CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS (MR) ΜI OFFICE USE ONLY **OFFICEHOLDER** JUIS NAME Date Received ERON COUNTY NICKNAME SUFFIX LAST DEPARTMENT OF ELECTIONS & SAENZ VOTER REGISTRATION 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** JUL 14 2021 MAILING F. Price **ADDRESS** Change of Address PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered **OFFICEHOLDER** (956) 550-PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURER** E. Yrice **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE **TREASURER** PHONE (dQ°) 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year Day COVERED 1/16/21 **ELECTION DATE** 11 ELECTION **ELECTION TYPE** g ☐ Other Primary Day Description Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) CAMERUN COUNTRY THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME				16 Filer I	D (Ethics Commi	ssion Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	MIZED POLITICAL CONTRIB NNS, OR GUARANTEES OF NS MADE ELECTRONICALL	LOANS, OR	AN	\$ O	
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS	3)	\$ C)
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDIT	rure.		\$)
	4. TOTAL POLITI	CAL EXPENDITURES			\$ 700	-00
CONTRIBUTION BALANCE	5. TOTAL POLITIC OF REPORTING	AL CONTRIBUTIONS MAINT	TAINED AS OF THE LA	AST DAY		14.00
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTS' HE REPORTING PERIOD	randing loans as (OF THE	\$ O	
	uired to be reported by me u		Signature of C	andidate or	COM)
	Ple	ase complete eith	er option belo	w:		`
(1) Affidavit NOTARY STAMP, SEAL Sworn to and subscribed	JANIE CARRIZALES Notary Public, State of Te Comm. Expires 07-17-20 Notary ID 866713-8	223	this the	14+B	day of Juli	y
	which, witness my hand and s	t , ^	•		Alabari	U
Signature of officer administer	. /\	Manie Carrizales ted name of officer administer	ing oath	T	itle of officer admi	nistering oath
(2) Unsworn Declaratio	n	OR			我想到了一家的 第二章	
			and more distance for the tra-			
			nd my date of birth is	;	7/////	 •
My address is						*
	(street)			state) (zi		untry)
Executed in	County, State of	, on the	day of (mont)	h)	20 (year)	
			Signature of Candid	date/Officeh	older (Declarant)	

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Con	mmiss	ion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	,	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. SCHEDULE E: LOANS	\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	700.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	Ø

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

	The Instruction Guide explains how to comp	plete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission File	ers)		
4	LUIS V. SAENZ				
4 Date	5 Payee name				
le-7-21	Bo Ochoa Kids Fishi	ng Tournament			
6 Amount (\$)	7 Payee address;	City State Zip Code			
\$200.00	P.O. Box 1563	D (V			
8	Port Fsabel, Tx				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See Instructions regarding type of information required.)			
EXPENDITURE	Non-probit	Kids dishing dovernment			
Date	Payee name	l as assa	-		
6-16-21	West Brownsville Little	League the			
Amount (\$)	Payee address;	City State Zip Code			
4500.00	P.O. BOX 4881	78523			
	Brownsville TEAS Category (See instructions for examples of acceptable	Description (See instructions regarding type of information			
PURPOSE OF	categories.)	required.)			
EXPENDITURE	feam sponsorship				
Date	Payee name				
Amount (\$)	Payee address;	City State Zip Code			
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
EXPENDITURE					
Date	Payee name				
1					
Amount (\$)	Payee address;	City State Zip Code			

PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of Information required.)			
EXPENDITURE					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

ical Committee	Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
5 Business	name		
7 Business	address;	City;	State; Zip Code
(a) Category	(See Categories listed at the top of this sol	nedule) (b) Description	
(c) C	heck if travel outside of Texas, Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense
Candida H	te / Officeholder name	Office sought	Office held
Business	name		
Business	address;	City;	State; Zip Code
Category (See Categories listed at the top of this scho	edule) Description	
Ch	eck if travel outside of Texas. Complete Sched	lule T. Check If Austin	n, TX, officeholder living expense
Candidat I	e / Officeholder name	Office sought	Office held
Business r	ame		
Business a	iddress;	City;	State; Zip Code
Category (S	iee Categories listed at the top of this sche	dule) Description	
Che	ick if travel outside of Texas, Complete Schedi	ule T. Check if Austin,	, TX, officeholder living expense
Candidate	/ Officeholder name	Office sought	Office held
ATTAC	CH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED
	5 Business 7 Business (a) Category (c)	5 Business name 7 Business address; (a) Category (See Categories listed at the top of this sold candidate / Officeholder name Business name Business address; Category (See Categories listed at the top of this school candidate / Officeholder name) Business address; Category (See Categories listed at the top of this school candidate / Officeholder name) Business name Business address; Category (See Categories listed at the top of this school category (See Categories li	5 Business name 7 Business address; City; (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Business name Business address; City; Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Business name Business address; City; Category (See Categories listed at the top of this schedule) Description Check if vavel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Description Check if favel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Check if favel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Office sought

