CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commi 00062184 | | 2 Total pages filed: 6 |
|-------------------------------|------------------------------|-------------------|---|--------------------|---|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Isidro R. | | | Date Received |
| | | | | | ELECTRONICALLY FILED |
| | NICIONANT | | | CULTIV | 07/15/2021 |
| | NICKNAME Chilo | LAST Alaniz | | SUFFIX | 01/10/2021 |
| | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| MAILING ADDRESS | P.O. Box 521 | | | | Receipt # Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | Date Processed |
| | | | | | Date Flocessed |
| | | | | | Date Imaged |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | |
| TREASURER NAME | Mr. | Ignacio R. | | | |
| NAIVIE | | | | | |
| | NICKNAME | LAST | | SUFFIX | |
| | | Alaniz | | | |
| | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP. | T / SUITE #; CITY; | STATE; ZIP CODE |
| TREASURER ADDRESS | 2020 Seymour | | | | |
| (Residence or Business) | | | | | |
| , | Laredo, TX 78040 | | | | |
| | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | IE NUMBER E | EXTENSION | | |
| TREASURER | (956) 722-8414 | | | | |
| PHONE | | | | | |
| 8 REPORT | | | | _ | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | X July 15 | 8th day before 6 | election | Exceeded modified | Final Report (Attach C/OH-FR) |
| | | _ | | reporting limit | _ |
| 9 PERIOD | Month Day Year | | | Month Day | Year |
| COVERED | 01/01/2021 | TH | IROUGH | 06/30/202 | 1 |
| | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month Day Year | l LIP | rimary | Runoff | Other |
| | | G | eneral | Special | |
| | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) |
| | District Attorney (Multi-cou | unty) District 49 | Webb | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | GO T | O PAGE 2 | | |

FORM C/OH COVER SHEET PG 2

| 13 C / OH NAME | 14 Filer ID 00062184 | (Ethics Commission Filers) | | |
|--|----------------------------------|---|---|------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures may have been | itical expenditures made by political or made without the candidate's or offic this information only if they receive no | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| Ŭ , | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASU | JRER NAME | |
| | | COMMITTEE CAMPAIGN TREASU | JRER ADDRESS | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION | (OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY) | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTE | ES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | | \$ 0.00 | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 990.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED RIOD | AS OF THE LAST DAY OF THE | \$ 1,168.13 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDINTING PERIOD | NG LOANS AS OF THE LAST DAY | \$ 0.00 |
| 17 AFFADAVIT | | | n, under penalty of perjury, that the ac and includes all information required lection Code. | |
| | | | The Honorable Isidro R. Alan | iz |
| | | | Signature of Candidate or Officeho | lder |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| of | , 20, to ce | rtify which, witness my hand and se | al of office. | |
| Signature of offi | cer administering | Printed name of officer adminis | stering Title of office | er administering oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | 3 01 6 | | | |
|--|--|--------------|----|--------|--|--|--|
| 18 FILER NAME Alaniz, Isidro F | (Ethics Commis | sion Filers) | | | | | |
| | O SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | |
| 1. X SC | CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | |
| 2. X SC | CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | |
| 3. X SC | CHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | | | |
| 4. X SC | CHEDULE E: LOANS | | \$ | 0.00 | | | |
| 5. X SC | CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 990.00 | | | |
| 6. X SC | CHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | | | |
| 7. X SC | CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | 0.00 | | | |
| 8. X SC | CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | | | |
| 9. X SC | CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 0.00 | | | |
| 10. SC | CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | |
| 11. SC | CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | | |
| | CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I O FILER | RETURNED | \$ | | | | |
| | | | • | | | | |

| PLE | DGED CONTRIBU | TIONS | | | ; | SCHEDULE B |
|--------------|--|-----------------------|----------------------|---------|--|----------------------------------|
| т | he Instruction Guide exp | lains how to compl | ete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 4/6 | |
| 2 FILER N. | AME sidro R. (The Honorable) | | | 3 | Filer ID (Ethics Comm | ission Filers) |
| <u></u> | OF UNITEMIZED PLEDG | GES | | | \$ | 0.00 |
| 5 Date | 6 Full name of pledgor 7 Pledgor Address; | out-of-state PAC (ID# | | _) 8 | | ind description f applicable) |
| 40.000 | | | Taa | _ [| Check if travel outside of Tex | as. Complete Schedule T. |
| 10 Principai | occupation / Job title (See Instru | ctions) | 11 Employer (See In: | structi | ons) | |
| | | | | | | |
| | | | | | | |

| | LOANS | | | | | SCHEDU | LE E |
|----|------------------------------------|-----------------------------------|--------------------|------------------------------|-------------------|--|-------------|
| | The Instruction | on Guide explains how | to complete this f | orm. | 1 | ages Schedule E: /1 Rpt: 5/6 | |
| | FILER NAME Alaniz, Isidro R. | (The Honorable) | | | 3 Filer ID 00062: | (Ethics Commission | Filers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | | 9 Loan Amount (\$) | |
| | Is lender a financial institution? | 8 Lender address; Ci | ty; State; | Zip Code | | 10 Interest Rate | |
| | | | | | | 11 Maturity Date | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Instruction | s) | • | |
| 14 | Description of Coll None | ateral | | 15 Check if personal funds w | ere deposite | d into political account (See Instructions) | |
| | GUARANTOR INFORMATION | 17 Name of guarantor | | | | 19 Amount Guarante | ed (\$) |
| | not applicable | 18 Guarantor address; Ci | ty; State; | Zip Code | | | |
| | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Instruction | s) | | |
| | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment | | - | norials Expense Pri | - | Contract Labor | Travel in District Travel Out of Dis OTHER (enter a | trict category not listed above) | |
|--|-----------------------------|--|--------------------------------|---------------|--------------------|---|-------------------------------------|--|
| 1 | Total pages Schedule F1: | | | | 3 | | (Ethics Commission Filers) | |
| | Sch: 1/1 Rpt: 6/6 | Alaniz, Isidro R. (The H | onorable) | | | 00062184 | | |
| 4 | Date | Payee name | | | | | | |
| L | 04/06/2021 | Lopez, Ausencio | | | | | | |
| 6 | Amount (\$) | Payee address; City; | State; Zi | ip Code | | | | |
| | \$240.00 | 4301 Santa Isabel | | | | | | |
| | | | | | | | | |
| | | Laredo, TX 78040 | | | | | | |
| 8 | PURPOSE OF | a) Category (See Categories liste | ed at the top of this schedule | e) (b) | Description | | | |
| | EXPENDITURE | Advertising Expense | | | = | side of Texas. Comp X, officeholder living | | |
| | | | | | Advertisement | , , | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder nam | ne Offic | e sought | | Office he | eld | |
| L | expenditure to benefit C/OF | | | | | | | |
| | Date | Payee name | | | | | | |
| | 02/28/2021 | Society of Martha Wash | nington | | | | | |
| | Amount (\$) | Payee address; City; | State; Zi | ip Code | | | | |
| | \$500.00 | 1819 E. Hillside Rd. | | | | | | |
| | | | | | | | | |
| | | Laredo, TX 78045 | | | | | | |
| | PURPOSE | a) Category (See Categories liste | ed at the top of this schedule | e) (b) | Description | | | |
| | OF EXPENDITURE | Advertising Expense | | | - | side of Texas. Comp X, officeholder living | | |
| | | | | | Advertisement | A, omcendider living | слренос | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder nam | ne Offic | e sought | | Office he | eld | |
| | expenditure to benefit C/OH | | | | | | | |
| | Date | Payee name | | | | | | |
| | 04/03/2021 | Vasquez Rodriguez, Jo | se Luis | | | | | |
| | Amount (\$) | Payee address; City; | State; Zi | ip Code | | | | |
| | \$250.00 | 1001 Market | | | | | | |
| | | | | | | | | |
| | | Laredo, TX 78040 | | | | | | |
| | PURPOSE | a) Category (See Categories liste | ed at the top of this schedule | e) (b) | Description | | | |
| | OF EXPENDITURE | Advertising Expense | | | 닏 | side of Texas. Com | | |
| | | | | | Check if Austin, T | X, officeholder living | expense | |
| | | | | | , id5 | | | |
| | Complete ONLY if direct | Candidate/Officeholder nam | ne Offic | e sought | | Office he | eld | |
| | expenditure to benefit C/Oh | The second secon | 2.110 | | | 200 110 | | |
| | | | | | | | | |
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction | Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Comm 00062184 | | 2 Total pages filed: 5 |
|------------------------------------|----------------------------------|----------------------|--|-------------------|--|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Isidro R. | | | Date Received ELECTRONICALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 01/14/2022 |
| | Chilo | Alaniz | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER MAILING ADDRESS | P.O. Box 521 | | | | Receipt # Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | Date Processed |
| | | | | | Date Processed |
| | | | | | Date Imaged |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | |
| TREASURER NAME | Mr. | Ignacio R. | | | |
| | NICKNAME | LAST | | SUFFIX | |
| | | Alaniz | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY | ; STATE; ZIP CODE |
| TREASURER ADDRESS | 2020 Seymour | | | | |
| (Residence or Business) | Laredo, TX 78040 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHON (956) 722-8414 | NE NUMBER E | EXTENSION | | |
| 8 REPORT | | | | | |
| TYPE | X January 15 | 30th day before | election | Runoff | 15th day after campaign treasurer |
| | | 3th day before e | olootion \square | Exceeded modified | appointment (officeholder only) Final Report (Attach C/OH-FR) |
| | July 15 | _ Still day belove e | Election | reporting limit | Final Report (Attach C/OH-FR) |
| 9 PERIOD | Month Day Year | | | Month Day | Year |
| COVERED | 07/01/2021 | ТН | IROUGH | 12/31/202 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month Day Year | Pr | rimary | Runoff | Other |
| | | G | eneral | Special | |
| | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | Γ (if known) |
| | District Attorney (Multi-cou | unty) District 49 | Webb | | |
| | 1 | | | • | |
| | | | 0.04.05.5 | | |
| | | GO T | O PAGE 2 | | |

FORM C/OH COVER SHEET PG 2

| 13 C / OH NAME | 13 C / OH NAME Alaniz, Isidro R. (The Honorable) 14 Filer ID 00062184 | | | | | | | |
|--|--|---|---------------------------|------------------------|--|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without a deficeholders are required to report this information | the candidate's or office | eholder's knowledge or | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | |
| Ш | GENERAL | | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | |
| | SPECIFIC | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | | |
| | | | | | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 | | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 1,000.00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | | \$ 0.00 | | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 1,000.00 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 1,168.13 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | | | | |
| 17 AFFIDAVIT | | | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | | | |
| | | The Hono | orable Isidro R. Alani | Z | | | | |
| | | Signature of | Candidate or Officehol | der | | | | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day | | | | |
| | | ertify which, witness my hand and seal of office. | | | | | | |
| | | | | | | | | |
| Signature of offi | cer administering | Printed name of officer administering | Title of officer | administering oath | | | | |
| | | | | | | | | |

