# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

BRAZOS COUNTY ELECTIONS ADMINISTRATOR
2024 JAN 17 P 5:54
OFFICE USE ONLY
Date Received
RUDY R. HANCOCK, REO

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: Mrs. FIRST: Maritza MI:
NICKNAME: LAST: Sifuentes-Chavarria SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
☒ Change of Address
ADDRESS / PO BOX: 2121 E. WM J Bryan PKWY APT / SUITE #: CITY: Bryan STATE: TX ZIP CODE: 77805 #6625

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE: (979) PHONE NUMBER: 324-2641 EXTENSION:

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: Mr. FIRST: Travis MI:
NICKNAME: LAST: Bryan, III SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 314 Brookside Dr. APT / SUITE #: CITY: Bryan STATE: TX ZIP CODE: 77801

**8 CAMPAIGN TREASURER PHONE**
AREA CODE: (979) PHONE NUMBER: 777-0125 EXTENSION:

RECEIVED ★ Jan 17 2024 ★ 17:55
Date Hand-deli d
Receipt # Amount $
Date Processed
Date Imaged

**9 REPORT TYPE**
☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**
Month Day Year: 6 / 15 / 2023 THROUGH Month Day Year: 1 / 15 / 2024

**11 ELECTION**
ELECTION DATE: Month Day Year: 03/05/2024
ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

**12 OFFICE**
OFFICE HELD (if any): NONE
**13** OFFICE SOUGHT (if known): Brazos County DA

**14 NOTICE FROM POLITICAL COMMITTEE(S)**
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 27,200.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 27,200.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 5228.61 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 5228.61 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 27,200.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Maritza Salcedo-Chavarria, and my date of birth is 09/23/1980.

My address is 2008 Wayside Drive (street), Bryan (city), TX (state), 77802 (zip code), Brazos (country).

Executed in Brazos County, State of Texas, on the 17 day of January (month), 2024 (year).

Signature of Candidate/Officeholder (Declarant)

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 10/30/23 | Travis Bryan, III | $1000.00 |
| | 6 Contributor address; City; State; Zip Code: 34 Brookside Dr. Bryan TX 7801 | |
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 11/11/23 | Denise Ramirez | $50.00 |
| | Contributor address; City; State; Zip Code: 2010 Dumfries Bryan TX, 77807 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 11/14/23 | Calvin Mclean | $250.00 |
| | Contributor address; City; State; Zip Code: 400 Austin Ave. Ste. B100 Waco TX 76701 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/1/23 | Sheryl & Chris Kirk | $100.00 |
| | Contributor address; City; State; Zip Code: 2141 Post Oak Circle, CS, TX 77845 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 11/5/23 | Leah Chavarria | $100.00 |
| | 6 Contributor address; City; State; Zip Code: 801 Boulevarde, Bryan TX 77803 | |
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 11/22/23 | Todd Overbergen | $ 25,500.00 |
| | Contributor address; City; State; Zip Code: 13703 Apple Tree, Houston, TX 77079 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 11/16/23 | Phillip Anelli | $ 200.00 |
| | Contributor address; City; State; Zip Code: 8100 Anderson Mill Rd. #6207 Austin, TX. 78729 | |
| 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 occupation / Job title (See Instructions) | Employer (See Instructions) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule F1:

2 FILER NAME: Marilyn Silvester Chavarria

3 Filer ID (Ethics Commission Filers)

4 Date: 10/31/23

5 Payee name: WalMart

6 Amount ($): 29.10

7 Payee address; City; State; Zip Code: 2200 Briarcrest Drive Bryan TX, 7802

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Ad. Expense

(b) Description: Five Nights Trunk or Treat candy

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name; Office sought; Office held: Marilyn Silvester Chavarria; Brazos County DA; None

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Date: 11/7/23

Payee name: Republican Women of Brazos County

Amount ($): $14.00

Payee address; City; State; Zip Code: P.O. Box 11141 C/S Texas 77842

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Event Expense

Description: Fee for Meet & Greet

☐ 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:

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Date: 11/24/23

Payee name: USPS P.O. Boxes Online

Amount ($): $83.00

Payee address; City; State; Zip Code: 2121 E 4th St Bryan PKWY Bryan, TX 77801

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Post Office Box

☐ 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**

# LOANS

## SCHEDULE E

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 E:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS $

**5** Date of loan

**6** Is lender a financial Institution? Y N

**7** Name of lender ☐ out-of-state PAC (ID#:_____ )

**8** Lender address; City; State; Zip Code

**9** Loan Amount ($)

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)

**13** Employer (See Instructions)

**14** Description of Collateral ☐ none

**15** ☐ Check if personal funds were deposited into political account (See Instructions)

**16** GUARANTOR INFORMATION ☐ not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____ )

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | |

**4 Date:** 12/4/23
**5 Payee name:** M&M Apparel
**6 Amount ($):** $221.91
**7 Payee address:** 308 George Bush Drive, College Station, TX 77840 (City; State; Zip Code)
**8 PURPOSE OF EXPENDITURE**
**(a) Category** (See Categories listed at the top of this schedule): Adv. Expense
**(b) Description:** campaign Yard Signs
**(c)** ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
**9 Complete ONLY if direct expenditure to benefit C/OH:** Candidate / Officeholder name; Office sought; Office held

**Date:** 12/4/23
**Payee name:** SpecS
**Amount ($):** $221.49
**Payee address:** 1505 University Dr. E Ste 400, College Station, Texas 77840 (City; State; Zip Code)
**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Event Expense
**Description:** Kick Off Event
☐ 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:** 12/6/23
**Payee name:** TexAgs
**Amount ($):** $2740.00
**Payee address:** 300 George Bush Dr. College Station, Texas 77840 (City; State; Zip Code)
**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Ad. Expense
**Description:** Video Endorsements
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name; Office sought; Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | |

**4 Date:** 11/27/23
**5 Payee name:** TAMU
**6 Amount ($):** $7.00
**7 Payee address;** 1250 TAMU COLLEGE STATION TEXAS 77843

**8 PURPOSE OF EXPENDITURE**
**(a) Category** (See Categories listed at the top of this schedule): CONSULTING EXPENSE
**(b) Description:** PARKING
**(c)** ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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**Date:** 12/07/23
**Payee name:** Coopers Old Time BBQ
**Amount ($):** $140.60
**Payee address;** 1125 North Loop 337 New Braunfels, TX, 78130

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Food & Beverage
**Description:** Digital Media Consulting Expenses
☐ 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:** 12/13/23
**Payee name:** Master Class
**Amount ($):** $194.40
**Payee address;** 475 Brannan Ste. 230 San Francisco, California 94107

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Consulting Expenses
**Description:** Campaign Master Class
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | |

**4 Date** 12/27/23 **5 Payee name** PDP Reader

**6 Amount ($)** $79.99 **7 Payee address;** 39355 California St. Freemont CA, 94538 City; State; Zip Code

**8 PURPOSE OF EXPENDITURE**

**(a) Category** (See Categories listed at the top of this schedule): Ad. Expense

**(b) Description:** PDP for Editing

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

**Date** 12/26/23 **Payee name** Pollensive

**Amount ($)** $35.00 **Payee address;** 621 N.W 12th Ave. Gainsville FL 32601 City; State; Zip Code

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Ad. Expense

**Description:** Website

☐ 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** 11/25/2023 **Payee name** Cassidy M. Photography

**Amount ($)** $500.00 **Payee address;** 254 West Braile Ln. #242 Austin, TX 78758 City; State; Zip Code

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Adv. Expenses

**Description:** 3 photo shoots

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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Legal Services
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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 | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**4 Date:** 11/29/23
**5 Payee name:** Amazon
**6 Amount ($):** $707.06
**7 Payee address; City; State; Zip Code:** 410 Terry Ave. N. Seattle, WA, 98109

**8 PURPOSE OF EXPENDITURE**
**(a) Category** (See Categories listed at the top of this schedule): Ad. Expenses
**(b) Description:** Parade Expenses
**(c)** ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

**Date:** 12/8/23
**Payee name:** Republic
**Amount ($):** $224.36
**Payee address; City; State; Zip Code:** 701 University E. Ste. 406 C/S TX 77840

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Food & Beverage
**Description:** Logo consulting
☐ 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:** 12/7/23
**Payee name:** HEB Gas
**Amount ($):** $30.50
**Payee address; City; State; Zip Code:** 725 E. Villa Maria Bryan, TX 7802

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Gas
**Description:** Consulting out of town
☐ 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

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 32

**OFFICE USE ONLY**

Date Received

BY: Ramos

2024 FEB -9 P 2:05

BRAZOS COUNTY ELECTIONS ADMINISTRATOR

RECEIVED ★ Feb 09 2024 ★ 15:05

Date Hand-de ted

Receipt # Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mrs. FIRST: Maritza MI: I.

NICKNAME: LAST: Saucedo-Chavarria SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 16275 APT / SUITE #: CITY: Bryan STATE: TX ZIP CODE: 77805

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (979) PHONE NUMBER: 324-2041 EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Mr. FIRST: Travis MI:

NICKNAME: Bryan LAST: SUFFIX: III

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 314 Brookstone Dr. APT / SUITE #: CITY: Bryan STATE: TX ZIP CODE: 77801

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (979) PHONE NUMBER: 777-0125 EXTENSION:

**9 REPORT TYPE**

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year: 01 / 01 / 2024 THROUGH Month Day Year: 02 / 09 / 2024

**11 ELECTION**

ELECTION DATE: Month Day Year: 03 / 05 / 2024

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): NONE

**13 OFFICE SOUGHT** (if known): Brazos County District Attorney

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 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.

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | |
|---|---|---|---|
| **15** C/OH NAME | Mantra Saventz-Chavarria | **16** Filer ID (Ethics Commission Filers) | |
| **17** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 2195.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 48134.26 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 55191.30 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 3,131.70 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 4500.00 |

**18** SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

MSChavarria

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is Mantra Saventz Chavarria, and my date of birth is 9/13/82.

My address is 2008 Wayside Dr. (street), Bryan (city), TX (state), 77802 (zip code), Brazos (country).

Executed in Brazos County, State of Texas, on the 9 day of Feb. (month), 20 24 (year).

MSChavarria

Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Comm s.sta **Reset Form** **Reset Page** Revised 1/1/2024

## SUBTOTALS - C/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Maritza Sventitz Chavarria | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 48,134.24 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 0 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ 0 |
| 4. | SCHEDULE E: LOANS | $ 4,500.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 51,691.30 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ 3500.00 |
| 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 | $ 0 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 0 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ 0 |

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11

2 FILER NAME: Maritza Silventez-Chevarria

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 1/11/24 | Todd Overbergen<br>13103 Apple Rd, Houston, TX 77079 | $21,000.00 |
| 8 Principal occupation / Job title (See Instructions): Retired / Consulting | 9 Employer (See Instructions) | |
| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
| 2/2/24 | Hershel Patel<br>1504 Walnut View Dr. Charlotte, NC 28208 | $15,000.00 |
| Principal occupation / Job title (See Instructions): Vice President-Banking | Employer (See Instructions): Wells Fargo | |
| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
| 1/30/24 | Louis Newman, III<br>1300 E. 29th St. Bryan, TX 77802 | $500.00 |
| Principal occupation / Job title (See Instructions): Owner @ Newman Printing | Employer (See Instructions) | |
| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
| 1/18/24 | Gregory & Diane Silber<br>P.O. Box 10418 C/S TX 77842 | $200.00 |
| Principal occupation / Job title (See Instructions): Investigations | Employer (See Instructions) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 1/19/24 | Cynthia Wiley<br>13533 Acacia Ct C/S TX 77845 | $250.00 |