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	H NAME 2 Filer ID (Et	thics Commission Filers)			
3	SIGNA	NATURE				
	designa	not expect any further political contributions or political expenditures in connection with my candidacy. I gnating a report as a final report terminates my campaign treasurer appointment. I also understand that paign contributions or make any campaign expenditures without a campaign treasurer appointment on fi	t I may not accept any			
		Signature of Candida	te / Officeholder			
4		ER WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	eck only one:				
		I do not have unexpended contributions or unexpended interest or income earned from political con	ntributions.			
		I have unexpended contributions or unexpended interest or income earned from political contribution may not convert unexpended political contributions or unexpended interest or income earned on personal use. I also understand that I must file an annual report of unexpended contributions are unexpended contributions or unexpended interest or income earned on political contributions longer filling this final report. Further, I understand that I must dispose of unexpended political contributions interest or income earned on political contributions in accordance with the requirements of Election Contributions.	political contributions to nd that I may not retain r than six years after s and unexpended			
	B.	ASSETS				
	Check	eck only one:				
		l do not retain assets purchased with political contributions or interest or other income from political	contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from personal use. I also understand that I must dispose of assets purchased with political contributions requirements of Election Code, § 254.204.	political contributions to			
		Signature of Ca	andidate			
		CEHOLDER Implete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a offile. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ast required report as			
		Signature of Offi	ceholder			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages f	iled: 5
3 CANDIDATE/ OFFICEHOLDER	MS / MRS (MR	FIRST		мі V .	OFFICE	USEONLY
NAME	NICKNAME	LAST SAEN2		SUFFIX		ON COUNTY OF ELECTIONS & EGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		APT/SUITE# (117 E. Price rownsville, 7	RJ.	STATE; ZIP CODE		1 4 2022 Seived 35.97
Change of Address					Ey: CA	~7~~
5 CANDIDATE/ OFFICEHOLDER PHONE	(954)	950-9550	•	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME		<u>chuck</u>			Date Processed	
	NICKNAME	TijeriNA	4	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE
TREASURER ADDRESS		ITE. Price	Rd.			
(Residence or Business)		Brownsville,	7EXAS	78520		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	į	EXTENSION		
TREASURER PHONE	(956)	550-955	<i>ბ</i>			
9 REPORT TYPE	L January 15	30th day before e	election	Runoff		after campaign appointment der Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	
COVERED	7,	/ 1 / 21	THROU	igh 12	/31/2	· L
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runo			
	3/3/	20 General	Spec	ial		
12 OFFICE	OFFICE HELD (If any) CAMPION CO	junty and Dist		OFFICE SOUGHT (If known MERON COUNT Attorn	id bra hi	smd
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEE	OLITICAL EXPENDITURES N N MADE WITHOUT THE CAN	NADE BY POLITICAL CO	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		1R-		
Additional Pages	GENERAL	COMMITTEE ADDRESS	1 4	1		,
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADD	RESS		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3	
16 Filer	r ID (Ethics Commission File
N	\$ O
3)	\$ 0
	\$ 235.00
	\$ 990.60
AST DAY	\$ 31,924
OF THE	\$ 0
w:	
<u> </u>	day of <u>Innuarg</u> Johanny Public Title of officer administering o
	zíp code) (country)
)	, 20 <u> </u>
	Colder (Declarant)
s	state) (z

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID	(Ethics Commis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	b
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$	990.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$	٥
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH \$	٥
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	NED \$	ی

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Loan R Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	payment/Reimbursement Dverhead/Rental Expense Expense I Expense SWages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1		The state of the s
. Total pages schedule Fi	f = .	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11/21	Charro Days Inc.	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
100.08	455 E. ELIZABETH STV	ont.
8	Brownsuile, TEXAS 78	528
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	EVENT EXPENSE	Float entry fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Charle if Austin TV of a late of
9 Complete ONLY if direct	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense
expenditure to benefit C/OI	t	Office sought Office held
Data		
Date	Payee name	
11/22/21	City of Los Fresnos	
Amount (\$)	Payee address;	City; State; Zip Code
100.00	520 E. OCEAN BLYD.	
	LOS FRESHOS, TEXAS	78566
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	event expense	float entry fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		- Cindo Hold
Date	Payer name	
11/22/21	Payee name	
(() = ()	city of San Benito	
Amount (\$)	Payee address;	City; State: Zip Code
	1100	
60,00	485 N. SAM Lousto	N BLUD.
	SAN BENITO , TEXA	78586
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF	event expense	0, 1, 0
EXPENDITURE		float entry fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		Onice neid
	ATTAQUADDINA	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

		CE REPORT			FORM C/OH SHEET PG 1	
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	мі V:		EUSE ONLY AMERON COUNTY TMENT OF ELECTIONS	
	NICKNAME	SAENZ	SUFFIX	AC Pare WebbibW	TER REGISTRATION	11,3
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		CITY; STATE; ZIP CODE	V	JUL 14 2022	V • <
Change of Address	В	rownsville.	Tx 18×20	7°32 ×6	RECEIVED	a and a second
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 341-7011	EXTENSION		red or Date Postquarker	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Chuck	TILETINA	Receipt # Date Processed	Amount \$	
	NICKNAME	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	i	(NO PO BOX PLEASE); APT /	•	STATE;	ZIP CODE	
(Residence or Business)		FOWNSVILLE,				
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 550 - 955	EXTENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff	treasurer	after campaign appointment der Only)	- - - - - - - -
	July 15	8th day before el	ection Exceeded Modified Reporting Limit		oort (Attach C/OH - FR)	. ,
10 PERIOD COVERED	Month	Day Year	THROUGH 6	30/2	Alexander Services	
M ELECTION	ELECTION DA		ELECTION TYPE:			
	Month Day 3 / 3 /	Year Primary 20 Ceneral	Runoff Dither Description Special	The second se	A CONTRACTOR OF THE STATE OF TH	
2 OFFICE	OFFICE HELD (IF any)		13 OFFICE SOUGHT (IF KNOWN) CAMERIAN CON	intel Dis	brid Atty.	;
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	DE OF POLITICAL CONTRIBUTIONS DEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI RED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NIA			
Additional Pages	GENERAL	COMMITTEE ADDRESS	. 3 (1/2			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
	^	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			· · · · · · · · · · · · · · · · · · ·		<u> </u>
15 C/OH NAME			16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		THAN	\$	0
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOA	.NS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.		\$ 87	75.00
	4. TOTAL POLITICAL EXPEN	NDITURES .		\$ 2,5	99.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE	LAST DAY	\$ 24	, 233,72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT, LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS A	S OF THE	\$	0
	,	Signature of	Candidate o	(L) Ny r Office holde	er
	Please com	plete either option bel	ow:		
NOTARY STAMPASEAL	JANIE CARRIZALES otary Public, State of Texas omm. Expires 07-17-2023 Notary ID 868713-8 before me by	V. Saenz this t	he <u></u> [4 ^ሚ	day of _	July ,
	which, witness my hand and seal of office.			,	
Signature of officer administeri	/ 1	(m: zale) fficer administering oath	7	Lotary	administering oath
	1 constant control of	OR		March Silver	administering out.
(2) Unsworn Declaratio	n				
My name is		, and my date of birth	ı is		
	(street)	(city)		ip code)	(country)
Executed in	County, State of	, on the day of (mo	onth)	, 20 <u> </u>	
		Signature of Car	ndidate/Officeh	older (Decla	rant)

SUBTOTALS - C/OH

19	FILER NAME	R NAME 20 Filer ID (Ethics Co.		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ O	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O	
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$ <i>O</i>	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 2,599.75	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ <i>O</i>	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ Ø	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ <i>O</i>	
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ O	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	* O	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED	\$ O	

SCHEDULE A1

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

	The Instruction Guide explains ho	w to complete t	his form.	1 Total pages Schedule A1:
FILER NA	ME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor		PAC (ID#:)	7 Amount of contribution (\$)
·	6 Contributor address;	Cíty;	State; Zip Code	
Principal o	 occupation / Job title (See Instructions	s)	9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state I	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal oc	ccupation / Job title (See Instructions)	,	Employer (See Instructi	ions)
Date	Full name of contributor		PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	ccupation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruction	ons)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	• • • • • • • • • • • • • • • • • • • •	es/Contract Labor Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	<u> </u>	3 Filer ID (Ethics	Commission Filers)
4 Date 2-15-22	5 Payee name Chavro DAYS FLESTA 7 Payee address;	INC.	
6 Amount (\$)	7 Payee address; 455 E. ELIZABETI BYOUNSVILLE TEXAS (a) Category (See Categories listed at the top of this schedule)	8T.	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE (c) Check if travel outside of Texas. Complete Schedule T.	Eb) Description FLOAT ENTRY FOR Check if Austin, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought (Office held
Date 2-9-22	Payee name CLAYTON'S BEACH BAY A	d Grill	
Amount (\$)	Payee address; 6900 Padre BLVO. South PADRE, Islam	City; State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Border Prosecul RECEPTION	rod Unit
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought (Office held
Date 2-1-22	Payee name Under Construction Co	ntractor Services	
Amount (\$)	Payee address;	City; State;	Zip Code
68000	30 Providencia CA. STE Brownsvile, TEXAS Category (See Categories listed at the top of this schedule)	78524 Description	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	Frame trailer for	float
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	HEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above					
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	}		
4 Date	5 Payee name				
2-21-22	SOLICE				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$ 517.00	Brownsville, TX 785				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(a) Category (see Categories listed at the top of this solication)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	4x8 - 4x4 SISNS	_		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3-4-22	Gilbert VELASQUEZ				
Amount (\$)	Payee address;	City; State; Zip Code			
\$175.06	325 E. Park Drive				
Ψ, τ	Brownsville, TEXAS	7850			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Principles	graphics for signs			
EXPENDITURE	1 New as his				
'	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
240	•				
Amount (\$)	Payee address;	City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH1	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGN/	NTURE
	designa	. t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.
	B.	ASSETS
	Check	confly one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254,204.
		Signature of Candidate
		EHOLDER Diete this section o <i>nly</i> if you are an officeholder **
	,	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed at 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)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED			

<u> </u>		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	мі V.	OFFICE USE ONLY CAMERON COUNTY
NAME	NICKNAME	SAEN2	SUFFIX	Date Received INVENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	*****	CITY; STATE; ZIP CODE	JAN 2 3 2023
ADDRESS Change of Address		ownsville,	_	RECEIVED By: <u>Au'lva by Mai</u>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION - 9550	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	Chuck	МІ	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #: CITY:	STATE; ZIP CODE
TREASURER ADDRESS		17 E. Price	RZ	
(Residence or Business)	۸.	BIOWNSVI	le. TEXAS 7	8250
8 CAMPAIGN TREASURER PHONE	AREA GODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ek	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year	Month THROUGH 12	Day Year / 31 / 21
11 ELECTION	ELECTION DA	TE Year Primary	Runoff Other Description	The second secon
·	3/3/	20 General	Special	
12 OFFICE	CA LET (If any)	councy/Dist	13 OFFICE SOUGHT (If known	DISTRICT Attorney
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE/OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NIA	
Additional Pages	GENERAL	COMMITTEE ADDRESS	-10/15	
Browned	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	<u> </u>	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

0, 11111 , 1101	· : ::::::::::::::::::::::::::::::::::			,		
15 C/OH NAME	÷			16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	IZED POLITICAL CONTRIBI NS, OR GUARANTEES OF I IS MADE ELECTRONICALL	OANS, OR	N	\$	0
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDIT	URE.		\$ 3	75.00
	4. TOTAL POLITIC	CAL EXPENDITURES			\$ 1,5	75.00
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF REPORTING	AL CONTRIBUTIONS MAINT PERIOD	AINED AS OF THE LA	ST DAY	\$ 22	75.00
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTST HE REPORTING PERIOD	ANDING LOANS AS C	OF THE	\$	0
18 SIGNATURE I s	wear, or affirm, under penal	ty of perjury, that the accor	mpanying report is tru	ue and co	rrect and inclu	ides all information
rec	quired to be reported by me u	nder Title 15, Election Code	()			
				\ \ /	5	
			- ML	V.	00r	W2
			signature of C	andidate	or Officeholde	er
	Plea	ase complete eith	er option belov	w:		
(1) Affidavit	JANIE CARRIZAI	of Texas [[
NOTARY STAMPICE	Comm. Expires 07-1 Notary ID 86871	3-8				
Sworn to and subscribed		Luis V. Szenz	this the	174	_ day of	inuary,
20 <u>33</u> , to certify	which, witness my hand and s	eal of office.			_	
muit	erwale	Janie Courrisales			Motory	
Signature of officer administe	ring oath Prin	ted name of officer administer	ing oath		Title of officer	administering oath
· Marting property		OR				
(2) Unsworn Declaration	on				,	·
(2) 01:0110111 20014144	J.1.					
My name is		я	nd my date of hirth is	S		
				-		•
wy www.coo io	(street)		(city)	, (state)	(zip code)	(country)
Executed in	County State of	an tha	day of	(Jiale)	• • •	` ,
=	County, State of _	, on the	day of (mont	th)	, 20 (year)	
		Paparage				,
			Signature of Cand	idate/Offic	eholder (Decla	arant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com	nmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	O
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	٥
4.	SCHEDULE E: LOANS	\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,20000
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	S
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I:: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	೦
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	٥

SCHEDULE A1

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

Date 5 Full name of contributor out-of-state PAC (ID#		The	Instruction Guide explains ho	w to complete thi	is form.	1 Total pages Schedule A1:
G Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9		FILER NAME				3 Filer ID (Ethics Commission Filers
Principal occupation / Job title (See Instructions) 9		Date	5 Full name of contributor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:			!			
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code	~-	Principal occu	pation / Job title (See Instruction:	s)	9 Employer (See Instruc	tions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	=	Date	Full name of contributor	out-of-state PA	\C (\(\text{ID#:} \)	Amount of contribution (\$)
Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:						
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:		Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
Date Full name of contributor			l .			
Contributor address; City; State; Zip Code	-	l Principal occup	eation / Job title (See Instructions))	Employer (See Instruct	ilons)
Contributor address; City; State; Zip Code	=	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ł	Principal occup	ation / Job title (See Instructions))	Employer (See Instruct	cions)
	=					
				•		
•						

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

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) Date of loan 7 Name of lender ut-of-state PAC (ID#:__ 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ Interest rate State; Zip Code Is lender Lender address: City: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address: City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule Ft: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 8-16-22 DOLTI CE 6 Amount (\$) 7 Pavee address: City; State; Zip Code 4115 OLD Highway 40000 Brownsville TEXAS 7850 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE DWI -No regusal campaign Bangor Printing expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Gilbert VELASqUEZ 8-23-22 Amount (\$) City: State: Zip Code 325 E. Park 500.00 **PURPOSE** MEDICAL FUNDINGISON OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Pavee name Date CAMETON COUNTY BAN ASSOCIATION - WOMENS 9-1-22 Amount (\$) Payee address; City; CO.00 PURPOSE SOLICITATION/FUNLVAISING greaters for OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

ii ato roquostoa iiti	officiation to flot applicable, Do ito i molad	o uno pago m uio re	/poic.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	1 = 1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office C Food/Beverage Expense Polling by Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarle	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
·	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/22	5 Payee name WY. Amigo Asso.	ciation	
6 Amount (\$)	7 Payee address; 5 E. EUZABETH	City;	State; Zip Code
1007	BLOWN SYILLE, TEX	ls 7857	LÒ .
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	event expense	Host	entry
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austli	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zíp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST М MS / MRS KMR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** _UIS Date Received MENT OF ELECTIONS & NAME SUFFIX VOTER REGISTRATION SAENT APT / SUITE #; ADDRESS / PO BOX: ZIP CODE 4 CANDIDATE / JUL 1 4 2023 E. Price **OFFICEHOLDER** 117 MAILING **ADDRESS** BrownsvillE, TX Change of Address AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postma **OFFICEHOLDER** (956) 550 - 9500 PHONE Receipt # Amount \$ MS / MRS (MR) 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STATE; STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN **TREASURER** 17 E. Price **ADDRESS** Brownsville (Residence or Business) AREA CODE 8 CAMPAIGN TREASURER PHONE 550- 9550 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day COVERED 1/16/23 30 / 23 THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** Runoff Other Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) RAMERON COUNTY PAMERAN COUNTY THIS BOX IS FOR NOTICE OF POLITICAL CONDIDER NOW ASSEMED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY JAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIG	N FINANCE REPORT		
15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N S	G)
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$	32,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	4	675.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. TOTAL POLITICAL EXPENDITURES	\$	5,079.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	STDAY	49,339.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$, 0
	Please complete either option below	w:	
(1) Affidavit	JANIE CARRIZALES Notary Public, State of Texas Comm. Expires 07-17-2023		
Emiliative Communication of the Communication of th	before me by this the	14th	day of July,
	which, witness my hand and seal of office.		Noturn
Signature of officer administ		Ŧi	tle of officer administering oath
	OR		
(2) Unsworn Declarat	ion		
My name is	and my date of birth i	s	
		(state) (zip	code) (country)
Executed in	County, State of , on the day of(mont	th)	20 (year)
	Signature of Cand	idate/Officeho	older (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Cor	mmissio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		-	UBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3	2,950
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	٥
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 5	079.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	ن
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	٥
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	LVIS V. SAENZ	3 Filer ID (Ethics Commission Filers)
4: Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/30/23	LAW Office of MUK CATALES, PC 6 Contributor address; City; State; Zip Code 845 E. HAMISON ST. Brownsville TA 18520	\$1,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/30/23	Patricia A. PAVAZUS Contributor address; City; State; Zip Code 4547 LAKEWAY DL. Brownsvillt, Tx 78520	\$ 100.00
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Gardino Tax & Associates P226	Amount of contribution (\$)
3/30/23	Contributor address; City; State; Zip Code 3 001 Pablo Kiesel Bavo. Ste 13 12 10 10 10 10 10 10 10 10 10 10 10 10 10	\$ 1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)
3/30/23	CARLOS H. CISNEROS Contributor address; City; State; Zip Code 4715 LAKEWAY DR. BROWNSHIE, 778520	4.250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

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

		•	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	-Uis V. SAEMZ	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) ELLA CORNETO LOPEZ	7 Amount of contribution (\$)	
3/30/23	6 Contributor address; City; State; Zip Code 235 SUNSET Dr. VE Brownsulle, Ta 78520-7313	\$ 250.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/30/23	COSTEND CATTLE COMPANY LLC Contributor address; City; State; Zip Code 757 E. ELIZABETH ST. BYDWINSMILE TX 78520	\$ 500.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
3/30/23	John F. Cawen, Jr. Contributor address; City: State: Zip Code 4945 LAKEWAY OR 78520	\$1,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
3/30/23	Alfredo DE LA FUENTE Contributor address; City; State; Zip Code 9805 FM 1421 Brownsville, Th. 78520	\$2,500.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)	
:			

