CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00088328	ssion Filers)	2 Total pages f	filed: 5
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	255:25	HOE ON Y
ľ	OFFICEHOLDER				IVII	OFFICE	USE ONLY
l	NAME	Mr.	Francisco			Date Received	
						ELECTRONIC	ALLY EILED
							ALLI FILLD
		NICKNAME	LAST		SUFFIX	01/12/2024	
			Ponce				
┝							
4	CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
l	MAILING	1088 Highway 85					
	ADDRESS					Receipt #	Amount
	_						
	Change of Address	Carrizo Springs, TX 78834				Date Processed	
						Date Imaged	
						Date illiageu	
L							
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER NAME	Mr.	Francisco G.				
	NAIVIE						
		NICKNAME	LAST		SUFFIX		
		Frank	Ponce				
6	CAMPAIGN	STREET ADDRESS (NO PO	ROX DI EASE):	ΔΡΤ	/ SUITE #; CITY;	ST	ATE; ZIP CODE
ľ	TREASURER		BOX FELASE),	AFI	73011L#, CITT,	31	ATE, ZIF CODE
	ADDRESS	1088 Highway 85					
	(Residence or Business)						
	(Nesidence of Business)	Carrizo Springs, TX 78834					
		31,					
7	CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
ľ	TREASURER			27.1 = 1.10.10.1			
	PHONE	(830) 876-8386					
8	REPORT		_			_	
	TYPE	X January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
			•	_	_	appointment (of	
		July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
					reporting infin		
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	07/01/2023	TH	IROUGH	12/31/202	3	
		0170172020			12,01,202	S	
<u> </u>	EL EGTIO:	FI F07:0::5:-5	- 1		EL EGTIS: TOTAL		
¹⁰	ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
		Month Day Year	XP	rimary	Runoff	Other	
		03/05/2024		eneral	Special		
			U°	criciai	Эрсски		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		None District 293rd Dimm	itt		Criminal District	Attorney District	: 293rd
l							
\vdash		L			<u> </u>		
			GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 5

13 C / OH NAME	Ponce, Francisco (M	.)	14 Filer ID (00088328	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	eholder's knowledge or			
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME						
	GENERAL						
	COMMITTEE ADDRESS SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,413.00			
CONTRIBUTION BALANCE	REPORTING PE			\$ 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mr. I	Francisco Ponce				
		Signature of	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 5			
	19 Filer ID 00088328	(Ethics Commission Filers)			
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00			
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
SCHEDULE E: LOANS		\$			
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$			
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 163.00			
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,250.00			
SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$			
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	ME francisco (Mr.) E SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088328 Sch: 1/1 Rpt: 4/5 Ponce, Francisco (Mr.) \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/12/2023 Carrizo Springs Javilin Amount (\$) Payee address; City; State; Zip Code \$163.00 604 N. 1st Carrizo Springs, TX 78834 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Ad announcing Candidacy 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 5/5 Ponce, Francisco (Mr.) 00088328 Date Payee name 12/09/2023 **Texas Democrats** 6 Amount (\$) Payee address; City; State; Zip Code \$1,250.00 PIO. Box 15707 Reimbursement from political contributions intended Austin, TX 78761 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Filing Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit Ponce, Francisco (Mr.) **District Attorney District** None C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

_	E1 15 (E1)							
1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed: 20				OFFICE	USE ONLY
							Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST			MI	ELECTRONIC	CALLY FILED
	NAME	Mr.	Francisco 				02/26/2024	
		NICKNAME	LAST			SUFFIX		
			Ponce				Date Hand-delivered	or Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff		Other (s	pecify)		
		July 15	Exceeded modified				Receipt #	Amount
		χ 30th day before election	15th day after cam appointment (office		er		Date Processed	
		8th day before election	Final Report (Attac	h C/OH-FR)			Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month	Day	Year	Date Imaged	
	COVERED	01/01/2024	THROUGH	02/2	24/2024			
6	EXPLANATION OF C	CORRECTION					•	
	02/24/24. When I trie	uld have been from 1/1/24 at to do my 8 day report the ver expenditures from 02/02	computer would not le					
7	AFFIDAVIT			rear, or affirr correct.	n, under po	enalty of perjury	r, that this correct	ed report is true
			Che	ck the box r	next to any	and all applicat	ole statements:	
				was made		aith and without	affirm that the ori an intent to misle ned in the report.	