8 Principal occupation / Job title (See Instructions): Self

9 Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 1/17/24 | Phil Adams<br>3000 Briarcrest, TX 77802 | $1000.00 |

Principal occupation / Job title (See Instructions): President-Broker

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 1/18/24 | L.A. Malechek, III<br>107999 Old Reliance Rd, Bryan, TX 77809 | $1000.00 |

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions):

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 1/14/24 | Roxanne & Arnoldo Contreras<br>2244 Carlisle Ct, C/S TX 77845 | $1,000.00 |

Principal occupation / Job title (See Instructions): Self

Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

---

4 Date: 1/31/24

5 Full name of contributor: John Trevek ☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code: 2512 Willowwand Dr. Bryan TX 77802

7 Amount of contribution ($): $152.05

8 Principal occupation / Job title (See Instructions): President of Productions

9 Employer (See Instructions): Vent Move Cabinets

---

Date: 1/29/24

Full name of contributor: Paul Turney ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 8625 Grassbur Rd. Bryan TX 77808

Amount of contribution ($): $152.05

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

---

Date: 1/29/24

Full name of contributor: Sara Lopez ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 3535 Plainsman Ln, Apt C42 Bryan, TX 77802

Amount of contribution ($): $110.41

Principal occupation / Job title (See Instructions): Financial Aid Advisor

Employer (See Instructions): TAMU

---

Date: 1/24/24

Full name of contributor: Jonathan Storinski ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 1316 Figurina Dr.

Amount of contribution ($): $152.05

Principal occupation / Job title (See Instructions): Probation ~~Officer~~ Supervisor

Employer (See Instructions):

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

---

4 Date: 1/10/24

5 Full name of contributor: Alba Reider ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: P.O. Box 10478 C/S TX 77842

7 Amount of contribution ($): $1000.00

8 Principal occupation / Job title (See Instructions): Law Enforcement

9 Employer (See Instructions):

---

Date: 1/9/24

Full name of contributor: Laura Oshaughin ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: 4903 Pinkland Dr. Bryan, TX 77802

Amount of contribution ($): $100.00

Principal occupation / Job title (See Instructions): Victim Assistance

Employer (See Instructions):

---

Date: 12/28/23

Full name of contributor: Charles Schwertner ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: P.O. Box 2048 Georgetown, TX 78627

Amount of contribution ($): $2,500.00

Principal occupation / Job title (See Instructions): Doctor/Senator

Employer (See Instructions):

---

Date

Full name of contributor: Chad Hanks ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: 303 E. 29th St. Bryan, TX 77803

Amount of contribution ($): $50.00

Principal occupation / Job title (See Instructions): Law Enforcement

Employer (See Instructions):

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

---

4 Date: 2/6/24

5 Full name of contributor: Leah Flores ☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code: 234 Rosario Bowyan, TX 7183

7 Amount of contribution ($): $115.62

8 Principal occupation / Job title (See Instructions): Control Technician

9 Employer (See Instructions)

---

Date: 2/5/24

Full name of contributor: Carmen Ray Shuntz ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 302 N. Water St. Liberty MO 64068

Amount of contribution ($): $1154.15

Principal occupation / Job title (See Instructions): retired

Employer (See Instructions)

---

Date: $1104.10

Full name of contributor: Sheryl & Chris Kirk ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 2141 Post Oak Circle, CS TX 7845

Amount of contribution ($): $1104.11

Principal occupation / Job title (See Instructions): retired

Employer (See Instructions)

---

Date: 1/21/24

Full name of contributor: Gabriel Contreras ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 7005 Linden Tree, Fort Worth, TX 7613?