SUBTOTALS - C/OH

| | | | | JVER 311 | 3 of 5 |
|-----|---------------------|--|-----------------------------|-------------|-----------------|
| l | ER NAN ıniz, İsi | dro R. (The Honorable) | 19 Filer ID 00062184 | (Ethics Com | mission Filers) |
| l | HEDULI ME OF : | SUBTO | TAL AMOUNT | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 1,000.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 1,000.00 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED | \$ | |
| | | | | | |

| IETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--|---|
| struction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5 |
| | 3 Filer ID (Ethics Commission Filers) 00062184 |
| 5 Full name of contributor out-of-state PAC (ID#:) Santos, Javier 6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) \$1,000.0 |
| Laredo, TX 78040 | |
| l occupation / Job title (See Instructions) 9 Employer (See Instruction | ns) |
| | |
| 1 N | 2021 Santos, Javier 6 Contributor address; City; State; Zip Code Laredo, TX 78040 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - al Co | mmittee | Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services | e Expense | Polling Expen Printing Exper | ad/Rental Expense se nse es/Contract Labor | | Travel in District Travel Out of D | |
|----------|---|--------------|--------------|---|-------------------|---------------------------------|---|----------|---|----------------------------|
| | Credit Card Payment | | | The Instruction Gui | de explains | how to comp | lete this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | IE . | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/1 Rpt: 5/5 | | Alaniz, Isid | lro R. (The Honor | able) | | | | 00062184 | |
| 4 | Date | 5 | Payee name | e | | | | <u> </u> | | |
| | 07/08/2021 | | | - Martha Washingto | on | | | | | |
| <u>ا</u> | Amount (\$) | 7 | Payee addre | | | Zip Code | | | | |
| ľ | \$1,000.00 | ľ | 1819 E. Hi | | Olaic, | 21p 000c | | | | |
| | Ψ1,000.00 | | 1013 L. III | iisiac ita. | | | | | | |
| | | | | , 700 AF | | | | | | |
| L | | L | Laredo, TX | | | | | | | |
| 8 | PURPOSE OF | (a) | | See Categories listed at the | e top of this sch | edule) (b |) Description | | | |
| | EXPENDITURE | | Advertising | g Expense | | | | | ide of Texas. Cor , officeholder livir | nplete Schedule T. |
| | | | | | | | Advertiseme | | , onicendider livii | y expense |
| | | | | | | | Advertiserne | ,,,, | | |
| 9 | Complete ONLY if direct | <u> </u> | Candidata/Of | ficeholder name | | Office sough | • | | Office h | ald |
| 9 | expenditure to benefit C/OI | н ` | Sandidate/Oi | nceriolaer name | | Jilice Sough | | | Office i | Ciu |
| H | | | | | | | | | | |
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Comm 00062184 | | 2 Total pages fil | led: .6 |
|----------------------------|---|-------------------|--|-----------------------------------|------------------------|-------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | The Honorable | Isidro R. | | | Date Received | |
| | | | | | ELECTRONIC A | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/15/2022 | |
| | Chilo | Alaniz | | 301117 | | |
| 4 CANDIDATE / | | | | ZIP CODE | Date Hand-delivered or | r Data Bastmarked |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT P.O. Box 521 | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered of | Date Fostillaikeu |
| MAILING ADDRESS | F.O. BOX 321 | | | | Receipt # | Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER NAME | Mr. | Ignacio R. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Alaniz | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | DOV DI EASE): | | T / SUITE #; CITY; | et/ | ATE; ZIP CODE |
| TREASURER | 2020 Seymour | BOX PLEASE), | AP | 1/3011E#, CITT, | 314 | TE, ZIP CODE |
| ADDRESS | Zozo ocymou | | | | | |
| (Residence or Business) | Laredo, TX 78040 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | IE NUMBER E | EXTENSION | | | |
| PHONE | (956) 722-8414 | | | | | |
| 8 REPORT | + | | | | | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after car | |
| | [V] 10h/15 | Oth day before | alaction \square | Eveneded modified E | appointment (office | |
| | X July 15 | 8th day before 6 | election | Exceeded modified reporting limit | Final Report (Atta | ich C/OH-FR) |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2022 | TH | HROUGH | 06/30/202 | 22 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | Naire and a | ELECTION TYPE | Cthor | |
| | Month Day Year | | Primary | Runoff | Other | |
| | | □G | Seneral | Special | | |
| | | | | T., | | |
| 11 OFFICE | OFFICE HELD (if any) District Attorney (Multi-cou | inty) District 40 | Wehh | 12 OFFICE SOUGHT | (If known) | |
| | District Attorney (Multi-cod | inty) District 49 | VVEDD | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | TO PAGE 2 | | | |
| | | GO I | O PAGE 2 | | | |

FORM C/OH COVER SHEET PG 2

| 13 C / OH NAME | Alaniz, Isidro R. (The | Honorable) | 14 Filer ID 00062184 | (Ethics Commission Filers) | |
|--|----------------------------------|--|---|----------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political of These expenditures may have been made officeholders are required to report this in | without the candidate's or office | eholder's knowledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| ш° | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER | NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER | ADDRESS | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA | | \$ 0.00 | |
| | | | , | 5 0.00 | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O | F LOANS) | \$ 16,010.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | \$ 0.00 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS C RIOD | OF THE LAST DAY OF THE | \$ 14,975.74 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD | OANS AS OF THE LAST DAY | \$ 0.00 | |
| 17 AFFIDAVIT | | | er penalty of perjury, that the ac ncludes all information required t n Code. | | |
| | | Т | he Honorable Isidro R. Alan | iz | |
| | | Sig | nature of Candidate or Officeho | lder | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | |
| Sworn to and subs | cribed before me. by the s | aid | , this the | day | |
| of | , 20, to ce | ertify which, witness my hand and seal of c | office. | | |
| Signature of office | cer administering | Printed name of officer administering | g Title of office | r administering oath | |

SUBTOTALS - C/OH

| | | 3 of 16 | | |
|-----------------------------|---|-----------------------------|--------------|----------------|
| 18 FILER NAM Alaniz, Isi | ME dro R. (The Honorable) | 19 Filer ID 00062184 | (Ethics Comm | ission Filers) |
| 20 SCHEDULI NAME OF | E SUBTOTALS SCHEDULE | | SUBTOT | AL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 16,010.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 2,202.39 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|---|----------------------------------|--|-------------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/11 Rpt: 4/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$136.00 |
| _ | 5 | Laredo, TX 78045 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Angel Care Ambulance Service LLC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$400.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Benavides, Rene Carlo Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$96.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Botello Embroidery Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_Botello, Raymond Contributor address; City; State; Zip Code Laredo, TX 78045 | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDUL | E A1 |
|---|----------------------------------|---|------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/11 Rpt: 5/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$80.00 |
| • | Dringing Loggy | Laredo, TX 78041 | 0 Employer (See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ CS Cargo USA LLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$320.00 |
| | Principal occu | Laredo, TX 78045 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | i illoipai ooda | patient y des title (ese metastione) | Employer (Geo mondone) | , | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Cavasoz, Ernesto Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$160.00 |
| | | Laredo, TX 78043 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Ceballos, Jose Luis Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Corona, David Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------------|--|------------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 3/11 Rpt: 6/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$48.00 |
| _ | Dringing Lagor | Laredo, TX 78041 | O Francis var (Cap Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Davila, Eduardo Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$48.00 |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | Fillicipal occu | pation / 300 title (See Instructions) | Employer (See Instructions | , | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Del Barrio, Guillermo Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$200.00 |
| | | Laredo, TX 78041 | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions) Self |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Fernandez, Eduardo Contributor address; City; State; Zip Code Laredo, TX 78045 |) | | Amount of Contribution (\$) | \$240.00 |
| | Principal occu MD | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_Flores, Nora Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|---|----------------------------------|--|--------------------------------|---|---|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/11 Rpt: 7/16 | |
| 2 | FILER NAME Alaniz, Isidro | o R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$800.00 |
| _ | Dringing! goog | Laredo, TX 78043 | D. Employer (Co.) Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$64.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code Laredo, TX 78040 |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code Laredo, TX 78040 | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------------|--|------------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/11 Rpt: 8/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$200.00 |
| _ | Deignigal | Laredo, TX 78040 | O Francis var (Cap Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Marc Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$80.00 |
| | Deinsinal | Laredo, TX 78040 | Familia ya (Can Instructiona | | | |
| | Attorney | pation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 05/25/2022 | Full name of contributor |) | | Amount of Contribution (\$) | \$112.00 |
| | | Laredo, TX 78045 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Guajardo, Pedro Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$280.00 |
| | Principal occu | Laredo, TX 78045 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Ana Karen Contributor address; City; State; Zip Code Laredo, TX 78041 |) | | Amount of Contribution (\$) | \$360.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|------------------------------|--|----------------------------|----|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 6/11 Rpt: 9/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$80.00 |
| _ | 5 | Laredo, TX 78040 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#: Joe Rubio Law Firm PLLC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | r inicipal occu | Jalion / Job title (See Instructions) | Employer (See instructions | ') | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#: Laurel, Roberto Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$800.00 |
| | | Laredo, TX 78041 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#: Law Office of Alfonso Ornelas Jr. Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$450.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$120.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | L. | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDUL | : A1 | |
|---|----------------------------------|---|------------------------------|---|--|-----------|--|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/11 Rpt: 10/16 | | |
| 2 | FILER NAME Alaniz, Isidro | o R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) | |
| 4 | Date 05/25/2022 | 5 Full name of contributor out-of-state PAC (ID#:_ Law Office of Nathan Chu 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$200.00 | |
| _ | Daine in all account | Laredo, TX 78041 | 2 Farely (Carlot Arthur) | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_Law Office of Nathan Chu Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | , | , ,, | | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Nathan Chu Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$200.00 | |
| | | Laredo, TX 78041 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_Law Office of Rene Carlo Benavides PLLC Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$96.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Law Offices of Juan F. Hernandez, PC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$64.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | |
|---|----------------------------------|--|-------------------------------|---|--|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 8/11 Rpt: 11/16 | |
| 2 | FILER NAME Alaniz, Isidro | o R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | 5 Full name of contributor out-of-state PAC (ID#:_ Leyendecker, G. A. 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$800.00 |
| _ | Dringing Loon | Laredo, TX 78044 | D. Employer (See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Martinez, Franklin & Morales, PLLC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$480.00 |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#: Montemayor, Jorge Contributor address; City; State; Zip Code Laredo, TX 78041 |) | | Amount of Contribution (\$) | \$160.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Onyx & Associates Real Estate LLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Reuthinger, David Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$160.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDUL | E A1 |
|---|----------------------------------|--|------------------------------|---|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 9/11 Rpt: 12/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Rotnofsky, Frank Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$240.00 |
| _ | Duinning Langu | Laredo, TX 78040 | O Franks ou (Cas lastwaticas | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_Rubio, Margaret Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Ruiz, E I Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$300.00 |
| | | Laredo, TX 78045 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Sanchez, Juan Homero Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Businessma | | Self | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Schwarz, Delia Contributor address; City; State; Zip Code Laredo, TX 78045 |) | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------------|---|------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/11 Rpt: 13/16 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 05/25/2022 | 5 Full name of contributor out-of-state PAC (ID#:_ Tamez, Antonio 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Laredo, TX 78045 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| 0 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ The Arturo Benavides Prop Mgmt Trust Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$400.00 |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ The Garcia Firm PLLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$120.00 |
| | | Laredo, TX 78041 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ The Garcia Firm PLLC Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ The Notzon Law Firm Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$64.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------------|---|--|----|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 11/11 Rpt: 14/16 | |
| 2 | FILER NAME Alaniz, Isidro | o R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 05/25/2022 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$328.00 |
| | | Laredo, TX 78045 | | | | |
| 8 | Principal occu Attorney | upation / Job title (See Instructions) | 9 Employer (See Instructions Webb County | s) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Vela, Jacinda Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$264.00 |
| | Principal occu | Laredo, TX 78046 upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 05/17/2022 | Full name of contributor out-of-state PAC (ID#:_ Vester, Samuel Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | Laredo, TX 78041 upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 05/25/2022 | Full name of contributor out-of-state PAC (ID#:_ Whitworth Cigarroa PLLC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$160.00 |
| | Principal occu | Laredo, TX 78041 upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/2 Rpt: 15/16 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 06/24/2022 | Castillo, Alysa |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$300.00 | 124 Magala Dr. |
| | | |
| | | Laredo, TX 78046 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Ad sponsorship |
| | | / tu sportsorship |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 06/21/2022 | Gutierrez, Juan |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 1520 San Bernardo |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Signs |
| | | Signs |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 05/20/2022 | Hernandez, Dalia |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 307 Wye Oak |
| | | |
| | | Laredo, TX 78043 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Stickers |
| | | Suckers |
| | Complete ONL V if direct | Candidate/Officeholder name Office sought Office hold |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

| Candidate/Officeholder/Political Commi Credit Card Payment | | | mittee | Legal Services The Instruction Guid | Salaries/ | Wages | s/Contract Labor | | OTHER (enter a | category not listed above) |
|---|---|----------|---------------|--------------------------------------|-----------------------|----------|------------------|-------|---------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 F | ILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/2 Rpt: 16/16 | | | o R. (The Honora | ble) | | | | 00062184 | |
| 4 | Date | 5 F | Payee name | | | | | | | |
| | 05/20/2022 | | Sam's Club | | | | | | | |
| 6 | Amount (\$) | 7 F | Payee addres | ss; City; | State; Zip C | ode | | | | |
| | \$602.39 | 4 | 4810 San B | ernardo Ave. | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | Laredo, TX | | | | | | | |
| 8 | PURPOSE OF | (a) (| Category (Se | e Categories listed at the | top of this schedule) | (b) | Description | | | |
| | EXPENDITURE | E | Event Expe | nse | | | _ | | de of Texas. Com | |
| | | | | | | | Supplies | , IX, | officeholder living | expense |
| | | | | | | | Supplies | | | |
| | | | | | | <u>L</u> | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offi | ceholder name | Office so | ught | | | Office he | eld |
| F | Date | F | Payee name | | | | | | | |
| | 06/08/2022 | ı | √ariety Mea | ts | | | | | | |
| ┝ | Amount (\$) | | Payee addres | | State; Zip C | ode | | | | |
| | \$300.00 | l | 301 Clark | 55, Oity, | State, Zip C | Juc | | | | |
| | φ300.00 | ' | out Clark | | | | | | | |
| | | | | | | | | | | |
| | | [| _aredo, TX | 78040 | | | | | | |
| Г | PURPOSE | (a) (| Category (Se | e Categories listed at the | top of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Event Expe | | | | Check if travel | outsi | de of Texas. Com | plete Schedule T. |
| | LAFLINDITORL | | | | | | _ | , TX, | officeholder living | expense |
| | | | | | | | Fundraiser | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offi | ceholder name | Office so | ught | | | Office he | eld |
| | expenditure to benefit C/OI | H | | | | | | | | |
| Г | | | | | | | | | | |
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| The C/OH Instruction (| Guide explains how to comple | te this form. | 1 Filer ID (Ethics Commi 00062184 | | 2 Total pages fil | ed: 7 |
|------------------------------------|--|------------------|---|--------------------|--|-----------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | The Honorable | Isidro R. | | | Date Received | |
| | | | | | ELECTRONICA | ALLY FILED |
| | NICKNAME | LAST | ••••• | SUFFIX | 01/17/2023 | |
| | Chilo | Alaniz | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| OFFICEHOLDER MAILING ADDRESS | P.O. Box 521 | | | | Receipt # | Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | | |
| | Luicuo, 17 70042 0321 | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | • | |
| TREASURER NAME | Mr. | Ignacio R. | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Alaniz | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO DO I | DOV DI EACE): | Δ.D. | F / SUITE #· CITY· | CT/ | TE; ZIP CODE |
| TREASURER ADDRESS | STREET ADDRESS (NO PO E 1320 Fremont St. | BOX PLEASE), | AP | Γ / SUITE #; | STA | TIE, ZIP CODE |
| (Residence or Business) | Laredo, TX 78040 | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | E NUMBER E | EXTENSION | | | |
| PHONE | (956) 220-3698 | | | | | |
| 8 REPORT TYPE | X January 15 | 30th day before | election | Runoff | 15th day after car | |
| | | 8th day before e | alection \square | Exceeded modified | appointment (office Final Report (Atta | |
| | | our day before e | Siection | reporting limit | Tinai Neport (Aud | ion cron-i rej |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2022 | TH | IROUGH | 12/31/202 | 22 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | Pr | rimary | Runoff | Other | |
| | | G | eneral | Special | | |
| 11 055105 | OFFICE LIFE D (if any) | | | 12 OFFICE COLICUIT | (if Impum) | |
| 11 OFFICE | OFFICE HELD (if any) District Attorney (Multi-cour | ntv) District 49 | Webb | 12 OFFICE SOUGHT | (II KHOWH) | |
| | 1, (| | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

FORM C/OH COVER SHEET PG 2

| 13 C / OH NAME | Alaniz, Isidro R. (The | Honorable) | 14 Filer ID 00062184 | (Ethics Commission Filers) |
|--|----------------------------------|--|--|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political These expenditures may have been mad officeholders are required to report this | de without the candidate's or offic | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| ш° | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURE | R NAME | |
| | | COMMITTEE CAMPAIGN TREASURE | R ADDRESS | |
| | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEM OR GUARANTE | \$ 0.00 | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES | OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | \$ 0.00 | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 4,250.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS RIOD | OF THE LAST DAY OF THE | \$ 10,725.74 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING I TING PERIOD | LOANS AS OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | nder penalty of perjury, that the ac includes all information required ion Code. | |
| | | | The Honorable Isidro R. Alan | niz |
| | | S | ignature of Candidate or Officeho | older |
| AFFIX NO | TARY STAMP / SEAL ABO | OVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| of | , 20, to ce | rtify which, witness my hand and seal of | f office. | |
| Signature of office | cer administering | Printed name of officer administeri | ng Title of office | er administering oath |

SUBTOTALS - C/OH

| | | CC | 3 of 7 | |
|--------------------|---|--|-----------------------------|----------------------------|
| 18 FILER Alaniz | | E ro R. (The Honorable) | 19 Filer ID 00062184 | (Ethics Commission Filers) |
| | | SUBTOTALS CHEDULE | | 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. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ 4,250.00 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. [| | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. [| | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER \ensuremath{TO} | RETURNED | \$ |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica | | Gift/Awards/Memoria nmittee Legal Services | | | se s/Contract Labor | | Fravel Out of Dis OTHER (enter a | trict category not listed abov | e) |
|---|---|-----|---|-----------------------------|------|--|-------|-------------------------------------|-----------------------------------|-----------|
| | Credit Card Payment | | The Instruction | Guide explains how to co | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | F | iler ID | (Ethics Commission | n Filers) |
| | Sch: 1/4 Rpt: 4/7 | | Alaniz, Isidro R. (The Hon | orable) | | | (| 00062184 | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 09/02/2022 | | Alexander High School | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Zip Co | ode | | | | | |
| | \$100.00 | | 3600 E Del Mar Blvd | | | | | | | |
| | | | | | | | | | | |
| | | | Laredo, TX 78045 | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed a | t the top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising Expense | | | Check if travel outs Check if Austin, TX | | | | |
| | | | | | | Bulletin Advertis | | | | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ıght | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 12/08/2022 | | Duarte, Gregorio | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip Co | ode | | | | | |
| | \$250.00 | | 4524 Alvarado Ln | | | | | | | |
| | | | | | | | | | | |
| | | | Laredo, TX 78046 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed a | t the top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | | Advertising Expense | | | Check if travel outs Check if Austin, TX | | | | |
| | | | | | | Signs | ,,, 0 | ooido: iiviiig | олронов | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ıght | | | Office he | eld | |
| | expenditure to benefit C/OI | H | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 08/01/2022 | | Flores, Jose Luis | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip Co | ode | | | | | |
| | \$300.00 | | 2202 Santa Ursula | | | | | | | |
| | | | | | | | | | | |
| | | | Laredo, TX 78041 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed a | t the top of this schedule) | (b) | Description | : | | olata Cabardula T | |
| | EXPENDITURE | | Event Expense | | | Check if travel outs Check if Austin, TX | | | | |
| | | | | | | Skeet Shoot Ev | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ight | | | Office he | eld | |
| | expenditure to benefit C/OI | H | | | | | | | | |
| | | | | | | | | | | |
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SCHEDULE F1

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 complete this form. | | | |
|---|--------------------------|---|---|---|----------|----------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/4 Rpt: 5/7 | | Alaniz, Isidro R. (The Honorable) | | 00062184 | |
| 4 | Date | 5 | Payee name | | | |
| | 12/23/2022 | | Galvan, Lucero | | | |

EXPENDITURE CATEGORIES FOR BOX 8(a)

| 4 | Date 12/23/2022 | 5 Payee name Galvan, Lucero |
|---|---|--|
| 6 | Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code 3408 Nubes Dr |
| L | | Laredo, TX 78046 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event/Posada with constituents Music |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 09/21/2022 | Garay, Bridget |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 4633 Monterrey Loop Laredo, TX 78041 |
| L | PURPOSE | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement TxDOT Event |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/20/2022 | Garay, Bridget |
| | Amount (\$) \$800.00 | Payee address; City; State; Zip Code 4633 Monterrey Loop |
| | | Laredo, TX 78041 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event/Posada with constituents |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/4 Rpt: 6/7 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 12/06/2022 | Lopez, Ausencio |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 4301 Santa Isabel |
| | | |
| | | Laredo, TX 78040 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Campaign event set-up/take-down |
| | | Sampaigh event set apraire down |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| \vdash | Date | Payee name |
| | 08/19/2022 | Martin High School |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$400.00 | 2002 San Bernardo |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Advertisement Ad |
| | | Advertisement Ad |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | 11/23/2022 | Payee name Perez, Alberto |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 4915 San Miguel |
| | | |
| | | Laredo, TX 78046 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | ☐ Check if Austin, TX, officeholder living expense Campaign meeting constituents |
| | | Campaigh meeting constituents |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment | | mmittee | Legal Services The Instruction Gi | | | ages | Contract Labor | | OTHER (enter a | a category not listed above) | | |
|---|-----------------------------|---|------------------------------------|--------------------------|--------------------|-------------|-----------------|------------------|----------------|------------------------------|----------------------------|----------|
| Ļ | | The Instruction Guide explains how to complete this form. | | | _ | | (=u: a : : =u) | \dashv | | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | Filer ID | (Ethics Commission Filers) | |
| | Sch: 4/4 Rpt: 7/7 | | Alaniz, Isidro | R. (The Hono | rable) | | | | | 00062184 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/07/2022 | | | lartha Washing | ton | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | | | Zip Coo | 40 | | | | | \dashv |
| ľ | | ľ | | | State, | , Zip Cot | ue | | | | | |
| | \$600.00 | | 1819 E. Hills | side Ru. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Laredo, TX | 78045 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at t | he ton of this sch | edule) | (b) | Description | | | | \neg |
| | OF | `` | Advertising I | | ne top or this sen | cuaic) | | | outsio | de of Texas. Cor | nplete Schedule T. | |
| | EXPENDITURE | | , .a | | | | | Check if Austin, | TX, | officeholder livin | g expense | |
| | | | | | | | | Advertisemen | nt p | urchase | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | | Office soug | ght | | | Office h | eld | _ |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| ⊨ | Data | Γ | | | | | | | | | | = |
| | Date | | Payee name | | | | | | | | | |
| | 08/22/2022 | | Webb Coun | ty Agriculture N | on Profit | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Cod | de | | | | | |
| | \$500.00 | | 2019 Galves | ston St | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Laredo, TX | 78043 | | | | | | | | |
| | PURPOSE | (0) | | | | | /b\ | <u> </u> | | | | _ |
| | OF | (a) | | e Categories listed at t | he top of this sch | edule) | (D) | Description | outeir | do of Toyas Cor | nplete Schedule T. | |
| | EXPENDITURE | | Advertising I | Expense | | | | — | | officeholder livin | | |
| | | | | | | | | Campaign Ma | | | 3 - 11 | |
| | | | | | | | | , | | . J | | |
| _ | Complete ONLY if direct | <u> </u> | | ceholder name | | Office soug | thr | | | Office h | ماط | _ |
| | expenditure to benefit C/OI | | zanuluale/Onic | ceriolaer flame | | Jilice Sout | JIII | | | Office fi | ciu | |
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FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062184 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Isidro R. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Chilo Alaniz CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 521 MAILING Amount Receipt # **ADDRESS** Change of Address Laredo, TX 78042-0521 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ignacio R. NAME NICKNAME LAST **SUFFIX** Alaniz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1320 Fremont St. **ADDRESS**

EXTENSION

THROUGH

Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2023

12 OFFICE SOUGHT (if known)

Year

Other

District Attorney (Multi-county) District 49th

reporting limit

30th day before election

8th day before election

(Residence or Business)

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

Laredo, TX 78040

PHONE NUMBER

AREA CODE

(956) 220-3698

January 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

01/01/2023

Year

Year

District Attorney (Multi-county) District 49 Webb

July 15

Х

Month

Month

15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)

FORM C/OH COVER SHEET PG 2

| 13 C / OH NAME | Alaniz, Isidro R. (The | Honorable) | 14 Filer ID 00062184 | (Ethics Commission Filers) |
|--|----------------------------------|--|------------------------------|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expend These expenditures may have been made withoud d officeholders are required to report this informati | it the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| Ш | GENERAL | | | |
| | _ | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | 500 | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRI | ESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEM OR GUARANTE | \$ 0.00 | | |
| | | CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI | NS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | CAL EXPENDITURES | | \$ 3,560.43 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE FRIOD | LAST DAY OF THE | \$ 7,165.31 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPORT OF THE REPOR | PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD | S OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | I swear, or affirm, under pena true and correct and includes under Title 15, Election Code | all information required | |
| | | The Ho | norable Isidro R. Alan | iz |
| | | Signature | of Candidate or Officeho | lder |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | |
| Signature of office | cer administering | Printed name of officer administering | Title of office | er administering oath |
| | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 8

| | | | | 3 01 8 | | | | |
|--|--|----------|----|----------|--|--|--|--|
| 18 FILER NAME Alaniz, Isidro | L8 FILER NAME Alaniz, Isidro R. (The Honorable) 19 Filer ID 00062184 | | | | | | | |
| | 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | | |
| 1. X S | CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | | |
| 2. X S | CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | | |
| 3. X S | CHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | | | | |
| 4. X S | CHEDULE E: LOANS | | \$ | 0.00 | | | | |
| 5. X S | CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | 5 | \$ | 3,560.43 | | | | |
| 6. X S | CHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | | | | |
| 7. X S | CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | 0.00 | | | | |
| 8. X S | CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | | | | |
| 9. X S | CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 0.00 | | | | |
| 10. S | CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | |
| 11. S | CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | | | |
| | CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS OF FILER | RETURNED | \$ | | | | | |
| | | | | | | | | |

| PLE | DGED CONTRIBU | TIONS | | | SC | HEDULE B |
|---------------|---|-----------------------|----------------------|---------|--|---------------------------|
| Т | he Instruction Guide exp | lains how to compl | ete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 4/8 | |
| 2 FILER N | AME sidro R. (The Honorable) | | | 3 | Filer ID (Ethics Commissi 00062184 | on Filers) |
| <u></u> | OF UNITEMIZED PLEDG | GES | | | \$ | 0.00 |
| 5 Date | 6 Full name of pledgor7 Pledgor Address; | out-of-state PAC (ID# | | _) 8 | | description oplicable) |
| 40.51 1 | | .:. | Tax | | Check if travel outside of Texas. | Complete Schedule T. |
| 10 Principai | occupation / Job title (See Instru | ctions) | 11 Employer (See Ins | structi | ons) | |
| | | | | | | |
| | | | | | | |

| | LOANS | | | | | | SCHE | DULE E |
|----|------------------------------------|-----------------------------------|-----------------|------------------------|-------------|--------------------|-------------------------------|--------------|
| | The Instruction | on Guide explains how to co | omplete this f | orm. | I | | ges Schedule E: . Rpt: 5/8 | |
| 2 | FILER NAME Alaniz, Isidro R. | (The Honorable) | | | I | Filer ID 000621 | (Ethics Commiss | sion Filers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) | 9 Loan Amount | : (\$) |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Rate | |
| | | | | | | | 11 Maturity Date | • |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Ins | tructions) | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal t | unds were d | eposited | into political acco | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | 19 Amount Guar | ranteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | |
| | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Ins | tructions) | | | |
| | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ense Travel in
Ense Travel O
Jes/Contract Labor OTHER

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/3 Rpt: 6/8 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 02/23/2023 | Castillo, Maria Guadalupe |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.00 | 206 W Locust St |
| | | |
| | | Laredo, TX 78040 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Face painting activity expense at event with |
| | | constituents |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 04/24/2023 | Flores, Jose Luis |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$988.89 | 2202 Santa Ursula |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Event equipment |
| | | 23371 3441,87113 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 05/02/2023 | Fudrucker's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$327.13 | 711 Hillside |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | meeting with constituents |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|----------|-----------------------------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | (Ethics Commission Filers) |
| l | Sch: 2/3 Rpt: 7/8 | Alaniz, Isidro R. (The Honorable) 00062184 | |
| 4 | Date | 5 Payee name | |
| l | 02/22/2023 | Lopez, Sandra | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$430.00 | 1810 Whitewood Dr | |
| l | | | |
| l | | Laredo, TX 78040 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Event Expense | |
| | LAFENDITORE | Check if Austin, TX, officeholder living | expense |
| l | | Tables & chairs rental | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office he | uld |
| " | expenditure to benefit C/OI | | iiu |
| ⊨ | Doto | | |
| l | Date 06/05/2023 | Payee name Martinez, Zujay | |
| ┡ | | Martinez, Zujay | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$275.00 | 4103 Albany St. | |
| l | | 1 TV 700 40 | |
| L | | Laredo, TX 78046 | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | oloto Schodulo T |
| l | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Comp | |
| | | Photo | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office he | eld |
| L | expenditure to benefit C/OI |)n | |
| Г | Date | Payee name | |
| | 02/21/2023 | Sam's Club | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$91.54 | 4810 San Bernardo Ave. | |
| l | | | |
| | | Laredo, TX 78041 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Comp | |
| l | | Meeting with constituents | expense |
| | | messang man sonsulations | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office he | eld |
| | expenditure to benefit C/OI | | |
| \vdash | | | |
| | | | |
| l | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|-------|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 3/3 Rpt: 8/8 | Alaniz, Isidro R. (The Honorable) 00062184 | |
| 4 | Date | 5 Payee name | |
| | 05/02/2023 | Sam's Club | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$500.00 | 4810 San Bernardo Ave. | |
| | | | |
| | | Laredo, TX 78041 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Supplies | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | _ |
| L | | | _ |
| | Date | Payee name | |
| | 02/21/2023 | Variety Meats | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$625.00 | 801 Clark | |
| | | | |
| | | Laredo, TX 78040 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Food for meeting with constituents | |
| | | Toda for modeling with conductable | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | |
| ⊨ | Data | | = |
| | Date | Payee name | |
| L | 02/21/2023 | Walmart | _ |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$72.87 | 5610 San Bernardo Ave | |
| l | | | |
| | | Laredo, TX 78041 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | | Event with constituents | |
| dash | Operation ON VIVIII | Operation of the second | _ |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| ldash | , | | _ |
| | | | |
| | | | |
| | | | _ |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complete | this form. | 1 Filer ID (Ethics Commis 00062184 | • | 2 Total pages file 18 | |
|-------------------------|---------------------------------|-------------------|--|-------------------|--------------------------|--------------------|
| 3 CANDIDATE / | MS / MRS / MR FI | IRST | | MI | OFFICE U | SE ONLY |
| OFFICEHOLDER NAME | The Honorable Is | sidro R. | | | Date Received | |
| '""" | | | | | ELECTRONICA | I I V EII ED |
| | | | | | 01/16/2024 | LLITILLD |
| | | AST | | SUFFIX | 01/10/2024 | |
| | Chilo A | laniz | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / S | UITE#; CITY | / ; | ZIP CODE | Date Hand-delivered or I | Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 521 | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | | |
| ' | Laredo, 17/100-12 0021 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| E CAMPAIGN | MC / MPC / MP | DOT | | | | |
| 5 CAMPAIGN TREASURER | | RST _ | | MI | | |
| NAME | Mr. Ig | nacio R. | | | | |
| | | | | | | |
| | NICKNAME LA | AST | | SUFFIX | | |
| | Al | laniz | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO BC | X PLEASE); | AP1 | / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER ADDRESS | 1320 Fremont St. | | | | | |
| | | | | | | |
| (Residence or Business) | Laredo, TX 78040 | | | | | |
| | Laredo, 17 10040 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHONE | NUMBER E | XTENSION | | | |
| TREASURER PHONE | (956) 220-3698 | | | | | |
| FIIONE | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | X January 15 | 30th day before | election | Runoff | 15th day after cam | paign treasurer |
| | | Oth day before a | lastics 🗖 | Exceeded modified | appointment (office | |
| | July 15 | 8th day before el | lection | reporting limit | Final Report (Attac | ii C/OH-FR) |
| a penion | Manth Day Van | | | Manth Day | Veer | |
| 9 PERIOD COVERED | Month Day Year | TUI | ROUGH | Month Day | Year | |
| | 07/01/2023 | 101 | ROUGH | 12/31/202 | 3 | |
| 10 51 5071011 | ELECTION DATE | | | ELECTION TYPE | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | Other | |
| | Month Day Year 03/05/2024 | X Pri | imary | Runoff | Other | |
| | 03/03/2024 | Ge | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | District Attorney (Multi-county | y) District 49 V | Webb | | | ce Laredo District |
| | | | | 49th | | |
| | | | | 1 | | |
| | | | | | | |
| | | 20 = | 0.04.67.6 | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

| 13 C / OH NAME | Alaniz, Isidro R. (The | Honorable) | 14 Filer ID (00062184 | Ethics Commission Filers) | | |
|--|----------------------------------|--|-------------------------------|---------------------------|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | the candidate's or office | ommittees to support the holder's knowledge or tice of such expenditures. | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 42,900.00 | | |
| EXPENDITURE TOTALS | | | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 18,109.27 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 31,956.04 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | | |
| 17 AFFIDAVIT | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | |
| | | The Hono | orable Isidro R. Alaniz | Z | | |
| | | Signature of | Candidate or Officeholo | der | | |
| AFFIX NO | TARY STAMP / SEAL ABO | OVE | | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day | | |
| | | ertify which, witness my hand and seal of office. | | | | |
| | | | | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of officer | administering oath | | |
| | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | OVER OFFICE | 3 of 18 |
|----------------------------------|--|-----------------------------|--------------------|------------|
| 18 FILER NA Alaniz, Is | ME idro R. (The Honorable) | 19 Filer ID 00062184 | (Ethics Commission | on Filers) |
| 20 SCHEDUL NAME OF | SUBTOTAL A | √MOUNT | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 42,900.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 18,109.27 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | |
| | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUI | LE A1 |
|---|----------------------------------|--|-------------------------|------------------------------|----------------|--|--------------|
| | The Instruc | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/7 Rpt: 4/18 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 08/31/2023 | 5 Full name of contributor Angel Care Ambulance S6 Contributor address; City; S | | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Laredo, TX 78040 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | s) | | |
| | Date 09/01/2023 | Full name of contributor Balli, Roberto Contributor address; City; S | |) | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instructions | s) I | Employer (See Instructions | <u> </u> s) | | |
| | lawyer | | , | self employed | -, | | |
| | Date 08/21/2023 | Full name of contributor Benavides, Arturo Tomas Contributor address; City; S | | | | Amount of Contribution (\$) | \$5,000.00 |
| | | Laredo, TX 78041 | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | Date 08/31/2023 | Full name of contributor Castillo , Gabriel Contributor address; City; S Laredo, TX 78041 | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instruction: | 5) | Employer (See Instructions | s) | | |
| | Date 08/31/2023 | Full name of contributor Castillo, Maria Contributor address; City; S Laredo, TX 78041 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A | | |
|---|----------------------------------|--|------------------------|----|---|------------|--|------------|
| | The Instru | ction Guide explains how | v to complete this fo | rr | n. | 1 | Total pages Schedule A1: Sch: 2/7 Rpt: 5/18 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 08/31/2023 | | | 7 | Amount of Contribution (\$) | \$2,500.00 | | |
| | | Laredo, TX 78041 | | | | | | |
| 8 | Principal occu Lawyer | pation / Job title (See Instruction | s) | 9 | Employer (See Instructions Self employed | 5) | | |
| | Date 08/31/2023 | Full name of contributor Figueroa, Luis Antonio Contributor address; City; S | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instruction | s) | | Employer (See Instructions | s) | | |
| | lawyer | | , | | self employed | , | | |
| | Date 08/31/2023 | Full name of contributor Flores , Hugo G. Contributor address; City; S | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$250.00 |
| | | Laredo, TX 78045 | | | | | | |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions Self Employed | 5) | | |
| | Date 08/31/2023 | Full name of contributor Galo, Anna Contributor address; City; S Laredo, TX 78041 | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | 5) | | |
| | Date 08/31/2023 | Full name of contributor Garcia , Victor M Contributor address; City; S Laredo, TX 78043 | out-of-state PAC (ID#: | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | 5) | | |
| | | | L | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | SCHEDULE A | | | |
|---|------------------------------|--|-------------------------------|----|--|------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/7 Rpt: 6/18 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 08/21/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$2,500.00 |
| _ | Dringing Loggy | Laredo, TX 78041 | • Employer (See Instructions | | | |
| 0 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez , Jorge F. Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Deire die et e e e | Laredo, TX 78045 | Faralas an (Caralas tracticas | _ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$2,500.00 |
| | | Laredo, TX 78040 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Joe Rubio Law Firm PLLC Contributor address; City; State; Zip Code Laredo, TX 78040 | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Juaristi, Gerardo G Contributor address; City; State; Zip Code Laredo, TX 78045 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|---|---|------------------------------|--------|--|------------|--|
| | The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 4/7 Rpt: 7/18 | | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) | |
| 4 | Date 08/25/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$2,000.00 | |
| _ | <u> </u> | Laredo, TX 78042 | | _ | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | | |
| | Date 08/30/2023 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Andres Reyes Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions | .) | | | |
| | i illicipai occu | padotr, 300 tite (300 matacaons) | Employer (See instructions | ') | | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Ernest Garza Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,500.00 | |
| | | Laredo, TX 78040 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | i) | | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Rene Carlo Benavides PLLC Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$2,500.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | () | | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Sergio Lozano PLLC Contributor address; City; State; Zip Code Laredo, TX 78040 |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|---|---|---|--|--|----------|--|------------|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 5/7 Rpt: 8/18 | | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) | |
| 4 | Date 08/31/2023 | Full name of contributor Law Offices of Mario Castil Contributor address; City; Sta | |) | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| _ | | Laredo, TX 78041 | | | <u> </u> | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | | |
| | Date 08/31/2023 | Full name of contributor [Lopez, Roderick Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | | |
| | lawyer self employed | | | , | | | | |
| | Date 08/16/2023 | Full name of contributor [Marshall, Robert Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code |) | | Amount of Contribution (\$) | \$2,000.00 | |
| | | Bruni, TX 78344 | | | | | | |
| | Principal occu Rancher | pation / Job title (See Instructions) | | Employer (See Instructions Self Employed | 5) | | | |
| | Date 08/31/2023 | Full name of contributor Martinez, Franklin & Morale Contributor address; City; Sta Laredo, TX 78041 | |) | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Date 09/01/2023 | Full name of contributor Newton, Robert Contributor address; City; Sta Laredo, TX 78041 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | | | <u>'</u> | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|--|----------------------------------|--|--|----------------------------|-----------------------------|--|------------|--|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 6/7 Rpt: 9/18 | | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) | |
| 4 | Date 08/10/2023 | | | 7 | Amount of Contribution (\$) | \$1,000.00 | | |
| | | Laredo, TX 78040 | | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | | |
| | Date 08/31/2023 | Full name of contributor [Perez, Juan Luis Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Drincinal occu | Laredo, TX 78045 | 1 | Employer (See Instructions | ·/- | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | | | | Employer (See instructions |) | | | |
| | Date 08/31/2023 | Full name of contributor [Perez Keith, Ignacio Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$250.00 | |
| | | Laredo, TX 78041 | | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Date 08/31/2023 | Full name of contributor [Person, Whitworth, Morale: Contributor address; City; Sta San Antonio, TX 78217 | | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Date 08/31/2023 | Full name of contributor [Ruiz, David Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | | | l. | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | SCHEDULE A1 | | | |
|---|--|--|------------------------------|-----------------------------|---|------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 7/7 Rpt: 10/18 | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) 7 09/01/2023 Sanchez, Severita 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$1,000.00 | |
| | Dringing oggu | Laredo, TX 78041 | 6 Employer/See Instructions | | | |
| 0 | Pilicipai occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 Speer, Norman Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Laredo, TX 78045 pation / Job title (See Instructions) | Employer (See Instructions | <u>c)</u> | | |
| | Retired | Jalion / Job lile (See Instructions) | Employer (See instructions | 3) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID# The Vela Firm Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,500.00 |
| | | Laredo, TX 78041 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID# Vela, Roberto Contributor address; City; State; Zip Code Laredo, TX 78040 | :) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/31/2023 | Full name of contributor out-of-state PAC (ID# Zuniga, Jose O. Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | 1 | | | |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/8 Rpt: 11/18 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 11/27/2023 | Castillo, Maria Guadalupe |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,500.00 | 206 W Locust St |
| | | |
| | | Laredo, TX 78040 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Event services |
| | | Event services |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Date | Payee name |
| | 11/21/2023 | Degollado, Ester |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$200.00 | 1110 Victoria 203 |
| | | |
| L | | Laredo, TX 78040 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Ad purchase |
| | | , la paronaso |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Date | Payee name |
| | 08/30/2023 | Deluxe Small Bus |
| L | Amount (\$) | Payee address; City; State; Zip Code |
| | \$176.76 | 5800 San Dario |
| | \$170.70 | 5800 San Dano |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Bus Checks Charges |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| I | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to comp | nplete | e this form. |
|---|---|--|------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/8 Rpt: 12/18 | Alaniz, Isidro R. (The Honorable) | | 00062184 |
| 4 | Date | 5 Payee name | | • |
| | 08/30/2023 | Garay, Bridget | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | de | |
| | \$75.99 | 4633 Monterrey Loop | | |
| | | | | |
| | | Laredo, TX 78041 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | (b) [| Description |
| | OF | Event Expense | ` ´ [| Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | S | snacks for event |
| Ļ | 0 1: 01:14 7 7 7 | | | 200 |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sough | ınt | Office held |
| _ | | | | |
| | Date | Payee name | | |
| | 09/11/2023 | Gomez, Guadalupe | | |
| | Amount (\$) | Payee address; City; State; Zip Code | de | |
| | \$200.00 | 1110 Victoria | | |
| | | | | |
| | | Laredo, TX 78040 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | (b) [| Description |
| | OF EXPENDITURE | Advertising Expense | Ę | Check if Austin TV, officeholder living expanse. |
| | | | L | Check if Austin, TX, officeholder living expense Ad purchase |
| | | | • | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held |
| | expenditure to benefit C/O | 4 | | |
| - | Date | Payee name | | |
| | 11/13/2023 | J. B. Alexander High School | | |
| | Amount (\$) | Payee address; City; State; Zip Code | de | |
| | \$200.00 | 3600 E Del Mar Blvd | | |
| | | | | |
| | | Laredo, TX 78041-6559 | | |
| | PURPOSE | | (h) r | Description |
| | OF | Advertising Expense | ι», ι Γ | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | harmaning Expanses | Ī | Check if Austin, TX, officeholder living expense |
| | | | A | Ad purchase |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough | jht | Office held |
| | experientale to beliefft C/O | | | |
| | | | | |
| | | | | |

SCHEDULE F1

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/8 Rpt: 13/18 | Alaniz, Isidro R. (The Honorable) | 00062184 |
| 4 | Date | 5 Payee name | |
| | 09/18/2023 | Laredo Morning Times | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$545.00 | 1110 Houston | |
| | | | |
| | | Laredo, TX 78040 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Traversing Expense | outside of Texas. Complete Schedule T. , TX, officeholder living expense |
| | | Advertisemer | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | н | |
| | Date | Payee name | |
| | 12/04/2023 | Lopez, Ausencio | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$500.00 | 4301 Santa Isabel | |
| | | | |
| | | Laredo, TX 78040 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense | outside of Texas. Complete Schedule T. |
| | | Check if Austin | ı, TX, officeholder living expense |
| | | Event clean | λþ |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | • | |
| _ | Date | Payee name | |
| | 08/31/2023 | Mariachi Alazanes | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$500.00 | 1318 Juarez | |
| | | | |
| | | Laredo, TX 78040 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense | outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | n, TX, officeholder living expense |
| | | Music enterta | ainment for event |
| | Commission ONII V if dispost | Condidate/Officeholder reme | Office held |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H | Office held |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/8 Rpt: 14/18 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 11/17/2023 | Mendez, Marah |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 1000 Houston St 3rd fl |
| | | |
| | | Laredo, TX 78040 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Advertisement |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 08/31/2023 | Palenque Grill |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,731.75 | 4615 San Bernardo Ave |
| | , , - | |
| | | Laredo, TX 78040 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Meeting with constituents |
| | | Will consultents |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | S |
| _ | Date | Payee name |
| | 09/21/2023 | Palenque Grill |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$240.00 | 4615 San Bernardo Ave |
| | Ψ240.00 | 4013 Sail Belliaido Ave |
| | | Laredo, TX 78040 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | LAFEINDITORE | Check if Austin, TX, officeholder living expense |
| | | Event meeting |
| | Operation ONLY if direct | Out tile to 10 ff on hold an array of the country o |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this fo | orm. |
|---|-----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/8 Rpt: 15/18 | Alaniz, Isidro R. (The Honorable) | 00062184 |
| 4 | Date | 5 Payee name | |
| | 11/02/2023 | Palenque Grill | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$150.00 | 4615 San Bernardo Ave | |
| | | | |
| | | Laredo, TX 78040 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | |
| | OF EXPENDITURE | | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense |
| | | | ng with constituents |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 09/08/2023 | Paz, Juan | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$200.00 | 1110 Victoria | |
| | | | |
| | | Laredo, TX 78040 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF EXPENDITURE | Advertising Expense | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense |
| | | Ad pur | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 12/21/2023 | Pla Mor | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$629.77 | 2819 Bob Bullock Loop | |
| | | | |
| | | Laredo, TX 78045 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion |
| | OF EXPENDITURE | Event Expense | ck if travel outside of Texas. Complete Schedule T. |
| | | Event | k if Austin, TX, officeholder living expense |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| | | | |
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| 1 | | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|----------------------------|--|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 6/8 Rpt: 16/18 | Alaniz, Isidro R. (The Honorable) |
| 4 | Date | 5 Payee name |
| | 12/11/2023 | Requena, Ruben |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$350.00 | 6620 N Bartlett Ave #1808 |
| | | |
| | | Laredo, TX 78041 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Event |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 09/12/2023 | Reyes, Raul |
| | Amount (\$) | |
| | \$250.00 | |
| | \$250.00 | 1110 Washington 4th fl |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Ad purchase |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| - | Date | Davido nama |
| | 12/14/2023 | Payee name Rocha's Bar & Grill |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$6,500.00 | 6501 Arena Blvd ste 1 |
| | | |
| | | Laredo, TX 78041 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Event |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| 1 Total pages Schedule F1: 2 FILER NAME Alariz, Isldr R. (The Honorable) 3 Filer ID (Ethics Commission Filer 00062184 4 Date 10/17/2023 5 Fleet IV Alariz, Isldr R. (The Honorable) 3 Filer ID (Chick Commission Filer 10/17/2023 5 Society of Martha Washington 5 Society of Martha Washington 6 Amount (\$) 7 Payee address: City, State: Zip Code 1 State | | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|---|--|--|---|
| Sch: 7/8 Rpt: 17/18 | Ļ | - | · · · · · · · · · · · · · · · · · · · | _ |
| 10/17/2023 Society of Martha Washington | 1 | | | |
| Society of Martha Washington Amount (\$) 7 Payee address: City; State; Zip Code \$700.00 1819 E. Hillside Rd. Laredo, TX 78045 B PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office sought Office held Payee name Society of Martha Washington Amount (\$) Payee address; City; State; Zip Code Advertising Expense (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, efficientide forms payerase Ad purchase Office held Date | 4 | Date | 5 Payee name | Т |
| \$ PURPOSE OF EXPENDITURE Candidate/Officeholder name | | | Society of Martha Washington | |
| Advertising Expense | 6 | ` ' | 1819 E. Hillside Rd. | |
| Advertising Expense | 8 | PURPOSE | (a) Category (see Categories listed at the top of this schedule) (b) Description | _ |
| Date 10/12/2023 Payee name Society of Martha Washington Amount (\$) | | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 10/12/2023 Society of Martha Washington | 9 | | | |
| Amount (\$) Payee address; City; State; Zip Code \$450.00 \$450.00 \$450.00 \$450.00 \$450.00 Laredo, TX 78045 (a) Category (see Categories listed at the top of this schedule) Advertising Expense Complete QNLY if direct expenditure to benefit C/OH Date 09/14/2023 Amount (\$) Payee name 99/14/2023 Amount (\$) Payee address; City; State; Zip Code \$310.00 \$3600 E. Del Mar Blvd Ste 5 Laredo, TX 78041 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description (c) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description (g) Category (see Categories listed at the top of this schedule) Advertising Expense Complete QNLY if direct Campaign logo merchandise | | Date | Payee name | Ī |
| \$450.00 1819 E. Hillside Rd. Laredo, TX 78045 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date O9/14/2023 Stitch & Print Amount (\$) Payee name Stitch & Print Amount (\$) Payee address; City; State; Zip Code \$310.00 \$310.00 \$360 E. Del Mar Blvd Ste 5 Laredo, TX 78041 (b) Description Check if Tavael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Check if Tavael outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | 10/12/2023 | Society of Martha Washington | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad purchase Complete ONLY if direct expenditure to benefit C/OH Date 09/14/2023 Amount (\$) Payee name Stitch & Print Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Austin, TX, officeholder Iving expense Ad purchase Office sought Office held (b) Description Check if Austin, TX, officeholder Iving expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | Amount (\$) | Payee address; City; State; Zip Code | _ |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad purchase Complete ONLY if direct expenditure to benefit C/OH Date O9/14/2023 Amount (\$) Payee name Stitch & Print Amount (\$) Payee address; City; State; Zip Code 3660 E. Del Mar Blvd Ste 5 Laredo, TX 78041 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | \$450.00 | 1819 E. Hillside Rd. | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad purchase Complete ONLY if direct expenditure to benefit C/OH Date O9/14/2023 Amount (\$) Payee name Stitch & Print Amount (\$) Payee address; City; State; Zip Code 3660 E. Del Mar Blvd Ste 5 Laredo, TX 78041 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| Advertising Expense Cleck if tavel outside of Texas. Complete Schedule T. | | DUDDOG- | | |
| EXPENDITURE Advertising Expense Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date 09/14/2023 Amount (\$) Payee address; City; State; Zip Code \$310.00 \$310.00 \$310.00 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if Austin, TX, officeholder living expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | │ | |
| Date 09/14/2023 Stitch & Print Amount (\$) Payee address; City; State; Zip Code \$310.00 \$310.00 State Complete ONLY if direct Candidate/Officeholder name Payee name Stitch & Print Payee address; City; State; Zip Code St | | | Check if Austin, TX, officeholder living expense | |
| Stitch & Print Amount (\$) Payee address; City; State; Zip Code \$310.00 \$3600 E. Del Mar Blvd Ste 5 Laredo, TX 78041 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Other State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign logo merchandise | | | | |
| Amount (\$) \$310.00 \$310.00 \$310.00 \$310.00 Purpose OF EXPENDITURE Advertising Expense Campaign logo merchandise Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Advertising Expense Campaign logo merchandise Candidate/Officeholder name Office sought Office held | | Date | Payee name | |
| \$310.00 3660 E. Del Mar Blvd Ste 5 Laredo, TX 78041 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | 09/14/2023 | Stitch & Print | |
| Laredo, TX 78041 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | Amount (\$) | Payee address; City; State; Zip Code | _ |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | \$310.00 | 3660 E. Del Mar Blvd Ste 5 | |
| Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | <u> </u> | |
| EXPENDITURE Advertising Expense Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | l e e e e e e e e e e e e e e e e e e e | |
| Campaign logo merchandise Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | Navertising Expense | |
| | | | | |
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SCHEDULE F1

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/8 Rpt: 18/18 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 11/30/2023 | Texas Democratic Party |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,250.00 | 1106 Lavaca St ste 100 |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | Fee |
| l | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| ⊨ | <u> </u> | |
| | Date | Payee name |
| | 07/24/2023 | Trevino, Tomas |
| l | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 8811 Liberty Loop |
| | | |
| l | | Laredo, TX 78045 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| l | EX. ENDITORE | Check if Austin, TX, officeholder living expense |
| l | | Ad Purchase |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | o |
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to complete | | Filer ID (Ethics Commiss 00062184 | sion Filers) | 2 Total pages file 10 | |
|-------------------------|---------------------------------|------------------|---|----------------------------------|---|--------------------|
| 3 CANDIDATE / | MS / MRS / MR F | IRST | | MI | OFFICE U | SE ONLY |
| OFFICEHOLDER NAME | The Honorable Is | sidro R. | | | Date Received | |
| | | | | | ELECTRONICA | LY FILED |
| | NICKNAME | | | CUEFIV | 07/15/2024 | |
| | | AST Alaniz | | SUFFIX | 01/13/2024 | |
| | CIIIIO | Alaniz | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / S | SUITE #; CITY | / ; | ZIP CODE | Date Hand-delivered or [| Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 521 | | | | | · |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | Date Processed | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| | | | | | Date imaged | |
| 5 CAMPAIGN | MS / MRS / MR FI | IRST | | MI | <u>L</u> | |
| TREASURER | | nacio R. | | | | |
| NAME | iyii. | jilacio IX. | | | | |
| | NICKNAME | | | CUEEN | | |
| | | AST Janiz | | SUFFIX | | |
| | A | idiliz | | | | |
| 2 0445404 | OTDEET ADDRESS (NO DO DO | 2)/ 5/ 5/ 65 | | / OLUTE # OUT! | 0747 | - 71D 00DF |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BO | OX PLEASE); | API | / SUITE #; CITY; | STAT | TE; ZIP CODE |
| ADDRESS | 1320 Fremont St. | | | | | |
| (Residence or Business) | | | | | | |
| | Laredo, TX 78040 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHONE I | NUMBER E | XTENSION | | | |
| TREASURER | | NOMBER E | X I ENSION | | | |
| PHONE | (956) 220-3698 | | | | | |
| 8 REPORT | | | | | | |
| TYPE | January 15 | 30th day before | election I | Runoff | 15th day after cam | paign treasurer |
| | | , | | | appointment (office | holder only) |
| | X July 15 | 8th day before e | | Exceeded modified eporting limit | Final Report (Attac | h C/OH-FR) |
| | | | ' | eporting intil | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2024 | THI | ROUGH | 06/30/2024 | 4 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | l | | ELECTION TYPE | | |
| | Month Day Year | Pri | imary | Runoff | Other | |
| | | Ge | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | District Attorney (Multi-county | v) District 49 \ | Nebb | | | ce Laredo District |
| | | ., | | 49th | , | |
| | | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

| 13 C / OH NAME | Alaniz, Isidro R. (The | Honorable) | 14 Filer ID 00062184 | (Ethics Commission Filers) | | | |
|--|--|---|---|----------------------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or politic These expenditures may have been m officeholders are required to report th | ade without the candidate's or office | eholder's knowledge or | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| Ŭ ° | GENERAL | | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | | | | | | |
| | | COMMITTEE CAMPAIGN TREASUR | ER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASUR | ER ADDRESS | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (0 ES OF LOANS, OR CONTRIBUTIONS | | \$ 31,956.04 | | | |
| | 2. TOTAL POLITIC (OTHER THAN F | \$ 31,956.04 | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ 0.00 | | | |
| | 4. TOTAL POLITIC | | \$ 9,264.81 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED A RIOD | S OF THE LAST DAY OF THE | \$ 22,691.23 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING TING PERIOD | LOANS AS OF THE LAST DAY | \$ 0.00 | | | |
| 17 AFFIDAVIT | | | under penalty of perjury, that the acc id includes all information required t ction Code. | | | | |
| | | | The Honorable Isidro R. Alani | Z | | | |
| | | | Signature of Candidate or Officehol | der | | | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day | | | |
| of | , 20, to ca | rtify which, witness my hand and seal | of office. | | | | |
| Signature of offi | Signature of officer administering Printed name of officer administering Title of officer administering oath | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | JVLN . | 3 of 10 | | | |
|-----|--|--|-----------------------------|-----------|-------------------|
| l | ER NAN aniz, Isi | ME dro R. (The Honorable) | 19 Filer ID 00062184 | (Ethics C | ommission Filers) |
| l | HEDULI ME OF : | SUE | BTOTAL AMOUNT | | |
| 1. | 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | 31,956.04 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 9,264.81 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 0.00 |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED | \$ | |
| | | | | | |

SCHEDULE F1

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

| | | The Instruction Guide explains how to | compl | ete this form. |
|---|---|--|-------|---|
| 1 | Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) |
| _ | Sch: 1/7 Rpt: 4/10 | Alaniz, Isidro R. (The Honorable) | | 00062184 |
| 4 | Date 02/21/2024 | 5 Payee name Castillo, Maria Guadalupe | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip | Code | |
| | \$250.00 | 206 W Locust St | | |
| | | Laredo, TX 78040 | _ | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Event Expense | | Check if Austin, TX, officeholder living expense |
| | | | | Face painting exp |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office s | ought | Office held |
| | expenditure to benefit C/O | | J | |
| | Date | Payee name | | |
| | 06/10/2024 | Flores, Jose Luis | | |
| | Amount (\$) | Payee address; City; State; Zip | Code | |
| | \$1,250.00 | 2202 Santa Ursula | | |
| | | Laredo, TX 78041 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Event Expense | | Check if Austin, TX, officeholder living expense |
| | | | | Equipment repair |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office s | ought | Office held |
| | Date | Payee name | | |
| | 04/29/2024 | Fudrucker's | | |
| | Amount (\$) | Payee address; City; State; Zip | Code | |
| | \$440.79 | 711 Hillside | | |
| | | | | |
| | DUDD 0.05 | Laredo, TX 78041 | 4. | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (a) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | . 000, 2010 ago 2., poneo | | Check if Austin, TX, officeholder living expense |
| | | | | Meeting with constituents |
| | Complete ONLY if direct | Candidate/Officeholder name Office s | ought | Office held |
| | expenditure to benefit C/OI | | | |
| | | | | |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Political Commit Credit Card Payment | | v to complete this form. | OTHER (enter a category not listed above) |
|--|--|--------------------------|--|
| 1 Total pages Schedule F1: 2 FIL | LER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/7 Rpt: 5/10 Ala | aniz, Isidro R. (The Honorable) | | 00062184 |
| 4 Date 5 Pa | ayee name | | |
| 02/05/2024 Gu | utierrez, Juan | | |
| 6 Amount (\$) 7 Pa | ayee address; City; State; Z | Zip Code | |
| \$500.00 15 | 520 San Bernardo | | |
| | | | |
| La | aredo, TX 78040 | | |
| 8 PURPOSE (a) Ca | ategory (See Categories listed at the top of this schedu | | |
| EXPENDITURE EV | vent Expense | <u> </u> | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | _ | nt with constituents set up. |
| | | l arado over | it man constituente cot api |
| | ndidate/Officeholder name Office | l ce sought | Office held |
| expenditure to benefit C/OH | | | |
| Date Pa | ayee name | | |
| 03/01/2024 Ja | imes, Isaac | | |
| Amount (\$) Pa | ayee address; City; State; Z | Zip Code | |
| \$158.00 27 | 19 Chacota St | | |
| | | | |
| La | aredo, TX 78046 | | |
| 1 AE I | ategory (See Categories listed at the top of this schedu | | |
| EXPENDITURE AC | dvertising Expense | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | Ad purchase | |
| | | | |
| Complete <u>ONLY</u> if direct Can | ndidate/Officeholder name Offic | I ce sought | Office held |
| expenditure to benefit C/OH | | - | |
| Date Pa | ayee name | | |
| 02/06/2024 Lo | ppez, Ausencio | | |
| Amount (\$) Pa | ayee address; City; State; Z | Zip Code | |
| \$250.00 43 | 301 Santa Isabel | | |
| | | | |
| La | aredo, TX 78040 | | |
| PURPOSE (a) Ca | ategory (See Categories listed at the top of this schedu | (b) Description | |
| OF EXPENDITURE | ent Expense | _ <u>□</u> | outside of Texas. Complete Schedule T. |
| | | <u>-</u> | n, TX, officeholder living expense |
| | | Clean up exp | perise |
| Complete <u>ONLY</u> if direct Can | ndidate/Officeholder name Offic | ce sought | Office held |
| expenditure to benefit C/OH | ididate/Onicendidei Haffie Offic | c sought | Office field |
| • | | | |
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| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|--|--------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| _ | Sch: 3/7 Rpt: 6/10 | Alaniz, Isidro R. (The Honorable) | |
| 4 | Date | 5 Payee name | |
| | 02/20/2024 | Lopez, Ausencio | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$100.00 | 4301 Santa Isabel | |
| | | | |
| | | Laredo, TX 78040 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense | |
| | | Clean up | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | experiordire to benefit C/O | п | |
| | Date | Payee name | |
| | 05/06/2024 | Lopez, Ausencio | |
| | Amount (\$) | Payee address; City; State; Zip Code | \neg |
| | \$300.00 | 4301 Santa Isabel | |
| | | | |
| | | Laredo, TX 78040 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense | |
| | | Campaign ad work | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | | |
| | Date | Payee name | |
| L | 02/20/2024 | Lopez, Sandra | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$680.00 | 1810 Whitewood Dr | |
| | | | |
| L | | Laredo, TX 78040 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Chair rentals | |
| | | Chair rentals | |
| _ | Complete ONLY if direct | Condidate/Officeholder name Office sought Office hold | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/7 Rpt: 7/10 | Alaniz, Isidro R. (The Honorable) |
| 4 Date | 5 Payee name |
| 05/08/2024 | Perez, Alberto |
| 6 Amount (\$) \$70.00 | 7 Payee address; City; State; Zip Code 4915 San Miguel Laredo, TX 78046 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense Campaign ads |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/05/2024 | Ramos, Jessica |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$400.00 | 124 malaga dr |
| BURDOOF | laredo, TX 78046 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T |
| EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad purchase |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/20/2024 | Sam's Club |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$149.55 | 4810 San Bernardo Ave. |
| | Laredo, TX 78041 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | |
|----------|-----------------------------|---|-------------------------|--|--|--|--|
| 1 | Total pages Schedule F1: | : 2 FILER NAME 3 Filer ID (Et | hics Commission Filers) | | | | |
| l | Sch: 5/7 Rpt: 8/10 | Alaniz, Isidro R. (The Honorable) 00062184 | | | | | |
| 4 | Date | 5 Payee name | Pavee name | | | | |
| | 02/20/2024 | Sandoval, Miguel | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| l | \$100.00 | 1415 Santa Maria | | | | | |
| l | | | | | | | |
| | | Laredo, TX 78040 | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| l | OF EXPENDITURE | Advertising Expense | Schedule T. | | | | |
| | EXPENDITORE | Check if Austin, TX, officeholder living expe | nse | | | | |
| | | Ad purchase | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | | | | | | |
| ⊨ | Data | T 5 | | | | | |
| | Date 03/20/2024 | Payee name St. Augustine | | | | | |
| ┡ | | | | | | | |
| l | Amount (\$) | Payee address; City; State; Zip Code 1300 Galveston | | | | | |
| | \$200.00 | 1300 Gaiveston | | | | | |
| | | Lavada TV 70040 | | | | | |
| L | | Laredo, TX 78040 | | | | | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete: | Schodulo T | | | | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete S | | | | | |
| | | Ad purchase | | | | | |
| | | | | | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| L | expenditure to benefit C/Ol | JH | | | | | |
| Г | Date | Payee name | | | | | |
| | 02/20/2024 | Stitch & Print | | | | | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| l | \$1,990.00 | 3660 E. Del Mar Blvd Ste 5 | | | | | |
| | | | | | | | |
| l | | Laredo, TX 78041 | | | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| l | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete | | | | | |
| l | | Check if Austin, TX, officeholder living expe Tshirt advertising expense | nse | | | | |
| | | Totilit advertising expense | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| | expenditure to benefit C/O | | | | | | |
| \vdash | | | | | | | |
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SCHEDULE F1

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

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| l | Sch: 6/7 Rpt: 9/10 | Alaniz, Isidro R. (The Honorable) 00062184 | |
| 4 | Date | 5 Payee name | _ |
| | 01/12/2024 | Variety Meats | |
| 6 | Amount (\$) \$725.60 | 7 Payee address; City; State; Zip Code 801 Clark Laredo, TX 78040 | |
| Ļ | DUDD005 | | _ |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with constituents | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 01/22/2024 | Variety Meats | |
| | Amount (\$) \$450.00 | Payee address; City; State; Zip Code 801 Clark | |
| | | Laredo, TX 78040 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with constituents | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| Г | Date | Payee name | _ |
| | 02/23/2024 | Variety Meats | |
| | Amount (\$) \$700.00 | Payee address; City; State; Zip Code 801 Clark | |
| | | Laredo, TX 78040 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with constituents | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | _ |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/7 Rpt: 10/10 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| l | 04/01/2024 | Variety Meats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$250.87 | 801 Clark |
| l | | |
| | | Laredo, TX 78040 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | Constituents gathering |
| l | | Constituente gathering |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Г | Date | Payee name |
| l | 03/12/2024 | Vasquez Rodriguez, Jose Luis |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| l | \$300.00 | 1001 Market |
| l | | |
| | | Laredo, TX 78040 |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | Advertisement |
| l | | , avoides ment |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| l | expenditure to benefit C/OI | |
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to complet | | 1 Filer ID (Ethics Commiss 00062184 | sion Filers) | 2 Total pages file 15 | |
|-------------------------|--|-----------------------|---|-------------------|--|-----------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | SE ONLY |
| OFFICEHOLDER NAME | The Honorable | sidro R. | | | Date Received | |
| '""" | | | | | ELECTRONICAL | I V EII ED |
| | | | | | 01/15/2025 | |
| | | LAST | | SUFFIX | 01/15/2025 | |
| | Chilo | Alaniz | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT / S | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered or D | Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 521 | | | | | _ |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Laredo, TX 78042-0521 | | | | | |
| 🗀 . | 241040, 174 100 12 0022 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR F | IRST | | MI | | |
| 5 CAMPAIGN TREASURER | | | | MI | | |
| NAME | Mr. I | gnacio R. | | | | |
| | | | | | | |
| | | AST | | SUFFIX | | |
| | P P | Alaniz | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO B | OX PLEASE); | APT | / SUITE #; CITY; | STAT | E; ZIP CODE |
| TREASURER ADDRESS | 1320 Fremont St. | | | | | |
| (Residence or Business) | | | | | | |
| (Residence of Business) | Laredo, TX 78040 | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER | | NUMBER E | XTENSION | | | |
| PHONE | (956) 220-3698 | | | | | |
| | | | | | | |
| 8 REPORT TYPE | | COURT AT THE STATE OF | | - · · · · · | T 450 4 | |
| ''' - | X January 15 | 30th day before | election | Runoff | 15th day after campappointment (office | holder only) |
| | July 15 | 8th day before e | election E | Exceeded modified | Final Report (Attac | h C/OH-FR) |
| | | | — г | reporting limit | _ | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2024 | TH | ROUGH | 12/31/202 | 4 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | Pr | imary | Runoff | Other | |
| | 11/05/2024 | | eneral | Special | <u> </u> | |
| | | X G | chiciai | эрески | | |
| 11 055105 | OFFICE HELD (# am.) | | i | 12 OFFICE COLLOUT | (if known) | |
| 11 OFFICE | OFFICE HELD (if any) District Attorney (Multi-coun | tu) Dictrict 40 l | Mobb | 12 OFFICE SOUGHT | (II known) (Multi-county) Dist | riot 10th |
| | District Attorney (Multi-court | ty) District 49 | vvenn | District Attorney | (Multi-county) Dist | 1101 49111 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |
| I | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