			X	report not that the re swear, or	later than port as ori	the 14th busine ginally filed is in any error or on	that I am filing th ss day after the d accurate or incon nission in the repo	ate I learned nplete. I
						Mr. Francisco	Ponce	
	AFFIV NOTABY OF	AAAD / CEAL ABOVE			Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
		ribed before me, by the sai					ne	day
	Cignoture of offi-	or administaving a sale	Dripted name of the	fficor od	otorine ==	th 7	Fitle of officer and	ainistoring ooth
	Signature of offic	er administering oath	Printed name of o	ilicer admin	stering oat	u i	Fitle of officer adn	ninistering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00088328	sion Filers)	2 Total pages file 20	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
NAME	Mr.	Francisco			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	MCKNAWL	Ponce		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or [Date Postmarked
MAILING	1088 Highway 85				Receipt #	Amount
ADDRESS					receipt "	, and an
Change of Address	Carrizo Springs, TX 78834				Date Processed	<u> </u>
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	Francisco G.				
	NICKNAME	LAST		SUFFIX		
	Frank	Ponce				
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	1088 Highway 85					
(Residence or Business)	Carrizo Springs, TX 78834					
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(830) 876-8386					
8 REPORT TYPE	January 15	30th day before	election \square	Runoff	15th day after cam	noign transurar
	January 15 X	30th day before	election	Kulloli	appointment (office	holder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	02/24/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X P	rimary	Runoff	Other	
	03/05/2024	│ ∏G	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
				Criminal District	Attorney District 29	93 rd
	!			l		
		GO T	O PAGE 2			
		55 1	0 : /.OL Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 20

13 C / OH NAME	Ponce, Francisco (M	.)	14 Filer ID (00088328	(Ethics Commission Filers	3)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	IITTEE TYPE COMMITTEE NAME						
	GENERAL							
	COMMITTEE ADDRESS SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME			\dashv			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		\dashv			
16 CONTRIBUTION TOTALS		I ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.0	— 00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 1,840.2	25			
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.0	00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8,271.2	28			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.0	00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.0	00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		Mr. I	Francisco Ponce					
		Signature of	Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				4 of 20		
18 FILER NAM Ponce, Fra	E ancisco (Mr.)	19 Filer ID 00088328	(Ethics Comm	nission Filers)		
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,490.25		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	350.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X	SCHEDULE E: LOANS		\$	0.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	0.00		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,942.92		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,328.36		
10.	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
12.	\$					

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/20	
2	FILER NAME Ponce, France	cisco (Mr.)			3	Filer ID (Ethics Commission 00088328	n Filers)
4	Date 01/27/2024	 Full name of contributor out-of-state PAC (ID#: Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$75.00
8	Principal occu	Carrizo Springs, TX 78834 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Date 01/23/2024	Full name of contributor out-of-state PAC (ID#: Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code		Self		Amount of Contribution (\$)	\$350.00
	Principal occu	Carrizo Springs, TX 78834 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	Carrizo Springs, TX 78834 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/28/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$125.75
	Principal occu Attorney	Carrizo Springs, TX 78834 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code Carrizo Springs, TX 78834)		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/20	
2	FILER NAME Ponce, Francisco (Mr.)			3	Filer ID (Ethics Commission 00088328	Filers)
4	Date 01/18/2024	Full name of contributor		7	Amount of Contribution (\$)	\$350.00
8	Principal occu	Carrizo Springs, TX 78834 upation / Job title (See Instructions)	Employer (See Instructions Self	<u> </u> s)		
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#:_ Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code Carrizo Springs, TX 78834)		Amount of Contribution (\$)	\$139.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	L		SCHEDULE A2
The Instruction Guide explains how to complete this f	form.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 7/20
2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Ponce, Francisco (Mr.)		00088328	
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	0.00
5 Date 02/22/2024 6 Full name of contributor out-of-state PAC (ID#:		8	Amount of contribution (\$) 9 In-kind contribution description \$350.00 Political t-shirts
Carrizo Springs , TX 78834			Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) attorney	11 Employer (FOR NON Self	I-JU	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I.		

PLEDGED CONTRIBUT	IONS	SCHEDULE B
The Instruction Guide expla	ins how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 8/20
2 FILER NAME Ponce, Francisco (Mr.)		3 Filer ID (Ethics Commission Filers) 00088328
Ponce, Francisco (Mr.) TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
5 Date 6 Full name of pledgor	out-of-state PAC (ID#:	9 In-kind description pledge (\$) (If applicable)
7 Pledgor Address;	City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructi	ons) 11 Employer (Se	e Instructions)

	LOANS						SCHE	EDULE E
	The Instructio	on Guide explains how to co	omplete this f	orm.	1		ges Schedule E: 1 Rpt: 9/20	
2	FILER NAME Ponce, Francisc	o (Mr.)			3	Filer ID 000883	(Ethics Commis	ssion Filers)
4	TOTAL OF UN	IITEMIZED LOANS			L		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amour	nt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							11 Maturity Dat	e
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if persona	I funds were	deposited	into political acc (See Instruc	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gua	aranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Drive in all accurati			24 Employer (Coo In	-aturiations			
20	Principal occupation	חכ		21 Employer (See In	istructions)			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 1/6 Rpt: 10/20	Ponce, Francisco (I	Mr.)			00088328							
4 CREDIT CARD ISSUER		ncial institution America	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid							
	\$85.87	02/17/2024										
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code					
	United States Posta	al Service		Carter Street								
a Puppose of	(a) Catagon		Asherton ,									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on olitical flyers								
X Political	Advertising Expense	•	Mail Out F	onlical hyers								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held							
expenditure to benefit C/OH	'											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid							
	\$65.77	02/16/2024										
PAYEE	PAYEE (a) Payee name (b) Payee address;				City,	State,	Zip Code					
	United States Posta	al Service	401 N. 5th	Street								
			Carrizo Sp	orings, TX 78834	4							
PURPOSE OF	(a) Category		(b) Descripti									
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Mail out po	olitical flyer								
I <u>=</u>	L. —			_								
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		Check if Austin, TX,	Office held	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onici	e sought		Office field							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid							
	\$108.20	02/06/2024	(6) 2 413 (6) 4									
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress:	City,	State,	Zip Code					
	(4) 1 2) 22 11		2277 N. Us			,						
	United States Posta	al Service		,								
		Crystal Cit	y, TX 78839									
PURPOSE OF	(a) Category (See Categories listed at the top		(b) Descripti									
EXPENDITURE	Mail out fly	vers .										
X Political	Advertising Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	e sought	_	Office held								
expenditure to benefit C/OH												
ī												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 2/6 Rpt: 11/20	Ponce, Francisco (l	Mr.)			00088328			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$68.00	02/12/2024						
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
	United States Posta	al Service	401 N. 5t	n Sireet				
			Carrizo S	Springs, TX 7883	4			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip					
X Political	Advertising Expense	or triis scriedule)	Mail out p	political flyers				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$1,900.00	01/08/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Crozy Choon Politic	ool ciano	11525 Dr	B220				
	Crazy Cheap Politic	cai siyris						
	() 0 :		Austin, T					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
X Political	Advertising Expense		Folitical	Digits				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	 ense		
Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$2,055.93	01/30/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Crozy Choon Politic	ool Ciano	11525 St	onehollow Dr. B2	220			
	Crazy Cheap Politic	Jai Sigiis						
	(a) Cataman		Austin, T					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
X Political	Advertising Expense		- Sinical C	2.9.10				
Non-Political	(c) Chock if traval outside	of Texas. Complete Schedule T.		Check if Austin TV	officeholder living exp			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	Check if Austin, TX,	Office held	101126		
expenditure to benefit C/OH		3.10						
	I							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Insti	ruction Guide explains how	to complete	this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 3/6 Rpt: 12/20	Ponce, Francisco (I	Mr.)			00088328				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$125.00	01/30/2024							
7	PAYEE	(a) Payee name		(b) Payee P.O. Dra	address; wer 2160	City,	State,	Zip Code		
		Eagle Pass Busines	ss Journal							
					ss, TX 78852					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	X Political	Advertising Expense	or this schedule)	Political I	Newspaper ad					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$125.75	01/28/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		H.E.B.		2030 N.	Lst					
				Carrizo S	Spriings, TX 788	34				
	PURPOSE OF	(a) Category	af dhia a da adula)	(b) Descrip						
	EXPENDITURE X Political	(See Categories listed at the top Event Expense	or this scriedule)	food item	s and sandwich	es for meet an	d greet			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	, officeholder living ex	nense			
	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oricox ii 7 tastiii, 174	Office held	фенос			
е	xpenditure to benefit C/OH			J						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
		\$139.00	01/10/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Zavala County Sen	tinel	202 E. N	ueces					
		,		Crystal C	ity, TX 78839					
_	PURPOSE OF	(a) Category		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Newspar						
	X Political	Advertising Expense		' '						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin. TX	, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
е	xpenditure to benefit C/OH			-						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 4/6 Rpt: 13/20	Ponce, Francisco (I	Mr.)			00088328			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$168.00	01/24/2024						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Zavala County Sen	tinel	202 E. Nu					
	() 0 :			ty, TX 78839				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Newspap					
X Political	Advertising Expense	,	Newspap	er au				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$1,500.00	01/11/2024						
PAYEE (a) Payee name (b) Payee a				address;	City,	State,	Zip Code	
	Gram		2431 Del	Rio Blvd				
			Eagle Pas	ss, TX 78834				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip Political A					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
	\$58.87	02/12/2024						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	United States Posta	al Service	410 S. Bil	ob				
		Eagle Pas	ss , TX 78852					
PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE	(See Categories listed at the top Advertising Expense	Mail out p	olitical flyers					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	· [Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
	1							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	to complete		TTIEN (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		·	•		3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 5/6 Rpt: 14/20	Ponce, Francisco (I	Mr.)			00088328		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$219.88	02/09/2024					
7	PAYEE	(a) Payee name		(b) Payee	address; nan Street	City,	State,	Zip Code
		Vista Print		275 VVyII	nan Sueet			
				Waltham	ı, MA 02451			
8	PURPOSE OF	(a) Category		(b) Descri	-			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Expense	for Political Flyer	rs		
	x Political	Advertising Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$130.00	02/14/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Zavola County Con	tinal	202 E. N	ueces			
		Zavala County Sen	unei					
		() 2 :		<u> </u>	City, TX 78839			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
		Advertising Expense	,	Newspar	Jei au			
	X Political				_			
_	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	a aquaht	Check if Austin, TX,	Office hold	ense	
_ ا	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sought		Office held		
۲	<u> </u>	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$108.20	02/17/2024	(0) Date(0)	, credit cara locaei	- Cuc		
		Φ100.20	02/11/2024					
\vdash	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
		, ,		2277 N.	Hwy83	-		·
		United States Posta	al Service		-			
				Crystal C	City, TX 78839			
	PURPOSE OF	(a) Category	of this sahadula)	(b) Descri	•	<u> </u>		
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Mail Out	Political Flyers			
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense ices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a catego		
		The Insti	ruction Guide explains l	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 6/6 Rpt: 15/20	Ponce, Francisco (I	Mr.)		00088328		
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE			
	ISSUER	see pi	evious	EXPENDITURES CHARGED TO A CRED	, \$		
		•		CARD	"		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$84.45	02/20/2024				
		Ψ04.43	02/20/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(a) ray of mame		410 S. Bibb	J.,	Otato,	p
		United States Posta	al Service	410 C. Bibb			
				Eagle Pass , TX 78852			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Mail out political flyers			
	X Political	Advertising Expense					
	Non-Political	(a)	of Towns Committee Coloredula	T Description	TV -# b b b b b		
_		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Office sought	TX, officeholder living exp	Jense	
	Complete ONLY if direct spenditure to benefit C/OH	Candidate/Oniceriolder	marile C	onice sought	Office field		
- 0,	Aponditore to bonent of or 1						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)				
	orean out a tyment	_	The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAME	Ē			3	Filer ID	(Ethics Commission Filers)			
	Sch: 1/5 Rpt: 16/20	Ponce, Fra	ncisco (Mr.)			(0008832	28			
4	Date	5 Payee name									
	02/09/2024	Garza, Tris	ha (Mrs.)								
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode						
	\$100.00	16 Old Lorr	na Vista Road								
	Reimbursement from political contributions intended	Batesville,	TX 78829								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Che	eck if travel	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Salaries/Wa	ages/Contract Labor			Che	eck if Austin	, TX, officeholder living expense			
	EXPENDITORE				Political worker, I flyers, carrying vo						
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
	Date	Payee name									
	02/16/2024	Garza, Tris	ha (Mrs.)								
	Amount (\$)	Payee addre		Zip Co	ode						
	\$100.00	16 Old Lom	na Vista Road								
	Reimbursement from political contributions intended	Batesville,	TX 78829								
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			_		, TX, officeholder living expense			
					Political worker, placed flyers, carrying pe			2			
						сорі	e to vote				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held			
	Date	Payee name									
	02/09/2024	Maldonado	, Vivian (Ms.)								
	Amount (\$)	Payee addre		Zip Co	ode						
	\$100.00	16 Old Lom	na Vista Road								
	Reimbursement from political contributions intended	Batesville,	TX 78829								
	PURPOSE	Category (S	ee Categories listed at the top of this sche	edule)	Description	_		outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			_		, TX, officeholder living expense			
					political worker, of flyers, carrying vo		-				
						ULC IS	יט יטופ				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held			

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed abov	/e)
1	Total pages Schedule G:	2	FILER NAME	≣				3	Filer ID (E	thics Commission	Filers)
L	Sch: 2/5 Rpt: 17/20		Ponce, Fra	ncisco (Mr.)				L	00088328		
4	Date	5	Payee name								
	02/16/2024		Maldonado	, Vivian (Ms.)							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$100.00		16 Old Lor	a Vista Road							
	Reimbursement from political contributions intended		Batesville,	TX 78829							
8	PURPOSE	(a)	Category (s	ee Categories listed at th	e top of this sche	edule)	(b) Description	=		de of Texas. Complete	
	OF EXPENDITURE		Salaries/Wa	ages/Contract La	bor		L L			officeholder living expe	
							Political Worker;	deli	vering flyers	s, carrying peop	ie to vote
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		0	Office held	
	Date		Payee name								
	02/06/2024		United Stat	es Postal Service	e						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$108.20		2277 N Hig	hway 83							
	Reimbursement from political contributions intended		Crystal City	r, TX 78839							
	PURPOSE		Category (S	ee Categories listed at th	e top of this sche	edule)	Description	=		de of Texas. Complete	
	OF EXPENDITURE		Advertising	Expense			L			officeholder living expe	nse
							Mailed out politic	cai fl	yers		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		0	Office held	
F	Date		Payee name								
	02/17/2024		•	es Postal Service	9						
	Amount (\$)		Payee addre	•	State;	Zip Co	ode				
	\$85.87		572 West C	Carter Street							
	Reimbursement from political contributions intended		Asherton, T	X 78827							
	PURPOSE		Category (s	ee Categories listed at th	e top of this sche	edule)	Description	=		de of Texas. Complete	
	OF EXPENDITURE		Advertising	Expense			[_		officeholder living expe	nse
							Mailed political fl	yers	5		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		0	Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel in Di Travel Out OTHER (er		e)
1	Total pages Schedule G:	2	FILER NAME					3 F	iler ID	(Ethics Commission	Filers)
	Sch: 3/5 Rpt: 18/20		Ponce, Frai	ncisco (Mr.)					000883	28	
4	Date	5	Payee name								
	02/16/2024			es Postal Service	е						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$65.77		401 N. 5th	Street							
	Reimbursement from political contributions intended		Carrizo Spr	ings, TX 78834							
8	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this sch	edule)	(b) Description	=		outside of Texas. Complete S	
	OF EXPENDITURE		Advertising	Expense			<u></u>	_		n, TX, officeholder living exper	se
							mailing out polition	cal fly	yers		
_	Complete ONLY if direct	<u> </u>	odidata/Office -	aoldor nama			Office accords			Office hold	
9	Complete ONLY if direct expenditure to benefit C/OH	car	ndidate/Office	ioluer name			Office sought			Office held	
	Date		Payee name								
	02/17/2024		United State	es Postal Service	е						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$108.20		2277 North	Hwy 83							
	Reimbursement from political contributions intended		Crystal City	, TX 78839							
	PURPOSE		Category (S	ee Categories listed at th	ne top of this sch	edule)	Description			outside of Texas. Complete S	
	OF EXPENDITURE		Advertising	Expense			<u> </u>			n, TX, officeholder living exper	se
							Mailing political f	lyers	.		
