,330.00** 7 Payee address; City; State; Zip Code
709 E Freida Pharr, TX 78577

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Consulting Expense** (b) Description
 (c) Check if travel outside of Texas. Complete Schedule T. 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 **4/9/26** Payee name **Tacos El Plebe**

Amount (\$) **1,073.81** Payee address; City; State; Zip Code
1017 N. Main St. McAllen TX 78501

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Event Expense** Description
 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4/15/26** Payee name **Meta Platforms, Inc.**

Amount (\$) **737.34** Payee address; City; State; Zip Code
1 Meta Way Menlo Park CA 94025

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description
 Check if travel outside of Texas. Complete Schedule T. 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Felida Villarreal</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/20/26</i>	5 Payee name <i>Etren Barajas</i>
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6 Amount (\$) <i>1,000.00</i>	7 Payee address; <i>3429 Noyma Ave. McAllen TX 78503</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED