CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith NOTARY STAMP/SEAL Sworn to and subscribed before me by Notary ID 13131631-5 Notary Public, State of Texas Notary ID 13131631-5 Notary ID 13131631-5 Notary ID 13131631-5 Secretory Printed name of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath OR (Street) County, State of, on theday of	1 Filer ID (Ethics Com	mission Filers)	2 Total pages filed:	OFFICI	EUSE ONLY
4 ORIGINAL REPORT Jurishing 16 Remotif Final report Date Hand-delivered or Date Posimistral TYPE July 15 Excessed modified reporting Other (specify) Other (sp	OFFICEHOLDER	Mr. Rok	oo/t st s	UFFIX	
5 ORIGINAL PERIOD COVERED Month Day Year 123 THROUGH 13 2 7 23 Date Imaged 6 EXPLANATION OF CORRECTION The an evident formal correct or up dark information and data that provides additional data that the provides additional data that the provides additional data that the provides are data to the provides and additional data that the provides are data to the provides and additional data that the provides are data to the provides and additional data that the provides are data to the provides and additional data that the provides are data to the provides and additional data that the provides and additional data that the provides additional da		January 15 July 15 July 15 "30th day before election	Exceeded modified reporting limit Other (spec	report	
addroved detail but we chow the original report overall interactive. It adds 3 full addresses of carbody and claritis of an dates and amount is a add 7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith NOTARY STAMP/SEAL Swom to and subscribed before me by Many Collins Tovar this the Other day of April 20 23, to certify which, witness my hand and seal of office. Notary Public, State of Tovar this the Other day of April 20 23, to certify which, witness my hand and seal of office. Notary Fublic State of Tovar this the Other day of April 20 23. To certify which, witness my hand and seal of office. Notary Fublic State of Tovar this the Other day of April 20 23. The certify which, witness my hand and seal of office administering oath office administering oath or filed of officer administering oath or fi			Month Day	Year	
Other reports: I swear, or affirm, that I am filling this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or ornission in the report as originally filed was made in good faith Signature of Candidate/Officeholder (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Many Collins Tovar this the of day of April 20 23 , to certify which, witness my hand and seal of office. The file of officer administering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration (3) Affidavit (4) Affidavit (5) Tovar this the of day of April 20 23 , to certify which, witness my hand and seal of office. (6) Tovar this the of day of April 20 23 , to certify which, witness my hand and seal of office. (6) Unsworn Declaration (8) Address is	The amend additional of 3 full additions 7 SIGNATURE ISWA	ed forms correct a stail but not champs arrest of contibulations ear, or affirm, under penal	and clarifies loan d	all information. It also and a mounts is	ise add 1
NOTARY STAMP/SEAL Sworm to and subscribed before me by May Collins Tovar this the Lot day of April 20 23 , to certify which, witness my hand and seal of office. Notary Collins Tovar Secretary Signature at officer administering oath Printed name of officer administering oath Title of officer administering of the second o	Other repor	ts: I swear, or affirm, that I all that the report as original	am filing this corrected report not ly filed is inaccurate or incomplet was made in good faith	later than the 14th busine e. I swear, or affirm, that	
County, State of		Com No	m. Expires 12-29-2025	below:	
(2) Unsworn Declaration My name is	20 23, to certif	which, witness my hand and sea	lofoffice.	Secr	etary
My name is				, the end of the	or sommistering call
(street) (city) (state) (country) Executed in County, State of , on the day of , 20 (month) (year) .	2) Unsworn Declarat	ion			
(street) (city) (state) (zip code) (country) Executed in County, State of, on the day of, 20 (month) (year)			, and my date of	birth is	
Executed in County, State of, on the day of, 20 (country) (country) (country) (country) (country)	My address is				
	Executed in			, 20	(country)
Signature of Candidate/Officeholder (Declarant)			Signature of	, , , , , , , , , , , , , , , , , , ,	(arant)

Correction/Amendment Affidavit for Candidate/Officeholder Explanation of Correction

Schedule A1 changes – the original A1 identified contributions but did not have full address for 3 contributors that donated electronically. The accurate addresses were obtained after the report was submitted and added to the amendment. The donors were included since the contributions were sent to make sure they were identified until the update could be made.

Schedule E and F1 changes – the original E identified the ending balance loan amount and the source for the loans. Upon further understanding that the amounts did not have to account equally and that details were needed, the dates of each loan amount were added to the amendment to clarify. The updated information was added based on review of other reports. After adding this detail, the dates of each repayment was also added to Schedule F1.



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			40 -	15 July 15 July 19	St. Martin
Robert Blount, Jr.			16 FI	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL	ICAL CONTRIBUTIONS (OTHER TI ARANTEES OF LOANS, OR ECTRONICALLY)	HAN	\$	40.00
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOAM	NS)	s	3,090.00
TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$	114.6
*************	4. TOTAL POLITICAL EXPEN	IDITURES		\$ 4	4,205.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBI OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE I	LAST DAY		,86.0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS ING PERIOD	OF THE		1,115.36
	Please comp	Signature of o		of Officehole	der
NOTARY STAMP/SEAL worn to and subscribed be 0_33, to certify wr	afore me by Outy Collaboration, witness my hand and seal of office.	AY ANN COLLINS TOVAR Try Public, State of Texas Inn. Expires 12-29-2025 Totary ID 13131631-5 TOVAL this the Collins Tov Collins Tov Collins Tov Collins Tov Collins Tov Collins Tov Collins Tov	ar	day of	April,
Management		OR		This of Officer	administering oath
) Unsworn Declaration					
name is		, and my date of birth is			
- 4A.	(street)	(city)	state) (z	zip code)	Innue A
ecuted in	County, State of	, on the day of(month		, 20 (year)	(country)

SUBTOTALS - C/OH

Robert Blount, Jr. 20 Filer ID (Ethics Com		nmission Filers)	
	EDULE SUBTOTALS JE OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	channes de la contraction de l	\$ 3,090.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	111	s m 1,115.36
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s 03 +14.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s 4,090.75
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	INDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		S
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	S

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:
Robert BI		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2023	5 Full name of contributor Tammy Harris 6 Contributor address; City; State; Zip Code 3562 5 C// CC/C 7ci Sta Arrive Tx Apation / Job title (See Instructions)	7 Amount of contribution (\$) 100.00
- Thispar door	1) See Instructions) 9 Employer (See Instruc	tions)
Date 03/21/2023	Full name of contributor out-of-state PAC (IDR) Demetria Roberts Contributor address: City: State; Zip Code 78108 Temples of Christian School School Tx	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 03/21/2023 Principal occup	Full name of contributor Gerardo Campbell Contributor address; City; State; Zip Code 606 Lowe Drive State; Dec 68 cos Detion / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 50.00
Date	Full riame of contributor	
)3/22/2023	Cara Wright Contributor address; City: State; Zip Code 3 06 Myr + R Dak Shale Pod Ty	500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

SCHEDULE A1

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

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Robert B	lount, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2023	5 Full name of contributor Charles Phillips 6 Contributor address; City; State; Zip Code 113 West 88 St. 10024	7 Amount of contribution (\$) 250.00
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 03/23/2023 N	Sheldon Dennis Contributor address: City: State: Zip Code TOUN Normandale Sh. Apt 137 Sheldon Dennis Contributor address: City: State: Zip Code Sh. Apt 137 Sheldon Job title (See Instructions)	Amount of contribution (\$)
	Employer (See Instructions)	ons)
3/23/2023	Reggie Jones Contributor address, City; State: Zip Code 1835. Victor Aug. Los Argula. CA 90019 Dation / Job title (See Instructions)	Amount of contribution (\$)
	Employer (See Instructions) Employer (See Instructions)	ons)
3/25/0203	Robert Blount, III Contributor address: City: State: Zip Code 7 De Juick Lave SL. J. Hill, NT 67078	Amount of contribution (\$) 25.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruction	ns)

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
Robert Blount, Jr.			3 Filer ID (Ethics Commission Filers
4 TOTAL OF UN	NITEMIZED LOANS		\$
Date of loan 02/17/2023	7 Name of lender □ out-of-state Robert Blount, Jr.	e PAC (ID#:)	9 Loan Amount (\$) 1,000.00
Is lender a financial Institution?	8 Lender address; City: 13450 Sunnyview Trails San	State; Zip Code Antonio TX 78253	10 Interest rate 0.00
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	lateral	Check if personal fur account (See Instruc	nds were deposited into political
6 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
Principal Occupation	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 03/01/2023	Name of lender □ out-of-state Robert Blount, Jr.	PAC (ID#:)	Loan Amount (\$) 217.52
Is lender a financial Institution?	Lender address; City; 13450 Sunnyview Trails SanA	State; Zip Code Antonio TX 78253	Interest rate 0.00 Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral Check if personal functions account (See Instru		Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEI	EDED

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
Robert Blount, Jr.		3 Filer ID (Ethics Commission Filers	
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 03/06/2023	7 Name of lender □ out-of-state Robert Blount, Jr.	9 PAC (ID#:)	9 Loan Amount (\$) 2,000.00
6 Is lender a financial Institution?	8 Lender address; City; 13450 Sunnyview Trails San	State; Zip Code Antonio TX 78253	10 Interest rate 0.00 11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fun account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 03/24/2023	Name of lender □ out-of-state Robert Blount, Jr.	PAC (ID#:)	Loan Amount (\$) 1,000.00
ls lender a financial Institution?	Lender address; City; 13450 Sunnyview Trails SanA	State; Zip Code	Interest rate 0.00
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Call	lateral Check if personal fun account (See Instruct		ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City:		
not applicable	Ony,	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

1 Total pages Schedule F1: 2	2 FILER NAME Robert Blount, Jr.		3 Filer ID (Ethics Commission Filer
4 Date 03/07/2023	5 Payee name Robert Blount, Jr.		
96.12	7 Payee address; 13450 Sunnyview Trails San Antonio	city; o TX 78253	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description Accounting fo campaign	r payback of loan to
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
03/22/2023	Robert Blount, Jr.		
1,549.33	Payee address: 13450 Sunnyview Trails San Antonio	City; D TX 78253	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Accounting for p	ayback of loan to campaign
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 hot listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Robert Blount, Jr.		3 Filer ID (Ethic	s Commission Filer
4 Date 03/25/2023	5 Payee name Paypal			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
92.68	2211 N. 1st St, San Jose CA 95131			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Total of Payp	al transaction	fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/19/2023	Robert Blount, Jr.			
Amount (\$)	Payee address;	City;	State;	Zip Code
217.52	13450 Sunnyview Trails San Antonio	TX 78253		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Accounting for p	eayback of loan to	o campaign
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/01/2023	Robert Blount, Jr.			
	Payee address;	City;	State;	Zip Code
Amount (\$)				
Amount (\$) 120.41	13450 Sunnyview Trails San Antonio	TX 78253		
	Category (See Categories listed at the top of this schedule)	TX 78253		
		Print Way	payback of lo	oan to
120.41	Category (See Categories listed at the top of this schedule)	Description Accounting for campaign	payback of lo	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this for	rm. 1 Filer ID		2 Total pages filed: 6
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Vera	Į-	MI	OFFICE USE ONLY Date Received
	NICKNAME LAST Billingsle	эу	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 338 Oak Knoll Dr.	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount
Change of Address	San Antonio, TX 78228			Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Robe	nt	MI	
	NICKNAME LAST GENZAL		SUFFIX	
	Gental.	RC		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEA 310 Hope Dr.		San Anton	state; zip code
TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEA	ASE); APT	San Anton	state; zip cod
TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEA 310 Hope Dr. AREA CODE PHONE NUMBER (347) 598-43	ASE); APT R EXTENSION 3 / y before election	San Anton	STATE; ZIP COD TX 78228 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE 8 REPORT	STREET ADDRESS (NO PO BOX PLEA 310 Hope Dr. AREA CODE PHONE NUMBER (347) 598-43 Danuary 15 X 30th day	ASE); APT R EXTENSION 3 / y before election	San Anton	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE 9 PERIOD	STREET ADDRESS (NO PO BOX PLEA 3 10 Hope Dr. AREA CODE PHONE NUMBER (347) 598-43 January 15 X 30th day July 15 Bth day 1	ASE); APT	San Anton Runoff Exceeded modified reporting limit Month Day	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

12 0 / 00 1 11 11 12	DOM: No. 1 V.		a war and	2 of 6
13 C / OH NAME	Billingsley, Vera	1	4 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholde	f political contributions accepted or political expenditure r. These expenditures may have been made without the nd officeholders are required to report this information o	e candidate's or officeholder's	knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	TOTAL UNITED OR GUARANT	L MIZED POLITICAL CONTRIBUTIONS (OTHER THAN R EES OF LOANS, OR CONTRIBUTIONS MADE ELECT	PLEDGES, LOANS, RONICALLY) \$	0.00
	2. TOTAL POLITI (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	210.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITI	CAL EXPENDITURES	\$	60.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING P	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAS ERIOD	T DAY OF THE \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPO	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE LAST DAY \$	0.00
17 AFFIDAVIT	MARY ANN COLLING	I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.	perjury, that the accompany formation required to be repo	ing report is orted by me
A STATE OF THE PARTY OF THE PAR	Comm. Expires 12-2 Notary ID 131310	29-2025 631-5 Ulera Bil	lengsley andidate of Officeholder	/
AFFIX NO	DTARY STAMP / SEAL AE			
Sworn to and subs	scribed before me, by the s	said Vera Billings ley entify which, witness my hand and seal of office.	, this the a	day
Signature of offi	Ollins Tong	au many Collins Tovi		ary
Signature of Offi	cer auministering	Printed name of officer administering	Title of officer administ	tering oath

SUBTOTALS - C/OH

		3 SVER SHEET PO	of 6
18 FILER NAME Billingsley, Vera	19 Filer ID		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOU	JNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	210.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	30.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	30.00
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 2 FILER NAME 3 Filer ID Billingsley, Vera 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/20/2023 Roscoe, Ruth \$50.00 6 Contributor address; City; State; Zip Code 129 Thomas Edison Dr. Schertz, TX 78154 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/24/2023 Valek, Tony \$40.00 Contributor address; City; State; Zip Code 6226 Warhawk San Antonio, TX 78238 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/24/2023 Varella, Donald \$100.00 Contributor address; City; State; Zip Code 3131 Maribell San Antonio, TX 78228 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired N/A Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/24/2023 anonymous, \$20.00 Contributor address; City; State; Zip Code unknown San Antonio, TX Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Coi		Office Overn Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Refated Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	12	The Instruction Guide explains	now to com	piete this form.	10	F1(6)
	Sch: 1/1 Rpt: 5/6	-	Billingsley, Vera			3	Filer ID
1	Date	5	Payee name			_	
	03/17/2023		Hobby Lobby				
5	Amount (\$) \$30.00	7	Payee address; City; State 7058 Bandera Rd. San Antonio, TX 78238	; Zip Code	e		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	nedule) (I		, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct	_	Candidate/Officeholder name	Office sough	nt	_	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 6/6 Billingsley, Vera TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Date 03/05/2023 QuickCopy 7 Amount (\$) 8 Payee address; State; Zip Code City; \$30.00 6335 Bandera Rd. San Antonio, TX 78238 TYPE OF X Political Non-Political **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 **Flyers** 11 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

		A CAMPAGE AND A STATE OF STATE				
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages f	a4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Amy		MI E	OFFICE	USEONLY
NAME	NICKNAME	Hoffmann	***************	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1202 Sampso			TX 78251		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	887-6269	EX	TENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR Mrs	FIRST Blanca		МІ	Receipt #	Amount \$
NAME		***************			Date Processed	
	NICKNAME	Garza		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #;	CITY,	STATE;	ZIP CODE
TREASURER ADDRESS	1114 Sampso	on Dr	S	an Antonio	TX	78251
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(210)	325-8408	EX	TENSION		
9 REPORT TYPE	January 15 July 15	30th day before e		Runoff Exceeded Modified Reporting Limit	treasurer a (Officehold	ofter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 23	THROUG	Month 03	27 / 23	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
ii LELOTION			2.50			
	05 / 06	Year Primary ✓ 23 ■ General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known ee, Single Me		t #1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN I	NADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRE	ss		
		GO TO	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Amy Elizabeth Hoffma	nn		16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITING PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E	TICAL CONTRIBUTIONS (OTHER THA PARANTEES OF LOANS, OR LECTRONICALLY)	N \$	0
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS OANS, OR GUARANTEES OF LOANS	\$	4009.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPE	NDITURES	\$	3228.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIL OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LA	ST DAY \$	780.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE \$	0
(1) Affidavit	Please con MARY ANN COL Notary Public, S Comm. Expires Notary ID 13	State of Texas s 12-29-2025	w:	
NOTARY STAMP/SEAL Sworn to and subscribed 20 3, to certify	man nalls	and the	_6_ day of Secu	ipri) etary
Signature of officer administer	ing oath Printed name of	officer administering oath	Title of offi	cer administering oath
(2) Unsworn Declaratio	on .	OR		
My name is		, and my date of birth is		
My address is		, and my date of billing		
	(street)	(city) (state) (zip code)	(country)
Executed in		on the day of	. 20	_
		Signature of Candi	date/Officeholder (De	eclarant)

SUBTOTALS - C/OH

	riler NAME ny Elizabeth Hoffmann	20 Filer ID (Ethics Con	mmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4009.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	3228.96
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	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 CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Amy Hoffma	ann		3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
5/28/53	Holly Rogae 6 Contributor address; City;	State; Zip Code	\$20.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
7128123	Contributor address; City;	State; Zip Code	\$100.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
2/28/23	Contributor address; City;	State; Zip Code	\$25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
ચીગ્રી રેંગ	Stephen Henley Contributor address; City;	State; Zip Code	\$150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instr	uction guide for additional re	eporting requirements.

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME Amy Hoffma	ann	3 Filer ID (Ethics Commission Filers)
3 17 23	5 Full name of contributor Out-of-state PAC (ID#) Kimburly Owens 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/17/23	Contributor address; City; State; Zip Code	\$ 25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/17/23	Richard Gross Contributor address; City; State; Zip Code	\$20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
317/23	Contributor address; City; State; Zip Code	₩75.00
	pation / Job title (See Instructions) Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Amy Hoffm			3 Filer ID (Ethics Commission Filers
4 Date 3/19/23	Full name of contributor out-of-state P. Sandra Duan Contributor address; City;	AC: (ID#:) State; Zíp Code	7 Amount of contribution (\$) \$\\$\25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ions)
Date 3/17/23	Full name of contributor out-of-state P/ Tessica Cardenas Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 3/17/23	Full name of contributor out-of-state PA Amanda Green Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/17/23	Full name of contributor out-of-state PA Advience Duarte Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Insti	OF THIS SCHEDULE AS NE	EDED

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SCHEDULE A1

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

Amy Hoffmann Date 5 Full name of contributor SHEVEN VERM 6 Contributor address: City: State: Zip Code # 25.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution Out-of-state PAC (ID#:		Instruction Guide explains how to complete this form.	
SHEVEN VERM SHEVEN VERM Contributor address: City: State: Zip Code \$25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#		ann	3 Filer ID (Ethics Commission Filers)
Date Full name of contributor Addism Reafield Contributor address; City: State: Zip Code # 25. DD Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Richard 6002462 Contributor address: City: State: Zip Code # 100.0b Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#	3 17 23	Steven Verm	AARINA.
Addism Redfield Contributor address: City: State: Zip Code #25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor RICHUZL GONZALC Z Contributor address: City: State: Zip Code # 1700.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution out-of-state PAC (ID#		Addison Redfield	Amount of contribution (\$)
Date Full name of contributor RICHARD GONZALCZ Contributor address: City: State: Zip Code \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	3/17/23	City: State; Zip	\$ 25. DO
Richard Gonzale 2 State; Zip Code \$106.06 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
State: Zip Code \$100.00	Date	Richard Ganales	, whoshi of definition (4)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution			2010 11 11 11 11 11 11 11 11 11 11 11 11
Amount of contribution And www. Duran	3/19/23		And the second s
Lists March Duran	100	Contributor address; City; State; Zip	Code \$ 100.00
3 Contributor address; City; State; Zip Code	Principal occup	Contributor address; City; State; Zip pation / Job title (See Instructions) Employer Full name of contributor out-of-state PAC (ID#	Code \$ 100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	Contributor address; City; State; Zip Dation / Job title (See Instructions) Employer Full name of contributor out-of-state PAC (ID#	(See Instructions) Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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FILER NAME		3 Filer ID (Ethics Commission Filers)
Amy Hoffm		3 Filer ID (Etnics Commission Filers)
Date 3/17/23	Full name of contributor Out-of-state PAC (ID#	
Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date 3/17/2-3	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
		\$\frac{1}{2}\$.DD
	Employer (o	ree instructions)
Date 3	Full name of contributor out-of-state PAC (ID#:	
Principal occup	pation / Job title (See Instructions) Employer (S	See Instructions)
Date 3/17/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (S	see Instructions)

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

SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
Amy Hoffma			3 Filer ID (Ethics Commission Filers
1 Date 2 23	Full name of contributor out-of-state P. Donald Franklin Contributor address: City;	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 2 2 2 3	Full name of contributor out-of-state PA Melody Bacak Contributor address; City;	AC (ID#:) State: Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 2 2 2 3	Full name of contributor out-of-state PA Tris Dunbar Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 2 2 2 3	Full name of contributor Page Redfield Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME Amy Hoffm	ann		3 Filer ID (Ethics Commission Filers)
4 Date 3 31 23	5 Full name of contributor Dut-of-state PAC (ID# Lany Bond Contributor address; City; S	tate; Zîp Code	7 Amount of contribution (\$) \$\\$\\$\\$\20.00\$
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 4103/23	Full name of contributor out-of-state PAC (ID#: Turner Contributor address; City; S	tate; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 3 3 3 3 3	Full name of contributor out-of-state PAC (ID#, Huppy Jane Salvador Contributor address; City; St		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 3/25/23	Full name of contributor Out-of-state PAC (ID#, Linda MaSen Contributor address; City; Si	ate; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)

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

SCHEDULE A1

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name of contributor out-of-s 1. Hoffman ributor address; City; ob title (See Instructions)	state PAC (ID#:)	7 Amount of contribution (\$)
n Hoffmann City;	State; Zip Code	\$50.00
ob title (See Instructions)	9 Employer (See Instruction	
		ns)
mi Berdecia	State: Zin Code	Amount of contribution (\$)
b title (See Instructions)		
name of contributor out-of-s	state PAC (ID#)	Amount of contribution (\$)
butor address; City;	State; Zip Code	\$40.00
o title (See Instructions)	Employer (See Instruction	ns)
ole Reschke		Amount of contribution (\$)
ributor address; City;	State; Zip Code	\$ 20.00
o title (See Instructions)	Employer (See Instruction	ns)
t i	ALUCA GMZALEZ ributor address; City; bb title (See Instructions)	tributor address; City; State; Zip Code Employer (See Instruction Description out-of-state PAC (ID#

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

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SCHEDULE A1

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

EU ED LIVIE			
Amy Hoffma	ann		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#) Martinez 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) \$50.00	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 2 2 2 3	Full name of contributor out-of-state Participation Christensen Contributor address; City;		Amount of contribution (\$) \$ 200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 2 25 23	Full name of contributor out-of-state PA Janie Martinez Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 4 102 23	Full name of contributor out-of-state PA USA Hect Contributor address; City;	AC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES		

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Amy Hoffm		3 Filer ID (Ethics Commission Filers
4 Date 2 28 23	5 Full name of contributor out-of-state PAC (ID#	
3 Principal occu	upation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date 3/07/23	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date 2/28/23	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date 2/28/23	Full name of contributor Brzun+chS.com Contributor address; City; State; Zip Co	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (Se	ee Instructions)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ee Instructions)

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

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SCHEDULE A1

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

Amy El 4 Date 5	izabeth Hoffmann Full name of contributor out-of-state PAC (Orena Leishman Contributor address; City;	(ID#:) 7	Total pages Schedule A1: Filer ID (Ethics Commission Filers) Amount of contribution (\$)
Amy El Date 5 4/2/23 6	Full name of contributor out-of-state PAC ((ID#:	Amount of contribution (\$)
1 Date 5 6	Full name of contributor out-of-state PAC (
	Orena Leishman Contributor address; City;	State; Zip Code	\$25.00
Principal occupati			
	on / Job title (See Instructions)	9 Employer (See Instruction	s)
Date	Destru Novak	(ID#:)	Amount of contribution (\$)
3/17/38	되는데 그는 경에는 그를 가장하다면서 그렇게 되는데 그리는 경에는 가라면 하지만 하지만 하지만 하지만 하셨습니다.	State; Zip Code	\$10.00
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	s)
Date		(ID#)	Amount of contribution (\$)
3/17/23	Im Worthen Contributor address; City;	State; Zip Code	\$10.00
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC ((ID#)	Amount of contribution (\$)
3106/23	Syna Juarez Contributor address: City;	State; Zip Code	\$40.00
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	s)

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

SCHEDULE A1

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

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
2 FILER NAME Amy E	Izabeth Hoffmann		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-s	7 Amount of contribution (\$)	
3117/23	Darrell Fuller 6 Contributor address; City;	State; Zip Code	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
3/02/23	Michelle Flores Contributor address; City;	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
3/10/23	Ryan Smi+h Contributor address; City;	State; Zip Code	\$5.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-s	tate PAC (ID#:)	Amount of contribution (\$)
3/10/23	Annalisa Phipps Contributor address; City;	State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
		PIES OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, please se	e instruction guide for additional r	eporting requirements.

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SCHEDULE A1

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

FILER NAME	Elizabeth Hoffmann	3 Filer ID (Ethics Commission Filers
Date	e en	7 Amount of anatolytics (C)
3/10/23	Belle Druin 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Gina Thelier	Amount of contribution (\$)
3/17/23	Contributor address; City; State; Zip Code	\$ 50.00
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	stions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#) Ruben 600201e2 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Date 3 17 23	Ruben Gonzalez	# 48.50
Date 3 17 23	Ruben Gonzalez Contributor address; City; State; Zip Code	# 48.50
Date 3 17 23 Principal occup	Ruben Conzalez Contributor address; City; State; Zip Code pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#)	# 48.50

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SCHEDULE A1

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

FILER NAME		3 Filer ID (Ethics Commission Filers)
Amy 4 Date	Elizabeth Hoffmann	204 107 27 27 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
3/19/23	Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
3/16/23	Contributor address; City; State; Zip Code	\$20.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#	_) Amount of contribution (\$)
	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3 31 23	Kelly Aguirre	#10.00
3 31 23	Kelly Aguirre Contributor address; City; State; Zip Code	#10.00
3 3 23 Principal occup	Contributor address: City; State; Zip Code pation / Job title (See Instructions) Employer (See Inst	#10.00

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Amy Elizab	eth Hoffmann	3 Filer ID (Ethics Commission Filers
4 Date 3 31 23	Full name of contributor out-of-state PAC (ID#:) Ale jundra medois Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 3/06/23	Full name of contributor out-of-state PAC (ID#) Deborah Barrera Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3/17/23	Full name of contributor out-of-state PAC (ID#) Tracy Friam Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date 3117/23	Full name of contributor Oul-of-state PAC (ID#) TONY Gil Son Contributor address; City; State; Zip Code	Amount of contribution (\$)
,	pation / Job title (See Instructions) Employer (See Instruct	ions)

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

SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	
Amy Hoffm	ann	3 Filer ID (Ethics Commission Filers)
Date DIA8/23	5 Full name of contributor out-of-state PAC (ID#	
Principal occu	pation / Job title (See Instructions) 9 Er	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State	······································
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	aployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	

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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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Amy Elizabeth Hoffmann		3 Filer ID (Ethics	Commission Filers)
4 Date 03/13/23	Payee name Awallo Screenprinting			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,269.23	1230 Duke Rd.	San Antonio	TX	78264
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/22/2023	Making Memories			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$240.00	3050 Lake Grande St.	San Antonio) TX	78222
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
03/21/2023	Carl Christian J Anderson			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$207.70		San Antonio	Texas	78232
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Voter Data		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I	Amy Elizabeth Hoffen	nann	3 Filer ID (Ethics Commission Filers)
4 Date 3 25 23	De la Rosa Consulting		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$231.75		San Antonia	D TX 78251
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Rack Car	ds
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
3/22/23	Walgreens		
Amount (\$)	Payee address;	City;	State; Zip Code
\$12.34	9903 Potranco Rd	San Antonia	TX 78251
PURPOSE OF EXPENDITURE	Printing Expense	Fundrais	er Fluer
	Cheer if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/23/23	Walareens		
Amount (\$)	Payee address;	City;	State; Zip Code
\$6.17	9903 Potranco Rd	San Anton	io TX 78251
PURPOSE OF EXPENDITURE	Printing Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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Revised 8/17/2020

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

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)

Revised 8/17/2020

Credit Card Payment	The instruction Guide explains how to	complete this form.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule I	Amy Elizabeth Huffma	unn	3 Filer ID (Ethics Commission Filers)
3/29/23	5 Payee name Wayareens		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$12.34	9903 Potranco Rd	San Antonio	TX 78251
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Fundraise	
7E - 77 E 05 DE 0	(c) Check it have outside of Texas. Complete Schedule T.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
3/27/23	Payee name Walarelns		
Amount (\$)	Payee address;	City;	State; Zip Code
\$12.34	9903 Potranco Rd.	San Anton	nio TX 78251
PURPOSE OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.		r Flyer TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3 31 23	Ray Villeral - Kaliente	Dance Studi	D
Amount (\$)	Payee address,	City;	State; Zip Code
\$100.00	1429 W Hilderbrand Av	e San Anto	nio TX 78201
PURPOSE OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	Campaign	Fundraiser Location
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	DED
orms provided by Texas E		E	Revised 8/17/20

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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

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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

Revised 8/17/2020

Total pages Schedule F1:	2 FILER NAME Amy Elizabeth Hoffman		3 Filer ID (Ethic	s Commission Filers
Date 3 21 23	Fenry Avila			
# 600.00	7 Payee address; 3126 Ammarose Lane	San Antoni	State;	Zip Code 78211
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) Check Travel outside of Texas. Complete Schedule T.	(b) Description Signs	TX, officeholder livin	a expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3128123	Henry Avila			
Amount (\$)	3126 Annarose Lane	San Antonio	State:	Zip Code 78211
PURPOSE OF EXPENDITURE	Printing Expense Check Mravel outside of Texas. Complete Schedule T.	Signs	TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 3 22 23	Henry Avila			
4 \ 80 .00	3126 Annarose Lane	San Antoni	State;	Zíp Code 78211
PURPOSE OF EXPENDITURE	Printing Expense	Description	allation	
O	Check if travel outside of Texas. Complete Schedule T.		X, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

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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

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)

orbali barat ayman	The Instruction Guide explains how to	complete this form.	
Total pages Schedule F1:	Amy Elizabeth Hoffman		3 Filer ID (Ethics Commission File
3 17 78	Henry Avila		
\$ 100.00	7 Payee address; 3126 Annarose Lane	San Antoni	State; Zip Code 0 TX 7821
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) Check Hravel outside of Texas, Complete Schedule T.	(b) Description Sign Ins	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
	offect if traverouside of fexas, complete scriedule 1.		