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought			Office held	
	C/OH										
H	Date	Π	Payee name								
	02/20/2024		•	es Postal Service	е						
\vdash	Amount (\$)	\vdash	Payee addre			Zip Co	ode				
	\$84.45	ı	410 S. Bibb	•	J. 1.1.0,	_,, 50					
	Reimbursement from										
	political contributions intended		Eagle Pass				-				
	PURPOSE OF			ee Categories listed at th	ne top of this sch	edule)	Description	_		outside of Texas. Complete S n, TX, officeholder living expen	
	EXPENDITURE		Advertising	Expense			L Mail out Political	_		, , ,g oxpor	
							oder ondour	, 01	-		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought			Office held	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services	Polling Ex Printing E Salaries/A			Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains	how to co	mplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 19/20		Ponce, Francisco (Mr.)				00088328
4	Date	5	Payee name				
	02/12/2024		United States Postal Service				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$68.00		401 N. 5th Street				
	Reimbursement from						
	political contributions intended		Carrizo Springs, TX 78834				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schi	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
•	OF	(")	Advertising Expense	oudioj		=	eck if Austin, TX, officeholder living expense
	EXPENDITURE		The second distribution of the second distributi		Mail out political f	– flye	rs
					•	•	
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	C/OH						
	Date		Payee name				
	02/12/2024		United States Postal Service				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$58.87		410 S. Bibb				
	Reimbursement from						
	political contributions intended		Eagle Pass , TX 78852				
	PURPOSE	T	Category (See Categories listed at the top of this scho	edule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Cr	eck if Austin, TX, officeholder living expense
	LXI LINDITORE				Mailing out politic	al f	lyers
		Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	5.	1					
	Date		Payee name Vista Print				
	02/09/2024	L					
	Amount (\$)			Zip Co	ode		
	\$219.00		275 Wyman Street				
	Reimbursement from political contributions						
	intended		Waltham, MA 02451				
	PURPOSE		Category (See Categories listed at the top of this sch	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		L	_	eck if Austin, TX, officeholder living expense
					purchased Politic	al f	lyers
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name		Office sought		Office held
	C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 20/20 Ponce, Francisco (Mr.) 00088328 Date Payee name 02/14/2024 Zavala County Sentinel 6 Amount (\$) Payee address; City; State; Zip Code 202 E. Nueces \$130.00 Reimbursement from political contributions intended Crystal City, TX 78839 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Newspaper political ad. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to complet	te this form.	1 Filer ID (Ethics Commis 00088328		2 Total pages filed: 7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr.	Francisco			Date Received
					ELECTRONICALLY FILED
	NIO(A) A A F				07/10/2024
		LAST		SUFFIX	07710/2024
		Ponce			
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	1088 Highway 85				
ADDRESS					Receipt # Amount
Change of Address	Carrizo Springs, TX 78834				Date Processed
					Date Flocessed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mr.	Francisco G.			
NAME					
	NICKNAME I	 _AST	•••••	SUFFIX	
		Ponce			
6 CAMPAIGN	STREET ADDRESS (NO PO B	BOX PLEASE).	AP	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	1088 Highway 85	, , , , , , , , , , , , , , , , , , , ,	7.1	7 00112 //,	017(12, Zii 0052
ADDRESS	2000 riigiiway oo				
(Residence or Business)	Corrigo Caringo TV 70024				
	Carrizo Springs, TX 78834				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION		
TREASURER PHONE	(830) 876-8386				
FIIONE					
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before 6	election \square	Exceeded modified X	_
		our day before t		reporting limit	Tima report (Attach Gronning)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	02/25/2024	TH	IROUGH	06/05/202	
	02/20/2021			00/00/202	•
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	XP	rimary	Runoff	Other
	03/05/2024			☐ Canadal	
			eneral	Special	
				T	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	None Dimmitt			District Attorney	
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Ponce, Francisco (M	.)	14 Filer ID (00088328	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without of I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 255.09
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 954.00
CONTRIBUTION BALANCE	REPORTING PE			\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr.	Francisco Ponce	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			COVER S	SHEET PG 3 3 of 7
18 FILER NAME Ponce, Francisco (Mr.)	(Ethics Co	ommission Filers)		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				BTOTAL AMOUNT
1. X SCHEDULE A1: M	ONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X SCHEDULE A2: No	ON-MONETARY (IN-KIND) POLITICAL CONT	RIBUTIONS	\$	255.09
3. SCHEDULE B: PLE	EDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LO.	ANS		\$	
5. SCHEDULE F1: PC	DLITICAL EXPENDITURES FROM POLITICA	L CONTRIBUTIONS	\$	
6. SCHEDULE F2: UI	NPAID INCURRED OBLIGATIONS	_	\$	