Amount of contribution ($): $124.03

Principal occupation / Job title (See Instructions): operations

Employer (See Instructions)

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

---

4 Date: 1/25/24

5 Full name of contributor: ☐ out-of-state PAC (ID#: ) Mary Chavarria

6 Contributor address; City; State; Zip Code: 2402 Westwood Main Borger, TX 79007

7 Amount of contribution ($): $1520.51

8 Principal occupation / Job title (See Instructions): retired

9 Employer (See Instructions)

---

Date: 1/25/24

Full name of contributor: ☐ out-of-state PAC (ID#: ) William Leach

Contributor address; City; State; Zip Code: 4910 Willow Bellaire, TX 77401

Amount of contribution ($): $1260.25

Principal occupation / Job title (See Instructions): Water Consultant

Employer (See Instructions)

---

Date: 1/29/24

Full name of contributor: ☐ out-of-state PAC (ID#: ) William Oliver

Contributor address; City; State; Zip Code: 18599 Anasazi Bluff Dr. C/S TX 77545

Amount of contribution ($): $1000.00

Principal occupation / Job title (See Instructions): Vice President

Employer (See Instructions)

---

Date: 2/1/24

Full name of contributor: ☐ out-of-state PAC (ID#: ) Elisa Davila

Contributor address; City; State; Zip Code: 3050 Overlook Caldwell, TX 77836

Amount of contribution ($): $500.00

Principal occupation / Job title (See Instructions): Self-Construction

Employer (See Instructions)

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) | **7** Amount of contribution ($) |
|---|---|---|
| 1/10/24 | TRAVIS Bryan III | $12,000.00 |
| | **6** Contributor address; City; State; Zip Code: 314 Brookside Bryan, Texas 77801 | |
| **8** Principal occupation / Job title (See Instructions): Retired | **9** Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 1/31/24 | Donald Ball | $ 500.00 |
| | Contributor address; City; State; Zip Code: 1713 Broadmoor Dr. Ste 208 Bryan, TX 77802 | |
| Principal occupation / Job title (See Instructions): Barnes owner | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 1/31/24 | Larry Hodges | $ 200 |
| | Contributor address; City; State; Zip Code: 2900 S. Texas Ave, Bryan TX 77802 | |
| Principal occupation / Job title (See Instructions): Regional Director | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 1/31/24 | William Reeder | $ 1000.00 |
| | Contributor address; City; State; Zip Code: P.O. Box 10478 C/S TX 77842 | |
| Principal occupation / Job title (See Instructions): Law Enforcement | Employer (See Instructions) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 7 Amount of contribution ($) |
|---|---|---|
| 1/18/24 | Lynda & Len Legg | $1500.00 |
| | 6 Contributor address; City; State; Zip Code: 10028 White Creeks Rd C/S TX 77845 | |

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 1/19/24 | Michael Frelt | $1000.00 |
| | Contributor address; City; State; Zip Code: 1127 White Dove Trail C/S TX 77845 | |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 1/19/24 | Paul & Catherine Viers | $1000.00 |
| | Contributor address; City; State; Zip Code: 9940 White Creeks Rd, C/S TX 77845 | |

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 1/9/23 | Shane Phelps | $500.00 |
| | Contributor address; City; State; Zip Code: 400 W. Washington Bryan, TX 77803 | |

Principal occupation / Job title (See Instructions): Attorney

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor (out-of-state PAC (ID#:_____)) | 7 Amount of contribution ($) |
|---|---|---|
| 2/5/24 | Travis Bryan, III | $13,500.00 |
| | 6 Contributor address; City; State; Zip Code: 314 Brookstone Dr. E Bryan TX 77801 | |
| 8 Principal occupation / Job title (See Instructions): Retired | 9 Employer (See Instructions) | |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 2/5/24 | Hunter Goodwin | $1250.00 |
| | Contributor address; City; State; Zip Code: 2800 South Texas Ave Ste 401 Bryan, TX 77802 | |
| Principal occupation / Job title (See Instructions): President - Goodwin Goodwin Group | Employer (See Instructions) | |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 2/4/24 | Ross Gunnels | $250.00 |
| | Contributor address; City; State; Zip Code: 13127 Hunters Creek Rd CS TX 77845 | |
| Principal occupation / Job title (See Instructions): Banker | Employer (See Instructions) | |