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

SCHEDULE A1

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

ir the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	LUIS V. SAENZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3-30-23	6 Contributor address; City; State; Zip Code 207 MA6MOLÍA ST. MSSION, 72 78573 - 6738 pation / Joh title (See Instructions)	# 100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/29/23	ROMEO ESPAVZA Contributor address; City; State; Zip Code 4242 OLD PORT ISZBEL Rd. Brownsmit, The 78726	\$ 500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/21/23	Contributor address; City; State; Zip Code 964 E. LOS EBAMOS BLVD. BROWNSMIE, 77 78520	\$ 2 50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/29/23	Contributor address; City; State; Zip Code 777 E. HARVISON ST. BROWNSVILE TX 78720	el,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	e report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	uis V. SÆRZ	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3-14-23	LAW Office of MOE D. GAVZA, Jr 6 Contributor address; City; State; Zip Code 854 E- MN BUREN ST. Brownsville, TX 78520	\$ 2,500.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	rctions)
Date	Full name of contributor	Amount of contribution (\$)
-29-23	Chester R. Gunzalez Contributor address; City; State; Zip Code 117. E. Price Rd. Brownsville, 74 78521	\$ 1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
-513	REYNALDO B. GARZA III Contributor address; City; State; Zip Code 680 E. SAINT (HAYLES ST. Brown Sville TX 78520	60,00Z #
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) THE Gracia Law Firm PC	Amount of contribution (\$)
-29-23	Contributor address; City; State; Zip Code 932 E. VAN BUTEN ST. Brownsville; 77 78520	\$1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
The state of the s	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

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SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2. FILER NAME	uis V. SAEnz	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) THE GREEN LAW Firm, P.C.	7 Amount of contribution (\$)	
3-10-13	6 Contributor address; City; State; Zip Code 34 S. Cov.ia 75 75520	\$21200.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) Dianne Isbell	Amount of contribution (\$)	
3/23/23	Contributor address; City; State; Zip Code 1641 Resace Village 1310 WNSVILLE, 778720	\$ 2,00000	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/24/23	Freo A. Kowalski Contributor address; City; State; Zip Code 902 E. MAPISON ST. Brownsville, 7x 78520-5960	\$ 7.50.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/36/23	Michael MARTINEZ Contributor address; City; State: Zip Code 1724 BOCA Chica BLVD. STE. VL BYOWN (NIE) TA 78500	\$ 500.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N		

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	LUIS V. SAEM	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) THE LAW OFFICE of Priscilla Niedzwie	7 Amount of contribution (\$)
3-30-23	6 Contributor address; City; State; Zip Code 905 E- JACKSON ST. Brownsville, Th. 78020	\$ 500.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/30/23	Savah M. PEMELTON Contributor address; City; State; Zip Code 4445 Mile 8 N. MErcedes, 72 78570	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Pronto Bail Bands	Amount of contribution (\$)
3/30/23	Contributor address; City; State; Zip Code 554 E. JAUCSON ST. BROWN SVILE, TX 78020	\$ 1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3 keles	Contributor address; City; State: Zip Code 24 ROBINS LN BYOWNSMILE, TX 78720	\$1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	WEENED
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	LUIS V. SAENZ	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Dale Robertson	7 Amount of contribution (\$)	
3/30/23	6 Contributor address; City; State; Zip Code P.O. BOX 622 OLMTO, 74 78076	\$ 100.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/30/23	Rolinguez Lucio Law Group PLZL Contributor address: City; State; Zip Code 1324 Madison ST. Brownsville, To 7 8500	\$ 50000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/30/23	RayNALDO Rodnguez JV- PC Contributor address; City; State; Zip Code 818 E- Tyler Ave. Jackburgen Ta 28 520	\$ 1,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:) LAW FIVY OF ZAYAS & Zamova PC	Amount of contribution (\$)	
3/36/23	Contributor address; City; State; Zip Code 950 East Van Buren Street Brownsalle, To 78520	\$1,000.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
·			
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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	LUIS V. SAENZ	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
5-15-23	Chula Vista Const. 12C 6 Contributor address; City; State; Zip Code 123 OLP Port Isabel Rd. B-8 Brownsulle, 72 78521 pation / Job title (See Instructions) 9 Employer (See Instructions)	\$ 500.00	
6 Fincipal occu	pation 7 Job title (See Instituctions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
5-17-23	Contributor address; City; State; Zip Code 3185 SOUTHMOST Rd. Brownsville, Ta 18521	g 200.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
5-17-23	Denise G. Andrede Contributor address; City; State; Zip Code 1040 Pablo Garcia Dr. Brownsnile, 72 78520	4500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
517-23	Contributor address; City; State; Zip Code 6995 Pavedes Line Rd. Brownsmile. To 18020	500.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED	

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in th	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME LUIS V. SAEM	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (iD#:	7 Amount of contribution (\$)
577-23 NARCISO ESCARENO 6 Contributor address; City; State; Zip Code 7 MEDICA PRIVE. BIOWNSVILE, TX 78000	\$ 150.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
5-17-23 Juan H. Andrede Jr Bail Bonds Contributor address; City; State; Zip Code 1727 Tuyal OAK Principal occupation Job title (See Instructions) Employer (See Instru	\$ 500.00
Principal occupation Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Carlos R. MASSO Contributor address; City; State; Zip Code 1000 E. MAZISON ST. RIGHT TO TREE TO TEST	41,000.00
Principal occupation Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributorout-of-state PAC (ID#:	Amount of contribution (\$)
5-17-23 LETA Luto Sales Contributor address: City; State; Zip Code 1755 HAYES Browns ville, TX 78520	500.00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDING E AS	NEEDED