7. SCHEDULE F3: PU	JRCHASE OF INVESTMENTS FROM POLITI	CAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EX	KPENDITURES MADE BY CREDIT CARD		\$	
9. X SCHEDULE G: PO	PLITICAL EXPENDITURES FROM PERSONA	L FUNDS	\$	954.00
10. SCHEDULE H: PA	YMENT FROM POLITICAL CONTRIBUTIONS	S TO A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON	I-POLITICAL EXPENDITURES FROM POLITI	CAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INT	EREST, CREDITS, GAINS, REFUNDS, AND	CONTRIBUTIONS RETURNED	\$	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/7 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ponce, Francisco (Mr.) 00088328 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/05/2024 Perez, Gracy (Ms.) \$255.09 provided snacks, drinks 7 Contributor address; City; State; Zip Code food for booth on Election i Day Big Wells, TX 78830 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 1/2 Rpt: 5/7	2 FILER NAM Ponce, Fra	E ancisco (Mr.)			1	Filer ID (Ethics Commission Filers) 00088328
4	Date	5 Payee name	<u> </u>				
	02/26/2024		s Business Journal				
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode		
	\$125.00	P.O. Draw	· · · · · · · · · · · · · · · · · · ·	•			
	Reimbursement from political contributions intended	Eagle Pas	s, TX 78852				
8	PURPOSE	(a) Category (See Categories listed at the top of this sc	nedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertisino	g Expense			Che	eck if Austin, TX, officeholder living expense
	EXI ENDITORE				Political Ad in Ea	agle I	Pass
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	e				
	03/01/2024	Garcia, Es	tella (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$300.00	301 Saltillo)				
	Reimbursement from political contributions intended	Carrizo Sp	rings, TX 78834				
	PURPOSE	Category (See Categories listed at the top of this so	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Salaries/W	/ages/Contract Labor		L L	_	eck if Austin, TX, officeholder living expense
					Political worker. I flyers, etc.	Han	aing out
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	e				
	03/05/2024	Garza, Tris	sha (Mrs.)				
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$150.00	16 Old Lor	na Vista Road				
	Reimbursement from political contributions intended	Batesville,	TX 78829				
	PURPOSE	Category (See Categories listed at the top of this so	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Salaries/W	/ages/Contract Labor		L L	_	eck if Austin, TX, officeholder living expense
					Political campaig Passing out flyer		
	Complete ONLY if direct	Candidata/Office	ahaldar nama				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enolder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 6/7 Ponce, Francisco (Mr.) 00088328 Date Payee name 03/18/2024 Javeline Amount (\$) Payee address; City; State; Zip Code 604 N. 1st street \$229.00 Reimbursement from political contributions intended Carrizo Springs, TX 78834 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Newspaper political ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit Ponce, Francisco (Mr.) District Attorney None C/OH Date Payee name 03/05/2024 Maldonado, Vivian (Ms.) Amount (\$) Payee address; State; Zip Code \$150.00 16 Old Loma Vista Road Reimbursement from political contributions Batesville, TX 78829 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** Passing out flyers. Talking to voters. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

		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" **	Page 7 of 7				
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)				
	Ponce, Francisco (Mr.)	00088328				
3	SIGNATURE					
	I do not expect any further political contributions or political expenditures in connection with my canc as a final report terminates my campaign treasurer appointment. I also understand that I may not ac campaign expenditures without a campaign treasurer appointment on file.					
	Mr. Era	ncisco Ponce				
		andidate / Officeholder				
_						
4	FILER WHO IS NOT AN OFFICEHOLDER ** Complete A & B below only if you are not an officeholder **					
	Complete A & B below only if you are not all officerolder					
	A CAMPAIGN FUNDS					
	Check only one:					
	I do not have unexpended contributions or unexpended interest or income earned from political politic	tical contributions.				
	I have unexpended contributions or unexpended interest or income earned from political co convert unexpended political contributions or unexpended interest or income earned on political contributions and that I must file an annual report of unexpended contributions and that I may not unexpended interest or income earned on political contributions longer than six years after 1 must dispose of unexpended political contributions and unexpended interest or income earn with the requirements of Election Code 254.204.	tical contributions to personal use. I also retain unexpended contributions or illing this report. Further, I understand that I				
	B ASSETS					
	Check only one:					
	X 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.					
		ncisco Ponce				
	Signatur	e of Candidate				
5	OFFICEHOLDER					
	** Complete this section only if you are an officeholder **					
	I am aware that I remain subject to filing requirements applicable to an officeholder who 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.					
		105				
	Signatur	e of Officeholder				