| Date | Full name of contributor (out-of-state PAC (ID#:_____)) | Amount of contribution ($) |
|---|---|---|
| 2/1/24 | David Flores | $104.00 |
| | Contributor address; City; State; Zip Code: 3324 Gaisby Ave. Dallas, TX 75204 | |
| Principal occupation / Job title (See Instructions): Repairman | Employer (See Instructions) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

---

4 Date: 1/31/24

5 Full name of contributor: Annie Krulczyk ☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code: 1411 S. Texas Ave. Bryan TX 77802

7 Amount of contribution ($): $347.78

8 Principal occupation / Job title (See Instructions): Self employed

9 Employer (See Instructions)

---

Date: 1/31/24

Full name of contributor: Roxanne Contreras ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 244 Carlisle Ct, CS TX 77845

Amount of contribution ($): $343.25

Principal occupation / Job title (See Instructions): Self Employed

Employer (See Instructions)

---

Date: 1/31/24

Full name of contributor: Teresa Castro ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 4104 Woodbriar Dr. Bryan TX 77802

Amount of contribution ($): $120.00

Principal occupation / Job title (See Instructions): Office Administrator

Employer (See Instructions)

---

Date: 1/22/24

Full name of contributor: Gracie Perez ☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code: 11915 Shenhollow Dr. Apt 512 Austin, TX 78758

Amount of contribution ($): $50.00

Principal occupation / Job title (See Instructions): Office Administrator

Employer (See Instructions)

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date: 11/7/24

**5** Full name of contributor: Joel Hein ☐ out-of-state PAC (ID#:_____)

**6** Contributor address; City; State; Zip Code: 610 Coachlight Ct. C/S TX 77845

**7** Amount of contribution ($): $100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

---

Date

Full name of contributor ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code

Amount of contribution ($)

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

Amount of contribution ($)

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

Amount of contribution ($)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

## LOANS

**SCHEDULE E**

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 E:

2 FILER NAME: Manita Sweeter Chavarria

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $ $4,500.00

| 5 Date of loan | 7 Name of lender ☐ out-of-state PAC (ID#:_____) | 9 Loan Amount ($) |
|---|---|---|
| 1/3/24 | Donald Ball | $14,500.00 |
| **6** Is lender a financial Institution? Y (N) | **8** Lender address; City; State; Zip Code: 1713 Broadmoor Dr. Ste 208 Bryan, TX 77802 | **10** Interest rate: 0 |
| | | **11** Maturity date: 0 |

| 12 Principal occupation / Job title (See Instructions) | 13 Employer (See Instructions) |
|---|---|
| Business owner | Self |

| 14 Description of Collateral | 15 |
|---|---|
| ☒ none | ☐ Check if personal funds were deposited into political account (See Instructions) |

| 16 GUARANTOR INFORMATION | 17 Name of guarantor | 19 Amount Guaranteed ($) |
|---|---|---|
| ☐ not applicable | 18 Guarantor address; City; State; Zip Code | |

| 20 Principal Occupation (See Instructions) | 21 Employer (See Instructions) |
|---|---|
| | |

| Date of loan | Name of lender ☐ out-of-state PAC (ID#:_____) | Loan Amount ($) |
|---|---|---|
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Description of Collateral | |
|---|---|
| ☐ none | ☐ Check if personal funds were deposited into political account (See Instructions) |

| GUARANTOR INFORMATION | Name of guarantor | Amount Guaranteed ($) |
|---|---|---|
| ☐ not applicable | Guarantor address; City; State; Zip Code | |

| 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.**

**TX 85 Sifuentez-Chavarria, Maritza EY 2024**

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/alx76fzhu74c4rti4pr7xxtpmyl6r5hs