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

SCHEDULE A1

		1 Total pages Schedule A1:
The	e Instruction Guide explains how to complete this form.	
FILER NAME	LUIS V. SAEM	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Core Construction of R6V L1L	7 Amount of contribution (\$)
17-23	6 Contributor address; City; State; Zip Code 9963 Anacua Ste B Owto, Ta 78575	\$1,500.00
Principal occu	supation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Gustavo A. ELIZONO O. U.	Amount of contribution (\$)
4-12-23	Contributor address: City: State: Zin Code	\$ 500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	LAW Office of EDMUND K. CYGANIEWICZ Contributor address: City: State: Zip Code 1000 E. MAOIS ON	Amount of contribution (\$)
15-23	LAW OFFICE OF EDMUND K. CYGANIEWICZ. Contributor address: City: State: Zip Code	Q 400.00
15-23	LAW office of EDAMON K. CYGANIEWICZ Contributor address; City; State; Zip Code 1000 E. MAOIS on Brownsrile, & 78520 Ipation / Job title (See Instructions) Employer (See Instructions) Full name of contributor	Q 400.00
Principal occu	LAW office of EDAUND K. CYGANIEWICZ Contributor address; City; State; Zip Code 1000 E. MAOIS on Brownsrile, & 78520 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:) FIGHTING FOR JOUTH TEXAS PAC Contributor address; City; State; Zip Code	d 400.00
15~23 Principal occu Date	LAW office of EDAWND K. CYGANIEWICZ Contributor address; City; State; Zip Code 1000 E. MAOIS on Brownsrille, & 78520 Ipation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) FIGHTING FOR JOUTH TEXAS FAC	Amount of contribution (\$)
15~23 Principal occu Date	LAW office of EDAUND K. CYGANIEWICZ Contributor address: City: State: Zip Code 1000 E. MAOIS on Brownstile: 75720 Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) FIGHTING FOL JOUTH TEXAS PAC Contributor address: City: State: Zip Code 124 N. LOTH SH. MEALEN 77 785221	Amount of contribution (\$)
15~23 Principal occu Date	LAW office of EDAUND K. CYGANIEWICZ Contributor address: City: State: Zip Code 1000 E. MAOIS on Brownstile: 75720 Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) FIGHTING FOL JOUTH TEXAS PAC Contributor address: City: State: Zip Code 124 N. LOTH SH. MEALEN 77 785221	Amount of contribution (\$)
Principal occu	LAW office of EDAUND K. CYGANIEWICZ Contributor address: City: State: Zip Code 1000 E. MAOIS on Brownstile: 75720 Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) FIGHTING FOL JOUTH TEXAS PAC Contributor address: City: State: Zip Code 124 N. LOTH SH. MEALEN 77 785221	Amount of contribution (\$)
Principal occu	LAW office of EDAUND K. CYGANIEWICZ Contributor address: City: State: Zip Code 1000 E. MAOIS on Brownstile: 75720 Ipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) FIGHTING FOL JOUTH TEXAS PAC Contributor address: City: State: Zip Code 124 N. LOTH SH. MEALEN 77 785221	Amount of contribution (\$)

SCHEDULE A1

,, .,,			•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	LUIS V. SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
3/30/23	MARTIN C. CANTU 6 Contributor address; City; 1805 N. SHORE DR PORT ISABEL TO 78		¥200.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Grade D. Ducin	(ID#:)	Amount of contribution (\$)
6 18/23	Contributor address; City; [409 Bobby Jines Or PALM VALEY, T. 78		4/00.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
G18/23	Contributor address; City; S109 EL JARDIN HAVINGEN TK 18	State; Zip Code	20000
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES (

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
- Date		A . • • SC ^{COMP} gents/s.	
6 Amount (\$)	Gilbert VEIASO 7 Payee address;	City;	State; Zip Code
6 Amount (\$)	325 E. Park [) - · · ·	ciate, Ep 3000
185.00	Brownshile 7	Jrive Tx 78520	
8	(a) Category (See Categories listed at the top of this s		
PURPOSE		charm	DAYS FLOAT
OF	Printing EXPENS		1 -
EXPENDITURE	tribaing expells	E Grap	NIC
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check If Austin	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-17-23	SOLICE		
Amount (\$)	Payee address;	City;	State; Zip Code
	4118 OLD Highu Brownsrille, 7	16477	
230.00	Biguins alle 7		
	Category (See Categories listed at the top of this so	hedule) Description	
51155005		, , , , , , , , , , , , , , , , , , , ,	
PURPOSE OF			Can
EXPENDITURE	Prinding Expens	e Digita	L orghs
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-6-23	SOLICE		
Amount (\$)	Payee address;	City;	State; Zip Code
	4115 OLD Wigh	114 14 14 77	
1,200.00	Backway 1120	7x 78520	
-	Category (See Categories listed at the top of this sci		
PURPOSE			
OF	0. 1.	2-24 x	(8 Banners
EXPENDITURE	Printing EXPEN:	Se = "	
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEED	JEU

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Poi y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense ntting Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 3-14-23	5 Payee name Gilbert VELASQUEZ		
6 Amount (\$)	7 Payee address; 325 E. Park Drivi	Citv:	State; Zip Code
8	Brownsville, 7x 7 (a) Category (See Categories listed at the top of this sched		
PURPOSE OF EXPENDITURE	Printing	graphi	es for fundraiser card
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
31623	SOLICE		
Amount (\$)	Payee address;	City;	State; Zip Code
52.50	4115 GLO HighWa Brownsville, Ta	78620	
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE OF EXPENDITURE	Printing	(58	notes
***************************************	Check if travel outside of Texas. Complete Schedul	e T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-20-23	Solice		
Amount (\$)	Payee address; 4115 OLO IHIGHW	City;	State; Zip Code
527.00	Brownsville, Te	38520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description Fly 64: Banner Banner	_
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF	TUIS SCHEDI II E AS NEE	DED.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	<u> </u>		3 Filer ID (Ethics Commission Filers)
4 Date 3 - 3) - 23	5 Payee name	ductions LL	
6 Amount (\$)	7 Payee address;	city: 11ca BlvD. 78520	State; Zip Code
8	(a) Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	EVENT EXPENSE	Filming	g/slide show
	(c) Check if travel outside of Texas, Complete Sch	nedule T. Check if Austin	s, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office saught	Office held
Date	Payee name		
6-28-23	SOLICE		
Amount (\$)	Payee address;	City;	State; Zîp Code
1,200.00	HILE OLD HIGHW Brownsville Ta	97800	
	Category (See Categories listed at the top of this sol	nedule) Description	
PURPOSE OF EXPENDITURE	Printing	12×32	Banner
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	a, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX **CAMERON COUNTY** DEPARTMENT OF ELECTIONS & **VOTER REGISTRATION** ZIP CODE STATE; 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** E. PRICE MAILING JAN 1 0 2024 **ADDRESS** BROWNSVIIE Change of Address AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (956) **PHONE** 560·950 MS/MRS/MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN **TREASURER** E. PRICE **ADDRESS** Brownsville (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 550- 9550 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Exceeded Modified July 15 8th day before election Reporting Limit 10 PERIOD Year Month **COVERED** 23 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Runoff Other Description Day General Special S