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 MS / MRS/ MB 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** DAUN NAME Date Received 4 CANDIDATE/ ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 1806 BIG ROCK Dr SAN ANTONI 7822 Change of Address 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (2/0) 381-419 3 MS/MRS/MR) FIRST PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged CAMPAIGN ZIP CODE **TREASURER ADDRESS** 78227 (Residence or Business) CAMPAIGN TREASURER PHONE (210) 383-4193 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 01/01/2023 THROUGH 2023 ELECTION DATE 11 ELECTION ELECTION TYPE Other Description Runoff 05/06 /2023 General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	PAVID SALCIDO	Filer (D (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$.0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2, 135		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,111.64		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	AY \$ 1,023.36		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	SE \$		
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true at	nd correct and includes all information		
re	quired to be reported by me under Title 15, Election Code.	α		
·	$\mathcal{L}_{\mathcal{L}}(\mathcal{L}_{\mathcal{L}})$			
	Signature of Candi	date or Officeholder		
	Please complete either option below:			
(1) Affidavit				
NOTARY STAMP/SEA	AL			
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 administ	ering oath Printed name of officer administering oath	Title of officer administering oath		
OR.				
(2) Unsworn Declarat	ion			
My name is DAUL	Salerod and my date of birth is	08/19/1964		
My address is	BIG ROCK Dr , San Antonio , TI	(, 18227, Bexar.		
Executed in <u>BeX2</u>	(street) (city) (star County, State of TEXES, on the day of NPrimery)			
	Signature of Candidate	e/Officeholder (Declarant)		
	Oignature of Canadan			

SCHEDULE A1

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

- Page III al	o roport.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
DAVID SALCIDO	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instru	
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Date Full name of contributor	\$100,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 54/6 Westberry Son Materia 78227	\$ 50,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ptions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
18/23 Contributor address; City; State; Zip Code 4811 ISANC RYAN San ANEMIN TR 79253	125.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

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

SCHEDULE A1

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

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	DAVID SALCIDO	3 Filer ID (Ethics Commission Filers
109/13	5 Full name of contributor out-of-state PAC (ID#) Christine MArtinez 6 Contributor address; City; State; Zip Code 15618 Rvidosa Run Helotos 7X 78023	7 Amount of contribution (\$) 25,
Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date ////23 Principal occur	Full name of contributor out-of-state PAC (ID#) Christopher SA/ciDi Contributor address; City; State; Zip Code SUB Big RockDr SAr ArtowioTX 78227 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) ###################################
Date 1/8/23	Full name of contributor out-of-state PAC (ID#:) SOMIA TATSCH Contributor address; City; State; Zip Code 4 Willow Heights of San Antowio TX 78254 Dation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
	Employer (See Instructions)	ons)
بالجاوير	Full name of contributor out-of-state PAC (ID#:) ROS all Nda M Rey Na Contributor address; City; State; Zip Code All Ridge Arbor St San AntonioTX 78250 ation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) 25,
<u>J</u> *.	mi Retired	

t-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages, Schedule A1:
DAVID Salcido	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tructions)
Date Full name of contributor out-of-state PAC (ID#: JUD WITE COSFILIO Contributor address; City; State; Zip Code 10347 Prescott Son Autonio TX 78245	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#: 14/23 Gladys Perez Contributor address; City; State; Zip Code 202 Pleasanton Chr SanAntoniotx 7822	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Refited. Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Enducation Employer (See Instructions)	uctions)

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

SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	1 Total pages, Schedule A1:
2 FILER NAME	DAVID SALCIDA	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor ut-of-state PAC (ID#:) Welda Alvarado	7 Amount of contribution (\$)
12/43	3739 New Rock or San Automoty 7824/5	\$ 25.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	<u>l</u> itions)
Date	Full name of contributor out-of-state PAC (ID#:) Woodrow Wilson Contributor address: 4 City: State 7th Code	Amount of contribution (\$)
120/23	Contributor address; 54 1025 City; State; Zip Code 62 43 TH-10 West Sen Anfono Th 78201 ation / Job title (See Instructions) Employer (See Instructions)	\$450.00
	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
120/23	Contributor address; City; State; Zip Code	\$ 100.00
	446 E Mayfield SanArtonio TX 18214 ation / Job title (See Instructions) Employer (See Instructions) Refired	ions)
Date	Full name of contributor	Amount of contribution (\$)
120/22	Bento Acovio Contributor address; City; State; Zip Code	\$ 50.00
"" 1"	The second secon	
1-7	3739 Honey tree San Antonio 7 78245 tion / Job title (See Instructions) Employer (See Instructions)	

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

SCHEDULE A1

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

11	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	DAVID Salcipa	3 Filer ID (Ethics Commission Filers
Principal occ	5 Full name of contributor oul-of-state PAC (ID#:	7 Amount of contribution (\$) # / OU, OU stions)
	Full name of contributor out-of-state PAC (ID#:) Steph 2N/c Sawchez Contributor address; City; State; Zip Code 7507 Cortland Oak San Andoniu TK 78254	Amount of contribution (\$)
rincipal occu	pation / Job title (See Instructions) Employer (See Instruc	dons)
Date S Z Z Principal occup	Full name of contributor	Amount of contribution (\$)
Pate / 8/23	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
тпоры ообыр	Employer (See Instructions) Employer (See Instructions)	ons)

SCHEDULE A1

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

·	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
! FILER NAME	DAVID SAICIE	O C(3 Filer ID (Ethics Commission Filers)
Principal occu	5 Full name of contributor out-of-state P VIRGINIA ESPY 6 Contributor address; City; 8003 VIKANS Trail Sanflute pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) \$\frac{1}{25},000\$ tions)
Date	A 1	AC (ID#:)	Amount of contribution (\$)
25/23	Charles Alexander Contributor address; City; 116 M Malone San Anto	1	\$ 5.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
ZNZZ	Contributor address; City: 6962 W. Home Vsucka Reofia	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
rincipal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
<u></u>	ATTACH ADDITIONAL COPIES O		

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

Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#:_ Name of lender Date of loan 10 Interest rate State; Zlp Code City; Is lender 8 Lender address; a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) ut-of-state PAC (ID#: Date of loan Name of lender Interest rate Zip Code State; Lender address; City: ls lender a financial Maturity date Institution? Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION State; Zip Code

City;

Guarantor address;

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

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

SCHEDULE F1

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

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense Office Food/Beverage Expense Polling Giff/Awards/Memorials Expense Printin cal Committee Legal Services Salarie	Repayment/Reimbursement Overhead/Rental Expense J Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Cab-dul- Ed	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F1:		1100	3 Filer ID (Ethics Commission Filers)
3/4/2023	5 Payee name 3D SIONS		
6 Amount (\$)	7 Payee address;	City;	Challen
\$647,00	7986 1st Somerse	+ 7X	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	. , , ,
PURPOSE OF EXPENDITURE	Political Adventisemen	# \$19	in 5
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/10/23	30 Signs		
Amount (\$)	Payee address;	City;	S. C.
#363.72	7986 1 st street	Someossát	State; Zip Code 78069
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Political Advertisam	et Sig	NS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		_	O mad Held
Date	Payee name		
3/24/120	Printing + Des) a 14	
Amount (\$)	Payee address;	City;	State; Zip Code
184,03	4536 W. Comp	Marce Son And	100 TX 78237
PURPOSE OF ' EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Adventismed	Description 5×7 Po	ush Cards
	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 NEED	ED

FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 34 00086159 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Gerald B. NAME Date Received NICKNAME LAST **SUFFIX** Lopez ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked CANDIDATE / ZIP CODE **OFFICEHOLDER** 7835 Emerald Elm MAILING Amount Receipt # **ADDRESS** Change of Address San Antonio, TX 78251 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** NAME NICKNAME LAST **SUFFIX** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit **PERIOD** Month Day Year Month Day Year **COVERED** 01/17/2023 **THROUGH** 03/27/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 34

13 C / OH NAME	Lopez, Gerald B. (Mr)	14 Filer ID 00086159	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASUREI	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 14,125.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 11,411.24
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 2,843.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L FING PERIOD	OANS AS OF THE LAST DAY	\$ 445.00
17 AFFIDAVIT			der penalty of perjury, that the ac includes all information required t on Code.	
		Si	ignature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of	office.	
Signature of office	cer administering	Printed name of officer administeri	ng Title of office	r administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 34 **18** FILER NAME 19 Filer ID (Ethics Commission Filers) 00086159 Lopez, Gerald B. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 14,125.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11,411.24 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/34	
2	FILER NAME Lopez, Geral			3	Filer ID (Ethics Commission 00086159	n Filers)		
4	Date 03/24/2023	 Full name of contributor Bandy, David Contributor address; City; Star P.O. Box 700 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu General Con	Blanco, TX 78806 upation / Job title (See Instructions))		Employer (See Instructions Bandy Construction	<u> </u> 5)		
	Date 03/12/2023	Full name of contributor Barrios, Louis Contributor address; City; Sta 1102 Morgans Peak San Antonio, TX 78258	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions Restaurateur Small Business Owner		s)					
	Date 03/07/2023	Full name of contributor Britton, George Contributor address; City; Sta 7914 Hobble St San Antonio, TX 78227	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu Educator	pation / Job title (See Instructions))		Employer (See Instructions Retired	<u> </u>		
	Date 02/06/2023	Full name of contributor Christensen, Patrick Contributor address; City; Sta 826 West Craig Pl San Antonio, TX 78212	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu Lawyer	ipation / Job title (See Instructions))		Employer (See Instructions Patrick W. Christensen			
	Date 03/13/2023	Full name of contributor Clay Flores, Rebecca Contributor address; City; Sta P.O. Box 14321 San Antonio, TX 78214	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Commission	ipation / Job title (See Instructions) er)		Employer (See Instructions Bexar County	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/34	
2	FILER NAME Lopez, Gera	ld B. (Mr.)			3	Filer ID (Ethics Commission 00086159	on Filers)
4	Date 02/20/2023	5 Full name of contributor Cleary, Wade6 Contributor address; City; Sta 307 Horsebend	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Engineer Cleary Zimmermann Engi		gin	eers LLC			
Date Full name of contributor out-of-state PAC (ID#:) 02/23/2023 Domingez III, Alfredo Contributor address; City; State; Zip Code 7902 Emerald Elm San Antonio, TX 78251			Amount of Contribution (\$)	\$200.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions			5)			
	Retired			US Air Force			
	Date 02/23/2023	Full name of contributor Douglass, Clifton Contributor address; City; Sta P.O. Box 17248 Austin, TX 78760	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	<u> </u>		Employer (See Instructions	<u> </u>		
	Lawyer			Linebarger Goggan Blai	r aı	nd Sampson, LLP	
	Date 02/17/2023	Full name of contributor Escamillia, Pablo Contributor address; City; Sta 1047 W 17th St Houston, TX 77705	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Escamilla & Poneck, LL	•		
	Date 03/21/2023	Full name of contributor Garza, Jesse Contributor address; City; Sta 14034 Oakhills way San Antonio, TX 78231	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Garza Architects	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1	
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/34	
2	FILER NAME Lopez, Geral	d B. (Mr.)			3	Filer ID (Ethics Commission 00086159	on Filers)
4	Date 02/20/2023	 Full name of contributor out-of-state PA Gonzalez, Rene Contributor address; City; State; Zip Code 207 Arden Grove 	AC (ID#:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu Accountant	San Antonio, TX 78215 pation / Job title (See Instructions)	9	Employer (See Instructions Garza /Gonzalez & Asso		ates	
	Date Full name of contributor out-of-state PAC (ID#:) 03/06/2023 Griffen, James Contributor address; City; State; Zip Code 10101 Reunion PI # 250 San Antonio, TX 78216			Amount of Contribution (\$)	\$500.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions Killen, Griffin & Farrimon						
	Date 03/23/2023	Full name of contributor out-of-state PA Hernandez, Joel Contributor address; City; State; Zip Code 2200 Hubbard St San Antonio, TX 78209	AC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions NextGen Architects	<u> </u>		
	Date 02/21/2023	Full name of contributor out-of-state PA Hogan, Michael Contributor address; City; State; Zip Code 1535 Yosimity Oaks Cir San Antonio, TX 78213	AC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Real Estate I	pation / Job title (See Instructions) Broker		Employer (See Instructions Homesprings Realty	<u> </u>		
	Date 02/13/2023	Full name of contributor out-of-state PA Lammers, Jerry Contributor address; City; State; Zip Code 512 Corona San Antonio, TX 78209	AC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Alamo Architects	()		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/34	
2	FILER NAME Lopez, Geral	d B. (Mr.)			3	Filer ID (Ethics Commission 00086159	n Filers)
4	Date 02/23/2023	 Full name of contributor out-of-state PA Lopez, Gerald Contributor address; City; State; Zip Code 7835 Emerald Elm 	AC (ID#:)	7	Amount of Contribution (\$)	\$400.00
8	Principal occu Landscaper	San Antonio, TX 78251 pation / Job title (See Instructions)	9	Employer (See Instructions G&L Lawn Service	j ;)		
	Date Full name of contributor out-of-state PAC (ID#:) 102/06/2023 Lopez, Gerald Contributor address; City; State; Zip Code 7835 Emerald Elm San Antonio, TX 78251			Amount of Contribution (\$)	\$25.00		
Principal occupation / Job title (See Instructions) Landscaper Employer (See Instructions G&L Lawn Service		5)					
	Date 01/23/2023	Full name of contributor out-of-state PA Lopez, Gerald Contributor address; City; State; Zip Code 7835 Emerald Elm San Antonio, TX 78251	AC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Landscaper	pation / Job title (See Instructions)		Employer (See Instructions G&L Lawn Service	<u> </u> 5)		
	Date 03/11/2023	Full name of contributor out-of-state PA Lopez, Reynaldo Contributor address; City; State; Zip Code 7619 Quite Ridge Walk San Antonio, TX 78250	AC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Texas Legisl	pation / Job title (See Instructions) ator		Employer (See Instructions State of Texas	5)		
	Date 03/06/2023	Full name of contributor out-of-state PA Meza, Daniel Contributor address; City; State; Zip Code 13707 Cape Bluff San Antonio, TX 78216	AC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1	
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/34	
2	FILER NAME	U.D. (14.)			3	Filer ID (Ethics Commission	on Filers)
	Lopez, Gera					00086159	
4	Date 03/24/2023			7	Amount of Contribution (\$)	\$2,000.00	
6 Contributor address; City; State; Zip Code P.O. Box 1060							
		Helotes, TX 78023					
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Communicare)		
	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)			
	02/13/2023	Ortiz, Daniel	-UI-SIAIC FAC (ID#			Amount of Contribution (\$)	\$1,000.00
		Contributor address; City; State; Zip	Code				
		112 E Pecan St Ste 1360					
		San Antonio, TX 78206					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Lawyer Brown & Ortiz PC							
	Date	—	-of-state PAC (ID#:)		Amount of Contribution (\$)	#4 000 00
	02/24/2023						\$1,000.00
		Contributor address; City; State; Zip 17611 Rancho Diana) Code				
		17011 Nancho Blana					
		Helotes, TX 78023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Educator			Southside ISD			
	Date	Full name of contributor out	-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/22/2023	Ramon, Andrew	Codo				\$400.00
		Contributor address; City; State; Zip 3131 NW loop 410	Code				
		San Antonio, TX 78231					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lawyer	(Andrew G Ramon Law F		1	
	Date	Full name of contributor out	i-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/03/2023	Ramon, Flores					\$250.00
		Contributor address; City; State; Zip	Code				
		132 East Magnolia Ave					
		San Antonio, TX 78212					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Real Estate	Agent		Flores Holdings LLC			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/34	
2	FILER NAME Lopez, Geral	d B. (Mr.)		3	Filer ID (Ethics Commission 00086159	n Filers)
4	Date 03/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu Tax Prepare	San Antonio, TX 78251 pation / Job title (See Instructions)	Employer (See Instruction Small Business Owner			
Date Full name of contributor out-of-state PAC (ID#:) Rodriguez, Rudi Contributor address; City; State; Zip Code 10000 W Commerce St San Antonio, TX 78227			Amount of Contribution (\$)	\$100.00		
	Principal occupation / Job title (See Instructions) Engineer Employer (See Instructions EPI Enclosures			ns)		
	Date 03/02/2023	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Rudy Contributor address; City; State; Zip Code 6827 Rock Rd San Antonio, TX 78229			Amount of Contribution (\$)	\$500.00
	Principal occu Waste Mana	pation / Job title (See Instructions)	Employer (See Instruction Republic Disposal	ns)		
	Date 02/22/2023	Full name of contributor out-of-state PAC (ID#:_Romo, Lawrence Contributor address; City; State; Zip Code 4811 Isaac Ryan San Antonio, TX 78253			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction US Air Force	ns)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#:_ Serna, Baltazar Contributor address; City; State; Zip Code 237 W Travis St, Ste 100 San Antonio, TX 78205			Amount of Contribution (\$)	\$350.00
	Principal occu Lawyer	oation / Job title (See Instructions)	Employer (See Instruction Serna & Serna Law Fir			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/34	
2	FILER NAME Lopez, Gera	d B. (Mr.)		3	Filer ID (Ethics Commission 00086159	n Filers)
4	Date 02/24/2023	 Full name of contributor out-of-state PAC (ID#:_Sloat, Hollis Contributor address; City; State; Zip Code 10639 Braddock St 		7	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78245				
8	Principal occu Retried	pation / Job title (See Instructions)	9 Employer (See Instructions US Air Force)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/16/2023 Wilson, Woody Contributor address; City; State; Zip Code 6243 I-H 10 W San Antonio, TX 78201			Amount of Contribution (\$)	\$450.00	
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Sanchez & Wilson , PLL			
	Date 02/22/2023	Full name of contributor out-of-state PAC (ID#:_Zinsmeister, Irene Contributor address; City; State; Zip Code 131 East Private Rd 182 Helotes, TX 78023			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions Nisd)		
	Date 03/16/2023	Full name of contributor			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78238				
	Principal occu Real Estate	pation / Job title (See Instructions) Agent	Employer (See Instructions Retired)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 11/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	03/06/2023	3D Printing
6	Amount (\$) \$369.99	7 Payee address; City; State; Zip Code 8015 W 2nd St
		Somerset , TX 78069
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2023	3D Printing
	Amount (\$) \$744.22	Payee address; City; State; Zip Code 8015 W 2nd St
		Somerset , TX 78069
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2023	3D Printing
	Amount (\$) \$292.27	Payee address; City; State; Zip Code 8015 W 2nd St
		Somerset , TX 78069
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
Ĺ	Sch: 2/24 Rpt: 12/34	Lopez, Gerald B. (Mr.) 00086159	
4	Date	5 Payee name	
	03/20/2023	7-ELEVEN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	1702 SW Loop 410 S	
		san antonio, TX 78227	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Sche	dule T.
	-	Check if Austin, TX, officeholder living expense	
		Fuei	
Ļ	Computate Chill V. V. II	Constitute (Office helder no no	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	03/27/2023	ActBlue Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.23	PO BOX 441148	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Sche	dule T.
		online donation	
		Offine doriation	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/27/2023	Alamo Mailing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,103.01	13114 Lookout Run	
	41,100.01		
		San Antonio, TX 78233	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Sche	dule T.
		Campaign Material	
		Campaign Material	
	0 1: 0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		•	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		rc)
1	Sch: 3/24 Rpt: 13/34	2 FILER NAME Lopez, Gerald B. (Mr.) 3 Filer ID (Ethics Commission Filer D) 00086159	15)
4	Date	5 Payee name	
	02/06/2023	BILL MILLER BAR-B-Q	
6	Amount (\$) \$49.95	7 Payee address; City; State; Zip Code 7140 Northwest loop 410	
		San Antonio, TX 78251	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Food for Volunteers	
L			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/21/2023	BROADWAY NATIONAL Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$283.75	7555 Culebra rd	
	Ψ203.73	7333 Culebia iu	
		San Antonio, TX 78251	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
	-	Check if Austin, TX, officeholder living expense	
		Payment for Campaign Workers	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/06/2023	CIRCLE K	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.80	7305 Culebra Rd	
	Ψ32.00		
		San Antonio, TX 78251	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	PH Comment of the Com	ſ
			ĺ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	T-4-1 O-1	<u> </u>
	Total pages Schedule F1: Sch: 4/24 Rpt: 14/34	2 FILER NAME Lopez, Gerald B. (Mr.) 3 Filer ID (Ethics Commission Filers) 00086159
4	Date	5 Payee name
ľ	03/06/2023	CIRCLE K
L	03/00/2023	OROLE N
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.16	7305 Culebra Rd
		San Antonio, TX 78251
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
F	Date	Payee name
	03/13/2023	City of San Antonio Development Services
L		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.96	1901 S Alamo St
		San Antonio, TX 78207
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food Permit
		T GOUT CITING
┡	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit ever	
	Date	Payee name
	02/21/2023	DEMO'S GREEK FOOD
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.58	7115 Blanco Rd 120
	Ψ14.50	7 113 Dittiles No. 120
		san antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mtg With Donor
ĺ		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/OI	
\vdash		
L		

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/24 Rpt: 15/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	03/21/2023	DOT CARDS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.26	143 Lois St NW
		Atlanta, TX 30318
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign business cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/22/2023	De Hoyos, Rosemarie (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6082 Crab Orchard
		San Antonio, TX 78240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee City Council Candidate forum
		City Council Candidate forum
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/23/2023	Dillard's
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.68	6301 NW Loop 410
		Ste D
		San Antonio, TX 78238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gift for retirement
	Commission ONU Wife allows	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/24 Rpt: 16/34	2 FILER NAME Lopez, Gerald B. (Mr.) 3 Filer ID (Ethics Commission Filers) 00086159
4	Date 01/25/2023	5 Payee name EIG*CONSTANTCONTACT.CO
6	Amount (\$) \$63.39	7 Payee address; City; State; Zip Code 1601 Trapelo RD Waltham, MA 02451
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Email
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/16/2023	Payee name EIG*CONSTANTCONTACT.CO
	Amount (\$) \$42.64	Payee address; City; State; Zip Code 1601 Trapelo RD
	PURPOSE OF EXPENDITURE	Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign email
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/10/2023	Payee name ESP ACTIONWEAR
	Amount (\$) \$588.60	Payee address; City; State; Zip Code 14014 Tahoe Vista
		San Antonio, TX 78253
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-Shirts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 7/24 Rpt: 17/34	Lopez, Gerald B. (Mr.) 00086159			
4	Date	5 Payee name			
	02/13/2023	El Taco de Jalisco			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$17.98	8099 Culebra Rd			
		San Antonio, TX 78251			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Breakfast with Volunteer			
		Dicarrast with volunteer			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Dete				
	Date	Payee name			
	01/26/2023	Exxon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.04	7880 Culebra rd			
		san antonio, TX 78251			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Bevarge for Volunteer			
		Botalgo for Volanteer			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data	Device same			
	Date 02/23/2023	Payee name Exxon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$38.32	7880 Culebra rd			
		san antonio, TX 78251			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		fuel			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 8/24 Rpt: 18/34	Lopez, Gerald B. (Mr.) 00086159		
4	Date	5 Payee name		
	03/24/2023	FedEx Office Print & Ship Center		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$64.91	5714 Northwest Loop 410 Ste 800		
		San Antonio, TX 78238		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Map		
		ινιαμ		
_	Complete CNU V 'C "	Condidate/Officeholder name		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	03/13/2023	FedEx Office Print & Ship Center		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$76.22	5714 Northwest Loop 410 Ste 800		
		•		
		San Antonio, TX 78238		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Office Supplies		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	02/07/2023	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.00	7914 Culebra Rd		
		San Antonio, TX 78251		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Fee		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 19/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	01/30/2023	GOOGLE *Domains
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/06/2023	Gutierrez, Robert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	2414 Field Wood
		San Anonio, TX 78251
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Work
		Sampaigh 110m
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/27/2023	Gutierrez, Robert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	2414 Field Wood
	Ψ120.00	2414 Ficial Wood
		San Anonio, TX 78251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Work
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 10/24 Rpt: 20/34	Lopez, Gerald B. (Mr.) 00086159		
4	Date	5 Payee name		
	03/06/2023	HOME DEPOT		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$58.46	611 SW Loop 410		
		san antonio, TX 78251		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Stakes Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Political signs		
		i ontical signs		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
\vdash	Dete			
	Date	Payee name		
	03/06/2023	HOME DEPOT		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$40.73	611 SW Loop 410		
		san antonio, TX 78251		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Metal Stakes & Stake Jammer		
		Check if Austin, TX, officeholder living expense Political signs		
		Political signs		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		
	Date	Payee name		
	02/21/2023	Hernandez, Grace (Mrs.)		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$37.00	PO Box 13681		
		San Antonio, TX 78213		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
		Check if Austin, TX, officeholder living expense		
		Reimburstment		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/24 Rpt: 21/34	Lopez, Gerald B. (Mr.)		00086159
4	Date	5 Payee name		·
	03/06/2023	Hernandez, Grace (Mrs.)		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$100.00	PO Box 13681		
		San Antonio, TX 78213		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/O		giit	Cince Held
F	Date	Payee name		
	03/23/2023	J Anthonys Sea Food		
Н	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$62.97	7210 Northwest Loop 410		
		San Antonio, TX 78245		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Dinner with Volunteer
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held
L	experialitate to belieff 6/01	'		
	Date	Payee name		
	03/13/2023	KIOLBASSA PROVISION CO	- al a	
	Amount (\$) \$192.00	Payee address; City; State; Zip Co 1545 S San Marcos	oue	
	Ψ102.00	1340 G Gail Mai 663		
		san antonio, TX 78207		
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Sausage
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/24 Rpt: 22/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	02/24/2023	LA MICHOACANA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.93	7914 Culebra Rd #106
		san antonio, TX 78251
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense water for volunteers
		water for volunteers
_	Compulate ONLY if direct	Condidate/Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/27/2023	LAS PALAPAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.56	5525 Tezel Rd
		San Antonio, TX 78250
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mtg with Donor
		Milg Will Dollo!
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	03/23/2023	LOS AJOS MEXICAN GRILL
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.90	7616 Culebra Rd STE 109
		San Antonio, TX 78251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Mtg with Donor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 23/34	Lopez, Gerald B. (Mr.)	00086159
4	Date	5 Payee name	
	03/06/2023	Little Caesars Pizza	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$52.46	9257 Culebra Rd SUITE 104	
		San Antonio, TX 78251	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Cod/Beverage Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Food for Volu	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/13/2023	Lopez, Lorenzo (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	7835 emerald elm	
		san antonio, TX 78251	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/Contract Eabor	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Campaign W	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/08/2023	Lopez Jr., Leonard (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$310.00	306 Mahogany Chest	
		San Antonio, TX 78249	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
		Design for Pr	, TX, officeholder living expense rint Materials
			in materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 14/24 Rpt: 24/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	02/02/2023	Lopez sr, Gerald B (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	7835 emerald elm
		san antonio, TX 78251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Testing online donartion site
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	McDonald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.64	8349 Culebra Rd
		San Antonio, TX 78251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Discuss Issues with Grandparent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name McClathlin, Stanbania (Ma.)
	01/31/2023	McGlothlin, Stephanie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	718 Las Puertas
		san antonio, TX 78245
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media
		Joola Weala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 25/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	03/09/2023	McGlothlin, Stephanie (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	718 Las Puertas
		san antonio, TX 78245
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Social Media
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2023	Military Order of Purple Hearts Chapter 1836
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	8541 located at 2222 Austin Hwy
		San Antonio, TX 78233
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_/	Candidate/Officeholder/Political Committee
		riesta Wedai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Data	Para and a second
	Date 03/13/2023	Payee name OFFICE DEPOT
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.48	119 SW Loop 410 Hwy 410 &, TX-151,
		San Antonio, TX 78254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.		
1	Total pages Schedule F1: Sch: 16/24 Rpt: 26/34	2 FILER NAME Lopez, Gerald B. (Mr.)	3	Filer ID 00086159	(Ethics Commission Filers)
4	Date 01/27/2023	5 Payee name PARAISO DE JALISCO	 		
6	Amount (\$) \$40.60	7 Payee address; City; State; Zip Code 7850 S Loop 1604 W A			
		Somerset, TX 78069			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outs Check if Austin, TX Lunch with Print	K, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought		Office he	eld
	Date 03/21/2023	Payee name QT-QuikTrip			
	Amount (\$) \$72.69	Payee address; City; State; Zip Code 7230 Culebra Rd			
		San Antonio, TX 78251			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outs Check if Austin, TX Fuel		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office he	eld
	Date 02/13/2023	Payee name RINGRING WIRELESS - #2			
	Amount (\$) \$294.80	Payee address; City; State; Zip Code 7625 Culebra Rd Ste 109			
		san antonio, TX 78251			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outs Check if Austin, TX Cell Phones		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		rict category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 17/24 Rpt: 27/34	Lopez, Gerald B. (Mr.) 00086159	
4	Date	5 Payee name	
	02/13/2023	RINGRING WIRELESS - #2	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$86.59		
		san antonio, TX 78251	
8	PURPOSE		
0	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Comp	lete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	
		Bluetooth speaker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ld
	expenditure to benefit C/OI	OH .	
	Date	Payee name	
	03/21/2023	SACVF Golf Tournament	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4102 S.New Braunfels Ave Ste 110	
		San Antonio, TX 78223	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Comp	llete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living	
		Golf Tournement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ld
	expenditure to benefit C/OI	JN	
	Date	Payee name	
	03/27/2023	SALTGRASS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.28	60 NE Interstate 410 Loop	
		San Antonio, TX 78216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living	expense
		Lunch with Donor	
	Complete ONLY if alias -t	Condidate/Officeholder name	Id
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office he OH	iu
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/24 Rpt: 28/34	Lopez, Gerald B. (Mr.)		00086159
4	Date	5 Payee name		<u>'</u>
	02/21/2023	SNAPPYS MARK		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$83.00	2549 Stste Hwy 71		
		Columbus , TX 78934		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				District UIL Competition
_				200
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	·			
	Date	Payee name		
	03/22/2023	SOUTH TEXAS PRESS INC		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$755.51	300 Arbor PI		
		San Antonio, TX 78202		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Campaign Material
				Campaign Material
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9	
	Date	Payee name		
	02/15/2023	STREET TALK Magazine		
	Amount (\$)	Payee address; City; State; Zip Co	ndo	
	\$250.00	2219 Cincinnati Ave	uc	
	Ψ230.00	ZZIO GIIIGIIII ALI / WE		
		san antonio, TX 78228		
	D. 100.00		<i>a</i> >	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Advertisment
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 19/24 Rpt: 29/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	02/24/2023	STREET TALK Magazine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	2219 Cincinnati Ave
		san antonio, TX 78228
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political advertisement
		Totaloga dayonaosinona
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Pausa nama
	02/27/2023	Payee name San Antonio Coalition for Veterans And Families
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4102 S New Braunfels Ave Suite 110
		San Antonio, TX 78223
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Donation for Sponsorship Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Golf Team
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/23/2023	THE HOME DEPOT
	Amount (\$) \$101.18	Payee address; City; State; Zip Code 5638 W Loop 1604 N
	Φ101.16	3036 W L00p 1004 N
		San Antonio, TX 78251
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Stakes & ties
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - ıl Cor	nmittee	Legal Service				Vages	ete this form.			el Out of Di ER (enter a		not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	:				_		3	File	, ID	(Ethics	Commission Filers)	
Ĺ	Sch: 20/24 Rpt: 30/34		Lopez, Gera		·.)					Ľ		86159	,=		
4	Date	5	Payee name												
	03/27/2023		TINK-A-TA	(0											
6	Amount (\$)	7	Payee addres	ss; Cit	y;	State;	; Zip Co	de							
	\$18.09		7507 Potrar	nco Rd											
		L	San Antonio	o, TX 782	51										
8	PURPOSE	(a)	Category (Se	e Categories	listed at the t	top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Food/Bever						Check if travel					edule T.	
	-								Check if Austin						
								1	Mtg with cam	ıµdı	igii V	oiurile€	, I		
Ļ	Ormalia Strategic		S P. 1				>tt.					0′′′	-1.1		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder r	name	C	Office sou	ght				Office h	eld		
L		_													
	Date	_	Payee name												
	02/23/2023		Taco Cabar	na											
	Amount (\$)	Г	Payee addres	ss; Cit	y;	State;	; Zip Co	de		_					
	\$9.18		8030 Culeb	ra Rd											
	_	<u>_</u>	San Antonio												
	PURPOSE OF	(a)	Category (Se			top of this sch	nedule)	(b)	Description			_			
	EXPENDITURE		Food/Bever	age Expe	ense			1	Check if travel of Check if Austin					eaule T.	
								1	Campaign Mt						
									-ampaign M	-9 V	1	Janic	٠.		
	Complete ONLY if direct		Candidate/Offi	ceholder r	ame		Office sou	ght				Office h	eld		
	expenditure to benefit C/OF	H —								_					
	Date		Payee name												
	03/13/2023		Taco Cabar	na 				_							
	Amount (\$)		Payee addres	ss; Cit	y;	State;	; Zip Co	de							
	\$36.75		8030 Culeb	ra Rd											
			San Antonio	o, TX 782	51					_					
	PURPOSE OF	(a)	Category (Se			top of this sch	nedule)	(b)	Description	_					
	OF EXPENDITURE		Food/Bever	age Exp	ense			1	Check if travel					edule T.	
	-								Check if Austin				g expense		
									ווווים וטו עסו	null	ice!	و			
	Complete Chillian	Ц	Sonalista de es	noh-!!			>#: -	~!-·				Ott.	ماط		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	cenolder r	iame	(Office sou	gnt				Office h	eia		
		_													
_	· · · · · ·														_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 21/24 Rpt: 31/34	Lopez, Gerald B. (Mr.)
Ļ	•	
4	Date	5 Payee name
L	02/16/2023	Taurinos Mexican Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.13	4416 Callahan Rd
		San Antonio, TX 78228
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mtg With Donor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
H	Date	Payee name
	02/23/2023	Trail Blazer Campaign Services, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$177.20	5832 Lincoln Dr., Suite 149
		Edina, MN 55436
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	TAI LIADITORE	Check if Austin, TX, officeholder living expense
		Software
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	onpenditure to beliefft C/Of	··
	Date	Payee name
	02/21/2023	UNCLE JOE'S Tacos
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.71	11996 Alamo Ranch Pkwy
		San Antonio, TX 78253
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Rayarage Eynense (c) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mtg with Donor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/24 Rpt: 32/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	02/03/2023	US Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	707 Richland Hills Dr.
		San Antonio, TX 78245
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		For P.O. Box
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	VICKY'S MEXICAN REST
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.48	2349 Pinn Rd
	Ψ12.40	2040 T IIII T (U
		san antonio, TX 78227
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch with Volunteer
		Eurien with volunteer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/06/2023	VISTAPRINT
	Amount (\$)	Payee address; City; State; Zip Code
	\$866.73	275 Wyman Street
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Material for Blockwalking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission File	rs)
	Sch: 23/24 Rpt: 33/34	Lopez, Gerald B. (Mr.)			00086159		
4	Date	5 Payee name					
	03/03/2023	WESTSIDE SOL					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	1201 W Laurel St #201					
		San Antonio, TX 78201					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Advertising Expense			ide of Texas. Com		
			Political Adv		, officeholder living	ı expense	
			1 Ontical 7 av	CI LI.	Silicit		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	-id	
٦	expenditure to benefit C/OI				Office ric	ord .	
_	Date	Payee name					
	03/27/2023	WM SUPERCENTER					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	8923 Military Dr W					
	Ψ230.00	0323 Williamy Di W					
		San Antonio, TX 78251					
_	PURPOSE		Description				
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Description Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin	n, TX	, officeholder living	expense	
			gift card				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld	
	Date	Payee name					
	03/10/2023	Walgreens					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$85.52	8202 Culebra Rd					
		San Antonio , TX 78251					
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description				
	EXPENDITURE	Food/Beverage Expense			ide of Texas. Com , officeholder living		
			Snacks for P			, охронов	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/OI	4					
_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/24 Rpt: 34/34	Lopez, Gerald B. (Mr.) 00086159
4	Date	5 Payee name
	03/24/2023	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.38	8923 W Military Dr
		San Antonio, TX 78245
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/24/2023	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.33	8319 State Hwy 151
		San Antonio, TX 78245
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch with campaign Volunteer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	i de la companya de

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (MS)/ MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE # ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN TREASURER NAME Date Processed NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN CITY STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Month Runoff Other Year Description General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY)	16 /11
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	ES OF LOANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ()
	4. TOTAL POLITICAL EXPENDITURES	\$ ()
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE \$
	riease complete either op	tion pelow.
(1) Affidavit	Please complete either op	tion below:
NOTARY STAMP/SEAL	MARY ANN COLLINS TOVAR Notary Public, State of Texas Comm. Expires 12-29-2025 Notary ID 13131631-5	
72	which, witness my hand and seal of office.	this the 4 day of April.
224	institución murico liasto	IN F
1.0000		THE THE TOTAL PROPERTY OF THE
1.0000	1, 0 1, 0	THE THE TWO IN A STREET OF THE PERSON OF THE
ignature of officer administe	ring oath Printed name of officer administering path OR	TO THE CONTRACT OF THE CONTRAC
ignature of officer administe	Printed name of officer administering path OR	Title of officer administering oats
signature of officer administer 2) Unsworn Declaration Wy name is	Printed name of officer administering path OR	TO THE PERSON OF
Signature of officer administe	on, and my	Title of officer administering oats
2) Unsworn Declaration Vly name is	on Printed name of officer administering path OR , and my (street) (ci	date of birth is
Signature of officer administer 2) Unsworn Declaration	on (street) Printed name of officer administering path OR (ci	date of birth is

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER NAME NICKNAME LAST Duran	C/OH Instruction Guid	de explains how to complete	this form.	Filer ID (Ethics Commission Filers)	2 Total pages fi	26
ACANDIDATE / OFFICEHOLDER ADDRESS /PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE ACANDIDATE / OFFICEHOLDER ADDRESS /PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE ACANDIDATE / OFFICEHOLDER AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME TREASURER NAME TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: TO ALMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER (210) 845-3905 PHONE NUMBER EXTENSION TREASURER (210) 845-3905 PREPORT TYPE January 15 Sold day before election Runoff Instance of treasurer apt of the suite of the su	FFICEHOLDER M			727	223 (35)	USE ONLY
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S CANDIDATE/ OFFICEHOLDER PHONE (512) 994-0429 Receipt # Receipt # Receipt # Date Hand-delivered of PHONE CAMPAIGN TREASURER NAME Mrs. Victoria NICKNAME LAST Herrera STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TREASURER ADDRESS (Residence or Business) REASON REPORT TYPE January 15 January 16 January 17 January 18 January 18 January 18 January 19	FFICEHOLDER 8 AILING DDRESS					
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Mrs. Victoria MCNNAME LAST Herrera 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE). APT / SUITE #; CITY: TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 January 15 30th day before election TREASURER PHONE 10 PERIOD COVERED Month Day / Year 10 PERIOD COVERED 11 23 THROUGH THROUGH THROUGH THROUGH TO THE LECTION ELECTION DATE Month Day / Year 11 PIRMATY Month Day / Year Month Day / Year Month Day / Year Month Day / Year Through Th		rest note billione ill	Winen	EXTENSION		
MS J MRS J MR	FFICEHOLDER /			EXTENSION		or Date Postmarked
NAME NICKNAME Herrera TREASURER ADDRESS (Residence or Business) RESIDENT TYPE January 15 January 18 January	DEAGUEED			MJ	YA TA	Amount
T CAMPAIGN TREASURER ADDRESS (Rosidence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 January 15 January 15 Sth day before election Runoff Teasurer phone 10 PERIOD COVERED 10 PERIOD COVERED 11 23 THROUGH 12 OFFICE OFFICE OFFICE OFFICE Additional Pages Additional Pages STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #; CITY; STATE; CITY; STATE: CITY; STATESION STATESION STATESION STATESION STATESION STATESION STATESION STATESION STATESION STATESI	AME			SUPPLY	Date Processed	
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TREASURER PHONE (210) 845-3905 9 REPORT TYPE January 15 January 15 30th day before election Runoff Exceeded Modified Reporting Limit Final Report Office holder The Election Date Month Day Year 1 23 THROUGH Primary Runoff Exceeded Modified Reporting Limit Final Report Office holder Primary Runoff Special Other Description Northside ISD School Board Trustee Trustee This Box is For Notice of Political Contributions accepted or Political Expenditures Made By Political Consent. Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Officeholders. These expenditures way have Been Made Without the Candidate's or Offi		DECEMBER OF STREET	W			
July 15 Sth day before election Exceeded Modified Reporting Limit Final Report Month Day Year 1	REASURER			EXTENSION		
10 PERIOD COVERED Month Day Year Month Day Year Ye	EPORT TYPE	January 15	30th day before election	Runoff	treasurer a	
COVERED 1		July 15	8th day before election		Final Repo	ort (Atlach C/OH - FR)
11 ELECTION ELECTION DATE Month Day Year Month Day Primary Runoff Description Northside ISD School Board Trustee 12 OFFICE NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMTITIES EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	ERIOD	Month Day	Year	Month	Day Yes	ır
Month Day Year 5 6 23 General Special Other Description Northside ISD School Board Trustee 12 OFFICE OFFICE HELD (If any) NA Trustee 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages Additional Pages Month Day Year Frimary Runoff Other Description Northside ISD School Board Trustee 13 OFFICE SOUGHT (If known) Trustee This box is for notice of Political Contributions accepted or Political Expenditures MADE BY POLITICAL COMMITTEE CANDIDATE'S OR OFFICEHOLDERS MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF COMMITTEE NAME GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	OVERED	1 /1 /	23	тнгоидн 3	/ 27 / 20	P
12 OFFICE OFFICE OFFICE HELD (If any) Tear Special Description Northside ISD School Board Trustee 13 OFFICE SOUGHT (If known) Trustee 14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE (S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE ANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLD CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF COMMITTEE TYPE COMMITTEE NAME Additional Pages COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	LECTION	ELECTION DATE		ELECTION TYPE		
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POLITICAL COMMITTEE(S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICEHOLD CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	TIOL	Control of the contro			n)	
Additional Pages GENERAL GENERAL SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	OLITICAL	HE CANDIDATE / OFFICEURI DED THE	CCE EVDENDITHDES MA	V HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OF
Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE(S)	COMMITTEE TYPE COMMITTEE	NAME			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	Additional Pages	GENERAL COMMITTEE	ADDRESS			
COMMITTEE CAMPAIGN TREASURER ADDRESS	, water and a	SPECIFIC COMMITTEE	E CAMPAIGN TREASU	RER NAME		
		COMMITTER	E CAMPAIGN TREAS	URER ADDRESS		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Karla Duran TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION 0.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. 4,718.10 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS 2,973.24 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 1,744.86 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 781.50 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE 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 this the Sworn to and subscribed before me by _ , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration , and my date of birth is 03/14/1979My name is Karla Duran My address is 8523 Quail Tree 78250 San Antonio Bexar

Executed in Bexar

(street)

County, State of Texas

, on the 31

(country)

(state)

Signature of Candidate/Officeholder (Declarant)

day of March

(zip code)

2023

(year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	ERNAME KANA DUVAN	20 Filer ID (Ethics Cor	mmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4718.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS	\$ 800.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s of
4.	SCHEDULE E: LOANS		\$ 781,50
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 1/36.40
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	CAL CONTRIBUTIONS	s -D
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		* +
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	L FUNDS	\$ 781.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$ 1
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	s -0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	RIBUTIONS RETURNED	s 0

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:
FILER NAME WAVA DURAN	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor	(ID#:) 7 Amount of contribution (\$) 4 DD , DD State; Zip Code
Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor Raph Del Contributor address; City;	Amount of contribution (\$) State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC Shary Tenayuca Contributor address; City;	(ID#:) Amount of contribution (\$) State; Zíp Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC AM Contributor address City;	(ID#:) Amount of contribution (\$) State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
FILER NAME MANA DURAN		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Nelly Polas 6 Contributor address; City;	PAC (ID#:) YEND State; Zip Code	7 Amount of contribution (\$) \$\frac{1}{2} \leq 0 \tag{50} \tag{60}
Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	
Date Full name of contributor out-of-state Mulissa Cabello + Contributor address; City;	PAC (ID#:) Havyda State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruct	of MCH
Date Full name of contributor Priscilla Hernar 3/24/23 Contributor address; City;	PAC (ID#:) OUZ State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruct	
Date Full name of contributor SAM BN'SPT Contributor address; City;	PAC (ID#:) C State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruct	unlimited

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The Instruction Guide explains how to comple	ete this form. 1 Total pages Schedule A1:
FILER NAME VANA DUVAN	3 Filer ID (Ethics Commission Filers)
	State; Zip Code 7 Amount of contribution (\$) #5000
Principal occupation / Job title (See Instructions)	9 Employer (See Instructions) YETIVED
	State PAC (ID#:) Amount of contribution (\$) # DO, DO State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
(1) 1 6 1	State; Zip Code Amount of contribution (\$) Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Unemployed
Date Full name of contributorout-of-	Employer (See Instructions) UNEMPLOYED state PAC (ID#:) Amount of contribution (\$) #25: 00 State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
FILER NAME VAVA BUYAN	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) Zip Code #50.00
Principal occupation / Job title (See Instructions) 9 Emp	ployer (See Instructions) Whity Univ
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) Zip Code
Principal occupation / Job title (See Instructions) Emp	oloyer (See Instructions) Unemployed
Date Full name of contributor Out-of-state PAC (ID#:	43.00
Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)
Date Full name of contributor Melissa Caho Contributor address; City; State;	Amount of contribution (\$) \$\alpha \frac{1}{2} 5 \cdot \infty \frac{1}{2} \fr
	ployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Control of the Contro	500 20 00	1 Total pages Schedule A1:
The Instruction Guide explains how to complete the	his form.	7
FILER NAME YANA DURAN		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state MANY PIEMA2 6 Contributor address; City;	PAC (ID#:) EX State: Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	9 Employer (See Instruction Premark	ons) Law
Date Full name of contributor out-of-state of Chinal Sandoval 3 5 23 Contributor address; City;	PAC (ID#:) State; Zip Gode	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruction	4 6
Date Full name of contributor out-of-state of Sepulves 3/2023 Contributor address; City;	7	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruction 5+6Ven Ba	ons) ankler CPA
Date Full name of contributor Selena Frost Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$) \$50'00
	1	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
FILER NAME KANA DUVAN	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Out-of-state PAC (ID#: 3 14 23 CATHENNE TOWES - STALL 6 Contributor address; City; State; Zip Code	_) 7 Amount of contribution (\$) #200 CC
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	cof Texas
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) #25;00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions) - Garria CPAPLIC
Date SIH23 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	structions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date 3/14/23	5 Full name of contributor out-of-state Stephanie 6 Contributor address; City;	PAC (ID#:) AVCIA State; Zip Code	7 Amount of contribution (\$) \$\Bar{2}5.00\$
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction of A)	etions) Notor NA
Date 3114/23	Full name of contributor out-of-state Sonia Joseph Contributor address; City;		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction St. Mary	1 1 1 1
Date 3 4 23	Full name of contributor out-of-state Ritu Crayton Contributor address; City;	e PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
Date 314/23	Full name of contributor out-of-state Trma Rodn' Contributor address; City;		Amount of contribution (\$) # 25,00
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions) - San Marcos

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
FILER NAME VAVIA DUVAN	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#: 3 12 23 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 40.00
Principal occupation / Job title (See Instructions) 9 Employer (See	1
Date Full name of contributor out-of-state PAC (ID#:	#100.00
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor JNA MMJAVEZ 3/14/23 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See	^
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See	Instructions) S ESCAVENO PC

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SCHEDULE A1

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

	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
FILER NAME	Karla Duran		3 Filer ID (Ethics Commission Filers)	
7 1 23	5 Full name of contributor out-of-sta FWM F AVMUC- 6 Contributor address; City;	State; Zip Code	Amount of contribution (\$)	
Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
Date 8 11 73	. 1-11 11 X	State; Zip Code	Amount of contribution (\$) \$50.00	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction Yethred	ons)	
Date		State; Zip Code	Amount of contribution (\$)	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	814.113.1111.60.00.00.00.00.00.00.00.00	state; Zip Code	Amount of contribution (\$)	

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME VAVA DIVAN	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Quit-of-state PAC (ID#:	7 Amount of contribution (\$) #25:00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	Juctions)
Date Full name of contributor GM242 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	Luctions) Army Natl Guard
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru-	uctions)

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME VAVIA DUVAN	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:) ESTINEY EVEN 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
3 10 23 Contributor address; City; State; Zip Code	#25.00
Principal occupation / Job title (See Instructions) Employer (See Instru	t Health SA
Date Full name of contributor Out-of-state PAC (ID#:) Meling Espinitu - Awcar Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru NAFT	actions)
Date Full name of contributor out-of-state PAC (ID#:) Brenda Cenvantes	Amount of contribution (\$)
3 10 23 Contributor address; City; State; Zip Code	

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SCHEDULE A1

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

The Instruction Guide explains how to comp	olete this form. 1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	cian o \$100.00
Principal occupation / Job title (See Instructions)	9 Employer (See Instructions) Student
Date Full name of contributor out-o	Amount of contribution (\$) State: Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions) 5 (f
Date Full name of contributor out-of Sulf-Print Contributor address; City	B N
Principal occupation / Job title (See Instructions)	Employer (See Instructions) SACDC
22	Amount of contribution (\$) Anount of contribution (\$) State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	AC (ID#:) State; Zip Code	7 Amount of contribution (\$)
3 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 3/1/23	Full name of contributor	AC (ID#:) State; Zip Code	Amount of contribution (\$) # 3 5, 00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3 2 2 3	Full name of contributor out-of-state Particle Reyes-Barres City;	1 1 1	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3 5 23	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal pod	upation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME VAVIA DUVAN	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor NATALLE AVMIJO 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions). 9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:) Jeannette Garaa Contributor address; City; State; Zip Code	Amount of contribution (\$) #25, 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Andy Pache Co. Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Branna Dimas Contributor address; City; State; Zip Code	Amount of contribution (\$)
	stions)

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
FILER NAME VANA DUMAN		3 Filer ID (Ethics Commission Filers)	
Date 5 Full name of contributor Out-of-state PAN 125 23 6 Contributor address; City;	PAC (ID#:) Code State; Zíp Code	7 Amount of contribution (\$) \$50, N	
Principal occupation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date Full name of contributor DAVID HINDJOSO Contributor address; City;		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date Full name of contributor out-of-state Christa Aldrich Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date Full name of contributor Claudia Herm Contributor address; City;	PAC (ID#:) Andle 2 State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)	

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	3 Filer ID (Ethics Commission Filers
5 Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	1.0
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Date Full name of contributor	Amount of contribution (\$) # 25.00
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Date Full name of contributor Raul Umeli-Awube Contributor address; City; State; Zip C	Amount of contribution (\$) \$500.00
	See Instructions)

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule 1
FILER NAME Karla Duran	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) # 106 -00
Principal occupation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) #5, 00
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) # 50.00
Principal occupation / Job title (See Instructions) Employer	r (See Instructions)
Date Full name of contributor SIMON TAROGA Contributor address; City; State; Zig	Amount of contribution (\$) # 50. 00
	r (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form. 2 FILER NAME Karla Duran		Total pages Schedule A2: Filer ID (Ethics Commission Filers)		
				4 TOTAL C
5 Date 03/23/2023	Northside AFT Committee on Political Education (COPE)		500.00 5	In-kind contribution description door lit of Texas. Complete Schedule T.
manufacture believes with	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) de AFT Committee on Political Education	11 Employ	er (FOR NON-JUDICIAL)	(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fi		15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:	Zip Code	300.00	In-kind contribution description
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)	of Texas. Complete Schedule T.)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law fire	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Ins	struction Guide explains how to com	plete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers
Karla Duran			
TOTAL OF UNIT	TEMIZED LOANS		\$ 781.50
Date of loan 7	Name of lender Out-of-sta	te PAG (ID#:)	9 Loan Amount (\$) 37,89
Is lender a financial Institution?	B Lender address; City;	State; Zip Code	10 Interest rate
YIVN	SAITX 7	8212	11 Maturity date
2 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instructions) SATSD	
4 D	Edu cation	15	
4 Description of Collate none	शवा	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR 1 INFORMATION	7 Name of guarantor		19 Amount Guaranteed (\$)
4.545.55	18 Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	V 200 200 200 400 00 00 00 00 00 00 00 00 00 00 00	State; Zip Code 21 Employer (See Instructions)	
not applicable O Principal Occupation	n (See Instructions)	21 Employer (See Instructions)	Loan Amount (\$)
not applicable	n (See Instructions)		\$176.00
not applicable O Principal Occupation	Name of lender out-of-sta United States City; POBOY 201	21 Employer (See Instructions) ate PAC (IDII:	Loan Amount (\$) # 17 () Interest rate Maturity date
not applicable Date of loan Signature of loan Date of loan N Principal occupation	Name of lender out-of-sta AMA DUM Lender address; City; PD BOX 1203 SA TX 782	21 Employer (See Instructions) ate PAC (IDII:	Interest rate Maturity date
not applicable Date of loan Solution Date of loan Date of loan N Principal occupation	Name of lender out-of-sta AMA DUM Lender address; City; PD BOX 1203 SA TX 782 / Job title (See Instructions)	21 Employer (See Instructions) ate PAC (IDII:	Interest rate Maturity date
not applicable Date of loan Signature of loan Date of loan N Principal occupation	Name of lender out-of-sta AMA DUM Lender address; City; PD BOX 1203 SA TX 782 / Job title (See Instructions)	21 Employer (See Instructions) ate PAC (IDII:	Interest rate Maturity date Maturity date
not applicable Date of loan Solution Date of loan Date of loan N Is lender a financial Institution? Y N Principal occupation Description of Collate	Name of lender out-of-sta AMA DUM Lender address; City; PD BOX 1203 SA TX 782 / Job title (See Instructions)	21 Employer (See Instructions) ate PAC (IDII:	Interest rate Maturity date Maturity date
not applicable Description of Collate none Date applicable Date of loan Date of loan N Principal occupation	Name of lender out-of-sta AMA DUM Lender address; City; PD BOX 1203 SA ITX 782 / Job title (See Instructions) AM CAHON eral	21 Employer (See Instructions) ate PAC (IDII:) State; Zip Code 2A 2 Employer (See Instructions) SATS[Check if personal fun	Interest rate Maturity date Maturity date ands were deposited into political actions)

LOANS

SCHEDULE E

ii tile requeste	d information is not applicable, bo i	101 include this page in the re	sport.
The	Instruction Guide explains how to con	mplete this form.	1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 2116123	1 A A	ate PAC (ID#:)	9 Loan Amount (\$) 402,54
6 Is lender a financial Institution?	8 Lender address; City; PD BOX 12.03 SA, TX	92 State: Zip Code 76212	10 Interest rate 11 Maturity date
12 Principal occupat	ion / Job title (See Instructions) Edu Cation	13 Employer (See Instructions) SATSD	
14 Description of Co	llateral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor N/A 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan 2 14 2 3	Name of lender out-of-st	tate PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution2	Lender address; City; POBOX 12039 5A LTX 7	State; Zip Code	Interest rate Maturity date
Principal occupat	ion / Job title (See Instructions) Edu cation	Employer (See Instructions)	sD
account (See Ins			nds were deposited into political ctions)
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	Amount Guaranteed (\$)	
not applicable Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NE	FDFD

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 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 Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Karla Duran 5 Payee name 4 Date 03/21/2023 Gilder Group 6 Amount (\$) 7 Payee address; City; State; Zip Code 8407 Bandera Rd. Ste. 103-440 San Antonio, Texas 78250 1,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Logo/Website landing page Advertising Expense PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Prestige Printing, LLC 03/24/2023 State; Zip Code Amount (\$) Payee address; City; 8 Burwood Lane San Antonio, TX 78216 136.40 Description Category (See Categories listed at the top of this schedule) Advertising Expense Banner PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code

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

EXPENDITURE Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check If Austin, TX, officeholder living expense Office held Office sought

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PURPOSE OF

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

	The state of the s	Age Abelian Color Color	A Fig. Addressed to the site of the			
1 Total pages Schedule G:	Karla Duran		3 Filer ID (Ethics Commission Filers)			
4 Date 02/16/2023	5 Payee name GoDaddy.com, LLC					
Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, Arizona 85284					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Website				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 02/15/2023	Payee name USPS					
Amount (\$) 176.00 Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	PO BOX				
977	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date 02/25/2023	Payee name Rockin Monkey					
Amount (\$) 37,89 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1031 E Nakoma Dr. STe 102 San Antonio, TX 78216					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description stickers				
EXPERIENCE	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n. TX. officeholder living expense			
	Check it travel outside of Texas, Complete Schedule 1.	The second second				

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 11 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST CHUMBLEY 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE OFFICEHOLDER 6431 HUEBNER RD., SAN ANTONIO, TX, 78238 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (210)722-1622 PHONE Amount \$ Receipt # MS / MRS / MR CAMPAIGN TREASURER MR WILL Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **BRADSHAW** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER 6538 THUNDERBIRD DR., SAN ANTONIO, TX, 78240 **ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER **EXTENSION** AREA CODE TREASURER PHONE (210) 268-5553 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year Month Year COVERED 3 23 23 27 1 1 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Other Description Month Day Year NORTHSIDE ISD SCHOOL TRUSTEE ELECTION General Special 6 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE NORTHSIDE ISD SCHOOL TRUSTEE, #3 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE

Forms provided by Texas Ethics Com

Additional Pages

Reset Form

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME TY CHUMBLY CAMP	AIGN	16 Filer ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	475.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3534.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	478.57
	4. TOTAL POLITICAL EXPENDITURES	\$	4383.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	2320.04
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	3260.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- uired to be reported by me under Title 15, Election Code.		
	Signature of Ca	andidate or Officehold	er
(1) Affidavit	Please complete either option belov		
NOTARY STAMP/SEA	-		
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 administe	ring oath Printed name of officer administering oath	Title of office	r administering oath
	OR		
(2) Unsworn Declaration	on		
My name is TY CHUN	MBLEY , and my date of birth is	10/20/1983	
My address is 6431 HI	JEBNER RD. SAN ANTONIO, T	X 78238	USA
Executed in BEXAR	County, State of TEXAS , on the 6TH day of APR		(country)
		date/Officenoider Dea	
Forms provided by Texas Et	Reset Form Reset Page		Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C			nmissio	on Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$	3059.83		
2.		SCHEDULE A2	: NON-MONETARY (IN-KIND) POLITICAL CONT	RIBUTIONS		\$	0.00
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS			\$	0.00
4.		SCHEDULE E: LOANS				\$	3260.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$	3260.00
6.		SCHEDULE F2	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				0.00
7.		SCHEDULE F3	E F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$	1123.72
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				\$	0.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				\$	0.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$	0.00
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AN TO FILER	D CONTRIBUTION	ONS RETURNED	\$	0.00

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Revised 8/17/2020

SCHEDULE A1

The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1: 4
TY CHUM	BLEY CAMPAIGN	3 Filer ID (Ethics Commission Filers
4 Date 02/22/2023	5 Full name of contributor out-of-state PAC (ID#:_TY CHUMBLEY 6 Contributor address; City; St 6431 HUEBNER RD, SAN ANTONIO, T	216.4
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date 03/08/2023	Full name of contributor out-of-state PAC (ID#_ TY CHUMBLEY Contributor address; City; St 6431 HUEBNER RD, SAN ANTONIO, T	233.60
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date 03/13/2023	Full name of contributor out-of-state PAC (ID#:_ TY CHUMBLEY Contributor address; City; St. 6431 HUEBNER RD, SAN ANTONIO, T	309.7
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#_	Amount of contribution (\$) ate; Zip Code
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF TI	
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SCHEDULE A1

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
TY CHUM	IBLEY CAMPAIGN	3 Filer ID (Ethics Commission Filers)	
Date 03/23/2023	5 Full name of contributor out-of-state PA BEN HANSEN	\C (ID#:)	7 Amount of contribution (\$) 150.00
0/20/2020	6 Contributor address; City; 2920 DISTRICT AVE, FAIRFAX, VA	State; Zip Code 1, 2203131	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 3/24/2023	Full name of contributor out-of-state PA JOSEPH SHEFFIELD		Amount of contribution (\$)
012 112020	Contributor address; City; 4215 CANFIELD OAKS LN, KATY,	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
RONALD BEEMAN		AC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 01 W. SOUTH MAIN, FLATONIA, TX, 78941		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PA DAWN DE LA SANTOS	\C (ID#:)	Amount of contribution (\$)
/10/2023	Contributor address; City; 30729 HORESHOE PATH, BULVER	State; Zip Code RDE, TX, 78613	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		
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SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:	
TY CHUM	IBLEY CAMPAIGN	3 Filer ID (Ethics Commission Filers)		
4 Date 03/24/2023	5 Full name of contributor out-of-state P KIMBERLEY GRAY	AC (ID#:)	7 Amount of contribution (\$) 100.00	
	6 Contributor address; City; 3235 HARVEST CREST, MARION			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
Date 03/24/2023	Full name of contributor out-of-state P		Amount of contribution (\$)	
7072 172020	Contributor address; City; 3813 WOODMERE DR, BRYAN, T	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date 8/24/2023	Full name of contributor out-of-state PAC (ID#:) PETER KRAMER		Amount of contribution (\$) 250.00	
		State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)	
3/23/2023	Contributor address; City; P.O. BOX 189, CENTER, TX, 7593	State; Zip Code	200.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins			
orms provided by	Texas Ethics Comm Reset Form	s.sta Reset Page	Revised 8/17/2	

SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:	
TY CHUM	IBLEY CAMPAIGN	3 Filer ID (Ethics Commission Filers)		
Date 03/23/2023	5 Full name of contributor out-of-state PAC (I		7 Amount of contribution (\$) 100.00	
		State; Zip Code		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructio	ns)	
Date 03/23/2023	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)	
J3/23/2023	Contributor address; City; 815 SPELLO CIR, SAN ANTONIO, TX	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
Date 3/22/2023	SPENSER LOALBO Contributor address; City;	State; Zip Code	Amount of contribution (\$) 500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)	
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LOANS

SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1
FILER NAME TY CHUMBLEY	3 Filer ID (Ethics Commission Filers)		
TOTAL OF UN	IITEMIZED LOANS		\$
Date of loan 3/21/2023	M'LISSA CHUMBLEY	PAC (ID#:)	9 Loan Amount (\$) 3260.00
Is lender a financial Institution?	8 Lender address; City; 6718 FOREST HAVEN, SAN A	State; Zip Code ANTONIO, TX, 78240	10 Interest rate 0%
YN			11 Maturity date
² Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If lo	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	
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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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME TY CHUMBLEY CAMPAIGN 3 Filer ID (Ethics Commission F				
4 Date 03/23/2023	5 Payee name AWALOO PRINTING SERVICES				
6 Amount (\$) 1280.00	7 Payee address; 7905 4TH ST., SOMERSET, TX, 780	City; 69	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGNS			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 03/23/2023	Payee name CHRISTIAN ANDERSON				
Amount (\$) 1980.00	Payee address; City; State; Zip Code 2310 BLACKOAK BEND, SAN ANTONIO, TX, 78248				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description DATA SERVIC	CES		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE			
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

		EXPENDITURE CATE	GORIES F	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing Ex Salaries/V	xpense Vages/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 explain	ns how to c	omplete this form.	
1 Total pages Schedule F4:	2 FILER	NAME UMBLEY CAMPAIGN			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IIZED EXF	PENDITURES CHARGED	TOACE	REDIT CARD	\$ 363.89
5 Date / 02/22/2023	6 Payee ALAMO	name GEEKS LLC			
7 Amount (\$) 216.48	8 Payee 11503 J	address; ONES MALTSBERGE	R RD,	City; ANTONIO, TX	State; Zip Code Z, 78216
9 TYPE OF EXPENDITURE		Political	Non-Po	olitical	
10 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this EOVERHEAD	schedule)	(b) Description COMPUTER	R
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	C	Office sought	Office held
Date 03/08/2023	Payee ALL4PF	name ROMOS			

TYPE OF EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description **BUTTONS0** ADVERTISING EXPENSE PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Amount (\$)

233.63

50 WEST AVE, ESSEX, CT, 06426

Payee address;

Office sought

Non-Political

Office held

State;

Zip Code

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City;

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

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

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 c	omplete this form.	
1 Total pages Schedule F4:	2 FILER NAME TY CHUMBLEY CAMPAIGN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITED	MIZED EXPENDITURES CHARGED TO A CF	REDIT CARD	\$ 363.89
5 Date 03/13/2023	6 Payee name KWIK KOPY		
7 Amount (\$) 309.72	8 Payee address; 6336 BANDERA RD, SAN ANTONIO	City; , TX, 78240	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	plitical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description PUSH CARE	DS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
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CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 11 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST CHUMBLEY 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE OFFICEHOLDER 6431 HUEBNER RD., SAN ANTONIO, TX, 78238 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (210)722-1622 PHONE Amount \$ Receipt # MS / MRS / MR CAMPAIGN TREASURER MR WILL Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **BRADSHAW** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER 6538 THUNDERBIRD DR., SAN ANTONIO, TX, 78240 **ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER **EXTENSION** AREA CODE TREASURER PHONE (210) 268-5553 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year Month Year COVERED 3 23 23 27 1 1 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Other Description Month Day Year NORTHSIDE ISD SCHOOL TRUSTEE ELECTION General Special 6 23 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE NORTHSIDE ISD SCHOOL TRUSTEE, #3 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE

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Additional Pages

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COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	MI	OFFIC	CE USE ONLY
NAME	NICKNAME	AUA/A	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	12934	TexAS HOL	CITY; STATE; ZIP CODE		
Change of Address	SAN A	NTONIO T.	x 78253		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	2866964	EXTENSION	100000000000000000000000000000000000000	red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	PAB/O	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	MONVAINE	MANZANATE		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	8322	(NO PO BOX PLEASE): APT / S	455	STATE;	78252
(Residence or Business)	SANT	ANTONIO	(K		/ -
8 CAMPAIGN TREASURER PHONE	(2/0)	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	ection Exceeded Modified	treasure (Officeho	/ after campaign r appointment older Only) port (Attach C/OH - FR)
40 DEDIOD	1		Reporting Limit		
10 PERIOD COVERED	6/	Day Year / 61 / 2023	THROUGH 63	Day Y	6ar 6023
11 ELECTION	ELECTION D	ATE	ELECTION TYPE	5	
	Month Day	Year Primary	Runoff Other		
	05/06		Description		
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known		Nistrid V
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN. RED TO REPORT THIS INFORMATION ONLY IF	NADE BY POLITICAL O	OMMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			113,033 11110,381
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Porge N. Ann/A	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THER THAN \$
1 mil 2 + 1 mil 2 + 2 mil 3 + 2 mil	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	\$ 3 054 35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3/77.5
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	OANS AS OF THE \$
	Please complete either optio	n below:
(1) Affidavit NOTARY STAMP/SEAL	MARY ANN COLLINS TOVAR Notary Public, State of Texas Comm. Expires 12-29-2025 Notary ID 13131631-5	
Sworn to and subscribed	before me by Many Collins Tovar	_ this the _ G _ day of _ OUPY!
20 <u>23</u> , to certify	which, witness my hand and seal of office.	in corretani
Signature of officer administer	010 011.010	Title of officer administering oath
	OR	The or officer administering bath
(2) Unsworn Declaration		
My name is	, and my date	of high ic
My address is	, and my date	of birth is
, 444143313	(street) (city)	(state) (zip code) (country)
Executed in		
	Signature	e of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	George M Aya (c	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 224.39
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2845.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$3,177.5
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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. FILER NAME	
1 19414	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	4 100
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	N/A
Date Full name of contributor out-of-state PAC (ID#:) Jo.e. MANZGNORS Contributor address; City; State; Zip Code 430 K. V. Khill Cove Savantonia 7826	101125
Principal occupation / Job title (See Instructions) Employer (See Instruc	
Date Full name of contributor Out-of-state PAC (ID#:) AGNON OV-1/2 Contributor address; City; State; Zip Code SANAN-IONIO CX 782	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	7/
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

1	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2
2 FILER NAME Scarge M. AyA/A			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 2845.00
5 Date 2 /15 /2022	6 Full name of contributor □ out-of-state PAC (ID#: Veronical Morales 7 Contributor address; City; State; 7400 Blaneo RD SANANIMA	Zip Code 7x 782/6	8 Amount of 9 In-kind contribution description Web des/19N Check if travel outside of Texas. Complete Schedule T.
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of I In-kind contribution Contribution \$ I description I l description I l l l l l l l l l l l l l l l l l l
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor	r's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor	r's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	II F AS NEEDED

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME?	AUA/A	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 3 177 57
5 Date 2/5/2023	6 Payee name The Social BeIN	6	2.17.
7 Amount (\$) \$ 500	8 Payee address; 7408 BLANCO RP SUITE	City	State; Zip Code 70 TA 70216
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s A JVEV 1 SING (X) (c) Check if travel outside of Texas. Complete S	so web	esrg a
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name	Office sought	Office held
3/13/2023 Amount (\$)	SIGNS OF SAN Payee address;	0.17	Ct-14 7 0 1
2500.68	4222 GATE (res	SAN ANTON	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this: Alver Arsmy Expen Check if travel outside of Texas. Complete S	se politic	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME George	M Ayak	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
3/14/2023	6 Payee name AMA 20 N		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
176.89	AMAZON.	con	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description YAVD SIGN CEASE	1 folders of zipanoles
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Polítical	Non-Political	
PURPOSE OF	Category (See Categories listed at the top of this s	chedule) Description	
EXPENDITURE	Check if travel outside of Texas, Complete Se	chedule T. Check if A	ustin, 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 NE	EDED

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages flied; The C/OH instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mrs Jordan NAME Date Received NICKNAME LAST **SUFFIX** Wagner 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE OFFICEHOLDER 4523 Jesse bowman San Antonio TX, 78253 MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (361 PHONE 463-7460 Receipt # Amount \$ MS/MRS/MR 6 CAMPAIGN FIRST M TREASURER Mrs Edith NAME Date Propessed NICKNAME LAST SUFFIX Date Imaged Morin STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE; ZIP CODE TREASURER **ADDRESS** 4530 amos pollard San Antonio, TX 78253 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 648-3058 (956 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day COVERED 01 01 03 THROUGH 27 2023 2023 **ELECTION DATE** 11 ELECTION ELECTION TYPE Primary Runoff Month Day Other Year Description 05 / 06 / 2023 X General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) NISD School Board Trustee District 4 THIS GOX 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

16 C/OH NAME Wagne	r, Jordan	16 Filer ID (Ethica Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 105.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$942.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,617.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	3TDAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	THE \$ 0
	quired to be reparted by me under Title 15, Election Code. Signature of Ca	andidate or Officeholder
	Please complete either option belov	v:
(1) Affidavit	LESLIE NICOLE RAMOS Notary Public, State of Teras My Comm. Exp. 07-29-2024 10 No. 13259485-1	
NOTARY STAMP/SEA	this the	4th day of April
20 <u>23</u> to cerlify	ywhich, witness my hand and seal of office. Lestie Nicole Ramos	Admin Assistant
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarat		
My name is	and my date of birth i	
		A construction of specific and
	(on out)	(state) (zip code) (country)
Executed in	County, State of, on theday of(mon	th) (year)
	Signature of Cano	lidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Con			mmissio	n Fliers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1,	x	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1,0	47.20
2.	х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$500	0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS			\$	0
5.	5. X SCHEDULE F1; POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$917	7.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0	
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 700	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

SCHEDULE A1

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

				A 128 MINISTER OF A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 Of 3
2	FILER NAME	dan Wagner		3 Filer ID (Ethics Commission Fliers)
4	Date 2/18/2023	5 Full name of contributor ☐ out-of-state PAC Marison Escobar) (ID#:)	7 Amount of contribution (\$)
	211012023	6 Contributor address; City; 4503 James Bowie San Antonio TX,		\$100.00
8		pation / Job title (See Instructions) ess Specialist	9 Employer (See Instruc Operation Ho	
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	3/7/2023	Contributor address; City; 116 W malone Ave San Antonio TX	State; Zip Code C, 78214	\$ 5
	Principal occup	eation / Job title (See Instructions) Political Adviser	Employer (See Instruc NAFT	itions)
	Date	Full name of contributor 🔲 out-of-state PA	C (ID#:)	Amount of contribution (\$)
	3/10/2023	Contributor address; City; 212 Olympic Dr Rockport, TX 78382	State; Zip Code	\$25
		pation / Job title (See Instructions) ealtor	Employer (See Instruc Rockport Prop	
	Date		C (ID#:)	Amount of contribution (\$)
	3/11/2023	Jaryd Drake Contributor address; City; 63 Gazebo St Hunstville, TX 77340	State; Zip Code	\$100
		63 Gazeno St Hunstville, 17 77340		
	Principal occup	 pation / Job title (See Instructions) 9r	Employer (See Instruc City of Huns	ctions) tville

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAME Jordan Wagner			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 500.00		
Northside AFT COPE 7 Contributor address; Clty; State; Zlp Code 6502 Bandera Road -Suite 202 San Antonio, TX 78238			Contribution \$	9 In-kind contribution description Campaign Literature de of Texas, Complete Schedule T.	
14 (Thiopar Goo	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1		/(add manasions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	D(C:AL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fins	of contributor's spou	se (if ялу) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zlp Code	Amount of Contribution \$	In-kind contribution description 	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)	
Cantributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Įí	ATTACH ADDITIONAL COPIES OF To contributor is out-of-state PAC, please see instruction			ı requiromonts.	