| 13 C / OH NAME | Alaniz, Isidro R. (The | 14 Filer ID (| Ethics Commission Filers) | | | | |
|--|--|--|---------------------------|-----------------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information | the candidate's or office | holder's knowledge or | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| | GENERAL | | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | |
| 16 CONTRIBUTION | 1. TOTAL UNITEM | ZED POLITICAL CONTRIBUTIONS (OTHER THA | N PLEDGES, LOANS. | | | | |
| TOTALS | OR GUARANTE | ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 | | | |
| | 2. TOTAL POLITIC (OTHER THAN F | 5) | \$ 10,100.00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | | \$ 0.00 | | | |
| | 4. TOTAL POLITIC | | \$ 15,913.98 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 16,877.25 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | | | |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | | | |
| | | The Hono | orable Isidro R. Alani: | z | | | |
| | | Signature of | Candidate or Officehol | der | | | |
| AFFIX NO | TARY STAMP / SEAL AB | DVE | | | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day | | | |
| | Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office. | | | | | | |
| Signature of office | Signature of officer administering Printed name of officer administering Title of officer administering oath | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | OVER OFFEE | 3 of 15 |
|-----------------------------------|--|-----------------------------|--------------------|-----------|
| 18 FILER NAI Alaniz, Is | ME idro R. (The Honorable) | 19 Filer ID 00062184 | (Ethics Commission | n Filers) |
| | LE SUBTOTALS SCHEDULE | | SUBTOTAL A | AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 10,100.00 | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 15,913.98 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER | RETURNED | \$ | |
| | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | LE A1 | | |
|---|--|--|-------------------------------|--|--------------------------------------|------------|
| | The Instru | ction Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 1/5 Rpt: 4/15 | | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 08/30/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | Dringing! goog | Laredo, TX 78040 | O Employer (Coo Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Ceballos, Jose Luis Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Laredo, TX 78041 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | i illicipai occa | pation 7 oob title (occ motivations) | Employer (See mandellons | , | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Dancause, Edward Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$200.00 |
| | | Laredo, TX 78041 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Emperor Services LLC Contributor address; City; State; Zip Code Laredo, TX 78045 | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_Galo, Anna Contributor address; City; State; Zip Code Laredo, TX 78043 | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | DULE A1 | |
|---|------------------------------|---|-------------------------------|--|--------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 2/5 Rpt: 5/15 | | |
| 2 | FILER NAME Alaniz, Isidro | R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 08/30/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Deignaignal annu | Laredo, TX 78046 | O Franks var (Can Instruction | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Gonzalez Druker Law Firm Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Laredo, TX 78040 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Guajardo, Pedro Contributor address; City; State; Zip Code Laredo, TX 78045 | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Hernandez, Robert Contributor address; City; State; Zip Code Laredo, TX 78040 |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Laredo Fire-PAC | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|---|--|--|------------------------------------|--|--------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 3/5 Rpt: 6/15 | | |
| 2 | FILER NAME Alaniz, Isidro | o R. (The Honorable) | | 3 | Filer ID (Ethics Commission 00062184 | n Filers) |
| 4 | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Nathan Chu Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$200.00 |
| _ | | Laredo, TX 78041 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Law Office of Robert Gutierrez Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Laredo, TX 78040 spation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Montemayor, Javier Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$500.00 |
| | | Laredo, TX 78040 spation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Montemayor, Victor Contributor address; City; State; Zip Code | Self | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Contractor | ipation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 08/30/2024 | Full name of contributor out-of-state PAC (ID#:_ Pacheco, Luisa Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL C | | SCHEDUI | ULE A1 | | |
|---|---|--|--|--|-----------------------------|--------------------------------------|------------|
| | The Instruc | ction Guide explains how | 1 | Total pages Schedule A1: Sch: 4/5 Rpt: 7/15 | | | |
| 2 | FILER NAME Alaniz, Isidro R. (The Honorable) | | | | | Filer ID (Ethics Commission 00062184 | on Filers) |
| 4 | Date 08/30/2024 | | | | | Amount of Contribution (\$) | \$100.00 |
| _ | | San Antonio, TX 78217 | | | _ | | |
| 8 | Principal occu | pation / Job title (See Instructions) | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | 9 Employer (See Instructions | 5) | | |
| | Date 08/30/2024 | Full name of contributor Ramos, Donato D. Contributor address; City; Sta | |) | | Amount of Contribution (\$) | \$2,000.00 |
| | <u> </u> | Laredo, TX 78041 | 1 | | <u></u> | | |
| | Principal occupation / Job title (See Instructions) Employer (See Lawyer Self employe | | | | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$250.00 | |
| | | Laredo, TX 78045 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Slick Operating Services LLC Contributor address; City; State; Zip Code Zapata, TX 78076 | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 Thomson, Paul Contributor address; City; State; Zip Code Laredo, TX 78043 | | | Amount of Contribution (\$) | \$250.00 | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | | Employer (See Instructions Webb County | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | LE A1 |
|---|--|--|------------------------------|-------------------------------------|----------------------------|--------------|
| | The Instruc | ction Guide explains how to complete this | 1 | pages Schedule A1: 5/5 Rpt: 8/15 | | |
| 2 | FILER NAME Alaniz, Isidro R. (The Honorable) | | | | O (Ethics Commissi 2184 | on Filers) |
| 4 | 08/30/2024 | Full name of contributor | | 7 Amour | nt of Contribution (\$) | \$1,000.00 |
| | | Laredo, TX 78041 | , | | | |
| 8 | Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 08/30/2024 | Full name of contributor |) | Amoui | nt of Contribution (\$) | \$250.00 |
| | Principal occup | Laredo, TX 78045 pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/7 Rpt: 9/15 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 09/17/2024 | Cola Blanca |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 5702 McPherson Rd 8B |
| | | |
| | | Laredo, TX 78041 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Sponsorship |
| | | Эропзотэтір |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 11/29/2024 | Degollado, Ester |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code 1110 Victoria 203 |
| | \$200.00 | 1110 Victoria 203 |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Sponsorship ad |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Date | Payee name |
| | 08/02/2024 | Flores, Jose Luis |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 2202 Santa Ursula |
| | | |
| | | Laredo, TX 78041 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Equipment maintenance |
| L | Complete ONLY if divert | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| L | | |

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|---|
| 1 | Total pages Schedule F1: | | - |
| | Sch: 2/7 Rpt: 10/15 | Alaniz, Isidro R. (The Honorable) 00062184 | |
| 4 | Date | 5 Payee name | _ |
| | 11/14/2024 | Flores, Jose Luis | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | - |
| | \$614.62 | 2202 Santa Ursula | |
| | | | |
| | | Laredo, TX 78041 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| | OF EXPENDITURE | Event Expense | |
| | | Check if Austin, TX, officeholder living expense Equipment Repair | |
| | | Ечиртен Керан | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | |
| | | | = |
| | Date | Payee name | |
| | 08/02/2024 | Fudrucker's | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$243.98 | 711 Hillside | |
| | | | |
| | | Laredo, TX 78041 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Meeting with Constituents | |
| | | Meeting with constituents | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - |
| | expenditure to benefit C/OI | | |
| | Date | Payee name | = |
| | 11/26/2024 | Gutierrez, Juan | |
| | | | _ |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 1520 San Bernardo | |
| | φ130.00 | 1320 Sail Bellialdo | |
| | | Larada TV 70040 | |
| | | Laredo, TX 78040 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Campaign Advertisement | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | | |
| _ | | | - |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Legal Services | • | | ages | /Contract Labor | | OTHER (enter a | strict a category not listed ab | ove) |
|---|---|-----|------------------|-------------------------|---------------------|------------|------|---------------------------------|-------|---------------------|------------------------------------|------------|
| | | | | The Instruction G | uide explains h | low to col | mple | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Ē | | | | | 3 | Filer ID | (Ethics Commiss | on Filers) |
| | Sch: 3/7 Rpt: 11/15 | | Alaniz, Isidr | o R. (The Hono | rable) | | | | | 00062184 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 07/17/2024 | | Gutierrez, J | uan | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$2,000.00 | | 1520 San B | ernardo | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Laredo, TX | 78040 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at | he top of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising | | • | ĺ | | Check if travel | outsi | de of Texas. Con | plete Schedule T. | |
| | EXPENDITORE | | | | | | | | | officeholder living | g expense | |
| | | | | | | | | Campaign sig | gna | ge | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Office | ceholder name | O | ffice sou | ght | | | Office h | eld | |
| | experiditure to beriefit C/O | 1 | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 12/09/2024 | | Livi's | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$2,600.00 | | 6402 N Bart | tlett 2 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Laredo, TX | 78041 | | | | | | | | |
| | PURPOSE | (2) | | | | 1 | (h) | Description | | | | |
| | OF | (a) | | ee Categories listed at | he top of this sche | dule) | (D) | Description Check if travel of | outsi | de of Texas Com | nplete Schedule T. | |
| | EXPENDITURE | | roou/bever | age Expense | | | | = | | officeholder livin | | |
| | | | | | | | | Meeting with | cor | nstituents | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | O | ffice sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 07/03/2024 | | Lopez, Ause | encio | | | | | | | | |
| | Amount (\$) | | Payee addres | | State: | Zip Co | de | | | | | |
| | \$300.00 | | 4301 Santa | - | , | _,, | | | | | | |
| | ******* | | | | | | | | | | | |
| | | | Laredo, TX | 78040 | | | | | | | | |
| | PURPOSE | (0) | | | | | /b\ | Description | | | | |
| | OF | (a) | | ee Categories listed at | he top of this sche | dule) | (D) | Description Check if travel of | outsi | de of Texas, Com | nplete Schedule T. | |
| | EXPENDITURE | | Event Expe | rise | | | | | | officeholder living | | |
| | | | | | | | | clean up expe | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | 0: | ffice sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | | | | | • | - | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/7 Rpt: 12/15 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 | Date | 5 Payee name |
| | 08/04/2024 | Lopez, Ausencio |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$300.00 | 4301 Santa Isabel |
| | | |
| | | Laredo, TX 78040 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Event clean-up |
| | | Living older up |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 11/07/2024 | Lopez, Ausencio |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$300.00 | 4301 Santa Isabel |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Campaign work |
| | | Campaign work |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 12/09/2024 | Lopez, Ausencio |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$450.00 | 4301 Santa Isabel |
| | | |
| | | Laredo, TX 78040 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Event clean-up |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| 1 | | |
| I | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/7 Rpt: 13/15 | Alaniz, Isidro R. (The Honorable) 00062184 |
| 4 Date | 5 Payee name |
| 08/22/2024 | Pro Mega Signs |
| 6 Amount (\$) \$124.49 | 7 Payee address; City; State; Zip Code 1615 Jacaman Laredo, TX 78041 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs for event fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/23/2024 | Sam's Club |
| Amount (\$) \$267.85 | Payee address; City; State; Zip Code 4810 San Bernardo Ave. |
| | Laredo, TX 78041 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date 09/17/2024 | Payee name Sam's Club |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | 4810 San Bernardo Ave. |
| | Laredo, TX 78041 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|----------|---|---|---|
| 1 | Total pages Schedule F1: | |) |
| | Sch: 6/7 Rpt: 14/15 | Alaniz, Isidro R. (The Honorable) 00062184 | |
| 4 | Date | 5 Payee name | |
| | 08/26/2024 | Variety Meats | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$6,000.00 | 801 Clark | |
| l | | | |
| | | Laredo, TX 78040 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | LAFLINDITORL | Check if Austin, TX, officeholder living expense | |
| | | Fundraiser supplies | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| ⊨ | Date | Payes name | |
| | 09/25/2024 | Payee name Variety Meats | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$1,000.00 | 801 Clark | |
| | Ψ1,000.00 | OUI CIAIN | |
| l | | Larada TV 79040 | |
| L | DUDD005 | Laredo, TX 78040 | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Fivent Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Fundraiser supplies | |
| L | | | |
| l | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | experialiture to benefit C/Oi | | |
| l | Date | Payee name | |
| | 08/26/2024 | Walmart | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$128.44 | 5610 San Bernardo Ave | |
| l | | | |
| | | Laredo, TX 78041 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | Supplies | |
| | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Gift/Awards/Memorials Expense Il Committee Legal Services The Instruction Guide explains | | | | Expens /Wages | e /Contract Labor | | Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|---|---|--|--------------|---------------|--------------------------|------------------|----------------------|---------------|---|-----------|----------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 7/7 Rpt: 15/15 | | Alaniz, Isid | Iro R. (The | Honorable) | | | | | 00062184 | |
| 4 | Date | 5 | Payee name | | | | | | _ | | |
| | 07/03/2024 | | kwik Kopy | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City | r; Sta | ate; Zip C | ode | | | | |
| | \$84.60 616 W Calton Rd | | | | | | | | | | |
| | | | | | | | | | | | |
| | | ├ | Laredo, TX | | | | 1 | | | | |
| 8 | PURPOSE OF | (a) | | | isted at the top of this | schedule) | (b) | Description | | :d4.T O | olata Cabadala T |
| | EXPENDITURE | | | | | | | | | | |
| | | | | | | | | Event Tickets | | , | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Of | ficeholder na | ame | Office so | ught | | | Office he | eld |
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