	1	·
12 OFFICE	OFFICE HELD (if any)	CLIMING
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EOF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME
Additional Pages	GENERAL	COMMITTEE ADDRESS
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	UIS V SAENZ	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (CONTRIBUTIONS OF PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ı er		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	of LOANS) \$ 2,50		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 275.00		
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,050.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	of the LAST DAY \$ 44, 200.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING L LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$		
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below:				
(1) Affidavit	JANIE CARRIZALES Notary Public STATE OF TEXAS Notary ID# 868713-8 My Comm. Exp. 07-17-2027			
Sworn to and subscribed	pefore me byLuis V. Seen 2	this the 10 th day of January,		
- In 10	hich, witness my hand and seal of office.			
Signatute of officer administe	hgbath Printed name of officer administering oath	Title of officer administering cath		
Osgrialuse of Oshoor dominioto	<u>-</u>			
(2) Unsworn Declaration	or n			
My name is	, and my da	ite of birth is		
My address is				
	(city)	(state) (zip code) (country)		
Executed in	County, State of , on the da	y of, 20 (month) (year)		
	Signatu	ure of Candidate/Officeholder (Declarant)		

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics C	Commission Filers)
	LUIS V. SAENZ	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2, 500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &
4.	SCHEDULE E: LOANS	. \$
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,7755
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 9
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \$

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	LIS V SAENZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
10/10/23	6 Contributor address; City; 3705 Cotton fail St.	State; Zip Code Bro Wysville	# 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10 17/23	MADhavan Pisharadi Contributor address; City; 600 Acacia Lake Dr	MD State; Zip Code Brownsville TEVAS TESU	8/1,001.00
Principal occup	oation / Job title (See Instructions) .	Employer (See instruct	tions)
Date 11/7/23	Full name of contributor out-of-state PAC (LAW OFFICE OF THE MAN Contributor address; Cjty; 301 EAST MADISON AV	State; Zip Code	Amount of contribution (\$)
	WARLINGEN TELAS 71		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the re-

SCHEDULE F1

If the requested inf	ormation is	s not applicable, DO N	OT include t	his page in the re	port.	
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Ove Polling Exp se Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
4		The Instruction Guide ex	xplains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	AME Luis V S	A F A ! 7.		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na				***	
9-1-23	SOL	1 CE				
6 Amount (\$) 550.50	Rhe	coco Unghi Sous Vive T	ury TT	Cliy; 7850	State;	Zip Code
8		y (See Categories listed at the top	of this schedule)	(h) Description		
PURPOSE OF EXPENDITURE		inting		BANNER		
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ıme				
9-5-23	•	insville Are	R REH	red School	EWloy	ees Asse.
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
250.00	_	Box 3863	ē (48	7 8523		
	-	See Categories listed at the top of		Description		
PURPOSE OF EXPENDITURE		<i>lvertising</i>	·	Politica	Ad.	
		Check if travel outside of Texas, Com	plete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
9-11-23	Sori	CE				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
430.00	HIC	OLD litish		17 5520		
*	9 807	(See Categories listed at the top o		Description		
PURPOSE OF EXPENDITURE	Pa	ù trìa		political	bann	e y
		Check if travel outside of Texas, Comp	olete Schedule T.	Check if Austin.	TX, officeholder living	expense
O		ate / Officeholder name		Office sought		Office held
Complete ONLY If direct expenditure to benefit C/OH		ate / Officendider name		Office sought		Onice field
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME LUIS V SAEX	12	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11-27-24	SOLICE		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
6500	4118 OLD Gighway Brownsville, Tex	777 48 78520	
8	(a) Category (See Categories listed at the top of this sol		
PURPOSE	g Q P	PALLE	
OF EXPENDITURE	Adverhsing	110/10	
LAFENDITORE		ZAGILE	
	(c) Check if travel outside of Texas, Complete Sche		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
11-27-23	Solice		·
Amount (\$)	Payee address;	City;	State; Zip Code
[20.06	4115 OLD HighW Brownsville, Te		*
	Category (See Categories listed at the top of this scho		
PURPOSE		Palik	
OF EXPENDITURE	Printing	*	
		MA6 N	*20
	Check if travel outside of Texas. Complete Sche	h-man-mal	n, TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Onice neid
Date	Payee name		
11-22-23	SOLICE		
Amount (\$)	Payee address;	City;	State; Zip Code
\$60.00	4115 OLD Highway	194 77 1852	۵
*	Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Printing	Palit	cel sign
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memoriais Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) LUIS V SAENZ 4 Date Ignacio Martinez Brows L. 300.00 8 Annual Christmas **PURPOSE** Zontribution 2 OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living-expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Pavee address: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: Zip Code City: State: Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI V.	OFFICE USE	NTY	
NAME	NICKNAME	LAST SAENZ	SUFFIX	Data RAPPIVATINT OF ELE VOTER REGISTRA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	***************************************	CITY; STATE; ZIP CODE	JUL 15 2	024	
Change of Address	B	rownsule,	TEXAS 18520	L NEOFWEY	b	
5 CANDIDATE/ OFFICEHOLDER PHONE	(95%)	PHONE NUMBER 550 - 9550	EXTENSION	Date Hand-delivered or Dat	e Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI		ount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT 1SI			CODE	
(Residence or Business)	1	Brownsville	E, TEXAS 780	7.s		
8 CAMPAIGN TREASURER PHONE	(950)	9HONE NUMBER 550 - 95	EXTENSION			
9 REPORT TYPE	January 15	558 — 95		15th day after camp treasurer appointm (Officeholder Only)		
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach	C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 1 / 2024	Month THROUGH	Day Year / 30 / 24		
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (if known	1		
	' 1	.W Criminal Reas		1 chiminal va	- 	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M. I MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S K	NOWLEDGE OR	
· · · · · · · · · · · · · · · · ·	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL.	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 F	iter ID (Ethics Cor	mmission Filers)
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (0 GUARANTEES OF LOANS, O E ELECTRONICALLY)		\$	0
	2. TOTAL POLITICAL CONTROL THAN PLEDGE	ONTRIBUTIONS S, LOANS, OR GUARANTEES	OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.		\$ 32	5.00
	4. TOTAL POLITICAL EX	(PENDITURES		\$ 95	50.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIO	TRIBUTIONS MAINTAINED AS D	OF THE LAST DAY	\$ 42	,925
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REF	UNT OF ALL OUTSTANDING L ORTING PERIOD	OANS AS OF THE	\$ 2	
(1) Affidav	JANIE CARRIZALES Diary Public, State of Texas		nature of Candidate	Same or Officeholder	
NOTARY STAMP (SEAL	Notary ID 868713-8 Defore me by	aenz_	this the15 ⁴ _	day of	July .
20 <u>15</u> , to certify w	hich, witness my hand and seal of o				· ·
Juntervil		ie Carrizales	· · · · · · · · · · · · · · · · · · ·	Notar	4
Signature of officer administeri	ng oath Printed nam	e of officer administering oath		Title of officer of	administering oath
		OR			
(2) Unsworn Declaratio	n				
Mu nama is		and my dat	le of hirth is		
			O OLDINI 10		
my address is	(street)	(city)	, , (state)	(zip code)	(country)
Executed in	County, State of	• ,,	• •	,	//MJ/
		Signatu	re of Candidate/Off	liceholder (Decla	rant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics C	Commission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0				
3.	SCHEDULE B; PLEDGED CONTRIBUTIONS	\$ 0				
4.	SCHEDULE E: LOANS	\$ 0				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,275.00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ _O				
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0				