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
Condit Card Payment

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

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)

PURPOSE OF EXPENDITURE Advertising Expense (c) Check if travel cutside of Texas. Complete Schedule T.	City; (b) Description Yard Signs Check if Austi	State;	zs Commission Filers
Date 03/06/2023 5 Payee name ATX Custom Signs 7 Payee address; \$917.42 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Check if travel cutside of Texas, Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Date Payee name Candidate / Officeholder name Payee name Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Payee schedule T. Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Purpose OF	(b) Description Yard Signs	s	Zip Code
\$917.42 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if travel cutside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) PURPOSE OF	(b) Description Yard Signs	s	Zip Code
(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c)	Yard Signs		
PURPOSE OF Advertising Expense Check if travel cuiside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee name Category (See Categories listed at the top of this schedule) PURPOSE OF	Yard Signs		
Category (See Categories listed at the top of this schedule) Corporation of Expenditure (c) Check if travel cutside of Texas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name Payee name Category (See Categories listed at the top of this schedule) Purpose OF	Check if Austi		
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Category (See Categories listed at the top of this schodule) PURPOSE OF		in, TX, officeholder ilvin	
expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Calegory (See Calegories listed at the top of this schedule) PURPOSE OF	Office aought		
Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) PURPOSE OF			Office held
Calegory (See Calegories listed at the top of this schodule) PURPOSE OF			
PURPOSE OF	City;	State;	Złp Code
OF	Description		
•			
Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder tivin	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought		Office held
Date Payee name			
Amount (\$) Payee address;	City;	State;	ZIp Code
Category (See Categories listed at the top of this schedule)	Description		}
PURPOSE OF EXPENDITURE		No. of the last of	
Check if travel outside of Texas. Complete Schedule T.		tin, TX, officehalder livin	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Officeholden/Political Committee
Craft Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Sarvices Loan Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Prioling Expense

Printing Exponse Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

онни саго Раупия	The instruction Guide explains how to	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME Jordan Wagner		3 Filer ID (Ethics Commission Filers)
4 Dato 03/27/2023	5 Payee name Avilla Signs	the state of the s	· · · · · · · · · · · · · · · · · · ·
\$700 Relmbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travet outside of Texas, Complete Schedule T.	(b) Description Signs Chock if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check If travel outside of Texas. Complete Schodula T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living expense Office held
a dipute di transcrito, della di	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDS	:D

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SCHEDULE A1

	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME Jorg	lan Wagner		3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor ☐ out-of-state PAC (IE Dori Villareal)#:)	7 Amount of contribution (\$)
3/23/2023	6 Contributor address; City; 12110 Calm Harbor San Antonio, TX 78	State; Zip Code	\$50
	pation / Job title (See Instructions) stitute	Employer (See Instruction NISD	ns)
Date 3/23/2023	Full name of contributor		Amount of contribution (\$)
. 3/23/2023	Contributor address; City; PO Box 235 Fulton, TX 78358	State; Zip Code	\$142.42
	ation / Job title (See Instructions) etire Teacher	Employer (See Instruction	ns)
Date	Full name of contributor	<i>y</i> :	Amount of contribution (\$)
3/23/2023	Pam Wagner Contributor address; City; s PO Box 235 Fulton, TX 78358	State; Zip Code	\$142.42
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor	:	Amount of contribution (\$)
	Contributor address; City; S	state; Zlp Code	
Principal occupa	tion / Job title (See instructions)	Employer (See Instruction	s)

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

SCHEDULE A1

The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1: 3 of 3
FILER NAME	Jordan Wagner	WWW.		3 Filer ID (Ethics Commission Filers)
Date 3/12/2023	Full name of contributor Jessica Taylor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
-	6 Contributor address; 5514 Orange Tree Sar	city; n Antonio, TX	State; Zip Code	\$150.00
	patlon / Job title (See Instructions) countant	3-17-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	9 Employer (See Instruc	! ctions)
Date	Full name of contributor Candy Baumann		\C (D#:)	Amount of contribution (\$)
3/12/2023	Contributor address; 15314 fort marcy San /	City;	State; Zlp Code	\$50
Principal occup	ation / Job title (See Instructions) Homemaker	~474	Employer (See Instruc	tions)
Date	Full name of contributor J'leen Saeger	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
3/12/2023	Contributor address; 4610 Jesse Bowman Sa	c _{ity;} an Antonio, Τλ	State; Zip Code (78253	\$100
Principal occup	ation / Job title (See Instructions) Professor	P-77-14-7-14-7-14-7-14-7-14-7-14-7-14-7-	Employer (See Instruc Trinity Univer	
Date	Full name of contributor Roxanne Menchaca	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/21/2023	Contributor address; 4710 Segovia Way Sar	c _{ity;} n Antonio, TX	State; Zlp Code 78253	\$50
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)

Forms provided by Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filens)	2 Total pages file	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	Kimberly	MI	OFFICE	USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	Jones Apt/suite#;	CITY; STATE; ZIP CODE		
MAILING ADDRESS	11722 200C	liff Court, So	an antonio, TX 76253		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(210) 9	201-7584	EXTENSION		or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	MS.	Kimberly		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
		Jones			
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / S		STATE;	ZIP CODE
ADDRESS (Residence or Business)	11722 Rac	deliff Cour	t, Sour Antonio	, , ,	76253
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(210)97	29-7584			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day af treasurer ag (Officeholde	
	July 15	28th day before ele	Exceeded Modified Reporting Limit		t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
		1 / 23		127/23	
11 ELECTION	Month Day	Year Primary	Runoff Other		
	5/6	General General	Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known		
			Trustee Dis		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EMOLDER. IMESE EXPENDITORES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T	MUATES OR OFFICEHOL	DERK KNOW FRANCAS
COMMITTEL	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
		GO TO	PAGE 2		

- 11 CANDIDATE NAME
- 12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. -
- The modified reporting option is valid for one election cycle only.

 (An election cycle includes a primary election, a general election, and any related runoffs.)
 - -- Candidates for the office of state chair of a political party may NOT choose modified reporting. --

I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2023

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

SUBTOTALS - C/OH

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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	CTA Instruction Guide for detailed instructions.	1 Total pages filed: 2
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Ms. Kimberly 8.	Filer ID #
	NICKNAME LAST SUFFIX	Date Received
	Jones	
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
MAILING ADDRESS	11722 Radcliff Court, San antonio, TX 78253	
	THE POCICITY COUNTY, SOUTHING, IT TO	Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$
	(210) 929-7584	Date Processed
5 OFFICE		
HELD (if any)		Date Imaged
6 OFFICE SOUGHT	Trustee District 4	
(if known)		
7 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFEX
NAME	Kimberly S. Jo	nes
8 CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
STREET	11722 Radcliff Court, San Otntonio.	TX 78253
(residence or business)	mill count court, sary come	
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(210) 929-7584	
10 CANDIDATE SIGNATURE	Lam aurara of the Nemetican Law Colonia Tara	
	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	I am aware of my responsibility to file timely reports as	s required by title 15 of
	the Election Code.	
	I am aware of the restrictions in title 15 of the Election C	Code on contributions
	from corporations and labor organizations.	
	100	4/12/22
	Signature of Candidate	Date Signed
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. ... Complete only if "Report Type" on page 1 is marked "Final Report" ... 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) Kimberly S. Jones 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER -- Complete A & B below only if you are not an officeholder. --CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. **ASSETS** B. Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. 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. Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The Con instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	MATHEWS	MI	OFFIC Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/		RAVENSCRO ANTONIO 7 PHONE NUMBER		Date Wood deliver	n n
OFFICEHOLDER PHONE	(210) =	173-0452		Receipt #	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	MATHEWS	МІ	Date Processed	Amount \$
	NICKNAME	NINAN	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	The state of the s	(NO PO BOX PLEASE); APT / S ROVENSCROF		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) 7	PHONE NUMBER 73 - 0452	EXTENSION		
9 REPORT TYPE	January 15	30th day before a		treasurer	after campaign appointment
	July 15	8th day before ele			der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	July 15 Month	Day Year / 2023	Reporting Limit Month		ort (Attach C/OH - FR)
		Day Year / 2023 ATE Year Primary	Reporting Limit Month THROUGH ELECTION TYPE Runoff Runoff Reporting Limit Month Other Description	Day Ye	ort (Attach C/OH - FR)
COVERED 11 ELECTION	Month O/ ELECTION DAY	Day Year 01	Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known)	Day Ye	ort (Attach C/OH - FR) ar
COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM POLITICAL	Month O / ELECTION D/ Month Day O S / O 6 / OFFICE HELD (If any) THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	Day Year 01 2023 NTE	Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known)	Day Ye.	ort (Attach C/OH - FR) ar ES DIST A MMITTEES TO SUPPOR
COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM	Month O / ELECTION D/ Month Day O S / O 6 / OFFICE HELD (If any) THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	Day Year 01 2023 NTE	Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known)	Day Ye.	ort (Attach C/OH - FR) ar ES DIST A MMITTEES TO SUPPOR
COVERED 11 ELECTION 12 OFFICE 4 NOTICE FROM POLITICAL	Month O / ELECTION D/ Month Day O S / O 6 / OFFICE HELD (if any) THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE CONSENT. CANDIDATE:	Day Year O 2023 STE	Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known)	Day Ye.	ort (Attach C/OH - FR) ar 23 ES DIST # A MMITTEES TO SUPPOR
COVERED 11 ELECTION 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE(S)	Month Column Day DS Column Day OFFICE HELD (if any) THIS BOX IS FOR NOTITHE CANDIDATE: CONSENT. CANDIDATE: COMMITTEE TYPE	Day Year O 2023 NTE	Reporting Limit Month THROUGH ELECTION TYPE Runoff Other Description Special 13 OFFICE SOUGHT (if known) ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF TO	Day Ye.	ort (Attach C/OH - FR) ar 23 ES DIST # A MMITTEES TO SUPPOR

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	DATHEWS NINAN	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THER THAN \$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF THE PROPERTY OF THE PROPER	\$ 500.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 688.90
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	DANS AS OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying n	eport is true and correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	6
	Ja	A word
	Signa	ature of Candidate or Officeholder
		1G. L. et a
	Please complete either option	n below:
	William MARY AND	
(1) Affidavit	MARY ANN COLLINS TOVAR Notary Public, State of Texas	
	Comm. Expires 12-29-2025	
NOTARY STAMP/SEA	Notary ID 13131631-5	
		C 1 . 1
Sworn to and subscribed	before me by Mary Collins Tovar	_ this the _ O day of _APT .
C 1 4	which, witness my hand and seal of office.	
MANICA	LINCTOVAL UNDOUGLE	line Tovar
Signature of officer administe	11.3	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
Mariana 6		- septime to
	, and my date	e of dirth is
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day	of, 20 (month) (year)
	Signatur	re of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FILER NAME 20 Filer ID (Ethics Commission File NATHEWS NINAM				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 500.00		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIE	\$			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4. SCHEDULE E: LOANS	\$			
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 500.00		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM F	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS	\$ 188.90			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C	\$			

SCHEDULE A1

ID (Ethina Commission Files
D (Ethics Commission Filers
S00 - 00
unt of contribution (\$)
unt of contribution (\$)
unt of contribution (\$)

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

Total pages Schedule F1:	2 FILER NAME MATHEWS NINAN		3 Filer ID (Ethic	s Commission Filers)
Date	5 Payee name		1	
03 02 23	YVETTE MARTINEZ A	WALOD		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	1230 DUKE RD	SA	TX.	78264
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	18×24 S	IGNS & M	CTAL STAD
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
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	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	
1 Total pages Schedule G:	2 FILER NA	ME MATHEWS NI	MANI	3 Filer ID (Ethics Commission Filers)
4 Date 2 1 13 23	5 Payee nar		2 AWALOD	
6 Amount (\$) /35-3/ Reimbursement from political contributions intended	7 Payee ad	DUKE RD	SAN AN	State; Zip Code
8 PURPOSE OF EXPENDITURE	ANVE	(See Categories listed at the top of this CTSUNG EXPL Check if travel outside of Texas. Complete S	NSE CAMPE	UGA ARSS ustin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held
Date 03-12-23	Payee na	AR GRENERAL	STORE	
Amount (\$) /2-34 Reimbursement from political contributions intended	1910		City;	State; Zip Code 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this ISING EXPENSE Check if travel outside of Texas, Complete S	CARLE	JUSS Justin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name	Office sought	Office held
Date 03/29/23	Payee na	R CHENERAL 2	STORE	
Amount (\$) Reimbursement from political contributions intended	7923	GRAILBEAL	B) SA	State; Zip Code 7x 78250
PURPOSE OF EXPENDITURE	ADVERS	(See Categories listed at the top of this	CABLE;	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candio	late / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prin	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME MATHEWS NINA	/	3 Filer ID (Ethics Commission Filers)
4 Date 03 02 23	5 Payee name YVETTE MARTINEZ	AWRLOD	
6 Amount (\$) 25. 02 Reimbursement from political contributions intended	7 Payee address; 1230 DUKE RD	City;	State; Zip Code 7X - 78264
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul ADVENTIGIAL CX PERSE (c) Check if travel outside of Texas. Complete Schedule	METAL &	OTAKES n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEI	DED