SCHEDULE F1

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

							-P		
		EXPENDITU	RE CATE	GORIES !	OR BOX	8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By o	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials .egal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contrac	Expense at Labor	Transportation Travel in Dis Travel Out O	trict	Related Expense
1 Total pages Schedule F1	: 2 FILER NAM			: Aen		*****	3 Filer ID	(Ethics Comm	nission Filers)
4 Date 1-4-24	5 Payee nam	Ur. S	Misso	^	වෙරිරි	har			
6 Amount (\$)	7 Payee addr	ess;	. 0		С	ity;	Sta	•	Code
d 160.00		5 E. 1	21/24	SBET	H s	tree	# Bro	いるかい 名名大き	ille 78520
8	(a) Category (See Categories listed a	t the top of this s	chedule)	(b) Desci	iption			<u> </u>
PURPOSE OF EXPENDITURE		Event	EXPE	FUJE	•••	Tick	eta		
	(c) Ch	eck if travel outside of Tex	as, Complete Sch	redule T.		heck if Austi	n, TX, afficeholde	or living expense)
9 Complete ONLY if direct expenditure to benefit C/O) / Officeholder na	me		Office	sought		Office	held
Date	Payee name)							
146.0D	No-	tary S	hna	P Fi	35+				
Amount (\$)	Payee addre	ess;			Ci	y;	Stat	e; Zip	Code
2-2-24	P.0	- Box	1987	Ha	Vlingi	Ēη	TEXAS	185	5 1
	Category (Sa	ee Categories listed at t	he top of this sch		Descri				
PURPOSE OF EXPENDITURE	EVE	nt exp	ense		1	آحاف	ta		
	Che	ck if travel outside of Texa	s. Complete Sch	adule T.	c	neck if Austin	ı, TX, officeholde	fiving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder nar	ne		Office s	ought		Office h	neld
Date	Payee name					***************************************			
2-27-24		Gonzali	22 E	LEHE	=nTA	14			
Amount (\$)	Payee addre	ss;	ر بــــــــــــــــــــــــــــــــــــ		Cit	y;	State	; Zip (Code
250.60	4350	JAIME	ZAPA	TA	Ave	Broi	11N2NW	E T+7.	8521
	Category (See	B Categories listed at th	e top of this sche	edule)	Descrip			-	
PURPOSE OF EXPENDITURE	COU	hibboop	.	ļ	D	T.	TEAM		

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

TEAM

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel in District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) 5 Payee name 3-21-24 6 Amount (\$) FDWARD CAMARILLO 7 Payee address; 11 E. Hawthorne St. Brownsville 78520 Zip Code 70000 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE CAMPaign contribution CAMPaign contribution EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 5-1-24 Brownsville Policy Officers Association State; Amount (\$) 600 E. JACKSON Brownsville TEXAS 78520 200,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Bowling Tournament EVENT EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		* * * * * * * * * * * * * * * * * * * *	
The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI V	OFFICE USE ONLY
NAME	NICKNAME LAST SAENZ	SUFFIX	Date DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	u:.ookmJAN 1 4 2025
Change of Address	Brownsville	E. TEXAS 18520	E VIJA PIM
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 558 - 9560	EXTENSION	Date Hand-derivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Thenn	A	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Browns	alle, Texas	78520
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 550 - 95	EXTENSION	
9 REPORT TYPE			
The state of the s	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	7/1/24	THROUGH	1 / 25
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 / 5 / 24 General	Special	
12 OFFICE	OFFICE HELD (If any) COUNTY Atta mey	13 OFFICE SOUGHT (if known)	county Alternational Vegeonsibility
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REGUR	ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
Land	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECTRICATION		\$)
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	s) \$	>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 50	,5.00
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 1,24	45.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT	FIONS MAINTAINED AS OF THE LA	AST DAY \$ 38, 3	88.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS (G PERIOD	OF THE \$)
	wear, or affirm, under penalty of perjury, to quired to be reported by me under Title 15, E	Election Code.	andidate or Officeholder	e an inormation
(1) Affidavit	GABRIELA ROUSSI GABRIELA ROUSSI Comm. Expires 04-12 Notary ID 1251990	ETT Texas	,	
NOTARY STAMP/SEA			11.16. 1 c X	
_	before me by Lus V. Sacnz which, witness my hand and seal of office.	<u>'-</u> this the	day or <u>Jo</u>	, , , , , , , , , , , , , , , , , , , ,
\sim	Eauselt Gabriola)	 11		
Signature of officer administe		cer administering oath	Title of officer ad	ministering oath
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth i	s	•
My address is				,
	(street)			country)
Executed in	County, State of	_ , on the day of (mon	h) , 20 (year)	
			idate/Officeholder (Declara	nt)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Cor	nmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	680.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	٥
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	C
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Solice City; Zip Code State: 60.00 (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF 7Pasters **EXPENDITURE** Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10-30-24 Amount (\$) State; Zip Code 60.00 Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4-13.24 Amount (\$) City; State: Zip Code 500.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		inting Expense plaries/Wages/Contract Labor ow to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
60,00	yorac " a g	21. Brown	SNE, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE	9 replice	DA RLY	No rapusal Dosters
<u> </u>	(c) Check if travel outside of Texas. Complete Schedul	le T. Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	ule) Description	
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	(e) Description	
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	:DED