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The C/OH Instruction G	uide explains how to	complete this form,	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	^{ad:} 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MRS	FIRST Amy	, , , , , , , , , , , , , , , , , , ,	MI E		USE ONLY
NAME	NICKNAME	LAST	*******	SUFFIX	Date Received	
		Hoffmann				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1202 Sampsor	APT / SUITE #; D Dr Sar	n Antonio Tx	ZIP CODE 78251		
Change of Address		· · · · · · · · · · · · · · · · · · ·				
6 CANDIDATE/ OFFICEHOLDER PHONE	(210) (210)	phone number 887-6269	EXTENS	SION	Date Hand-delivered	<u></u>
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	MRS	Blanca			Date Processed	
	NICKNAME	Garza		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO			r. Intonio	state, TX	ZIP CODE 78251
TREASURER ADDRESS	1114 Sampsor	l Dr	San A			10201
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(210)	PHONE NUMBER	EXTENS	SION		
9 REPORT TYPE	January 15	30th day befor	re election R	unoff	15th day aft Ireasurer ap (Officeholder	
	July 15	8th day before		ceeded Modified		(Attach C/OH - FR)
10 PERIOD COVERED	Month 03	Day Year 28 / 23	THROUGH	Month 04	26 Year	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day	Year Prima 23 🖉 🖬 Oener		Other Description		
12 OFFICE	OFFICE HELD (if any)			, Single Me) mber District	#1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICER	OF POLITICAL CONTRIBUTIO OLDER, THESE EXPENDITU ID OFFICEHOLDERS ARE REG	RES MAY HAVE BEEN MADE	E WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(\$)		OMMITTEE NAME			,	
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	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME	мияР¥+4,	р <u>с</u>	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		797,777,977,997,997,997,994,974,974,974,	
ару <u>ан на н</u>	P	GO T	O PAGE 2			an a
Forms provided by Texas E	thics Com	set Form	cs.s Rese	t Page		Revised 8/17/2020

15 C/OH NAME Amy Hoffmann	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1001.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ \$178.95
OUTSTANDING LOAN TOTALS	6, TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$ O
18 SIGNATURE I su	year, or affirm, under penalty of perjury, that the accompanying report is true a ulred to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Aun	
	Signature of Cand	idate or Officeholder
	• • • • • • • • • • • • • • • • • • •	
	Please complete either option below:	·
		-
(1) Affīdavit	·	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of,
20 , to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ng oath Printed name of officer administering eath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
Amis Amis	to Almann and my date of birth is	March 17 1070
My name is 7000	to thmann, and my date of birth is	$\frac{\pi \alpha \alpha \pi \pi \pi \pi \pi \pi \pi}{\pi \alpha \alpha}$
My address is 1202	sumpsin Dr. Suntmitonio. 1x	- Iras L. BexerusA
Dave	(street) (city) (stat	te) (zip code) (country)
Executed in <u>BRX W</u>	County, State of TEXAS, on the 28th day of Apri	1, 20, 2, 3,
((MIN)	(year)
	Signature of Candidate	e/Officeholder (Declarant)
orma provided by Texas Ethi	CS Comments Reset Form	Revised 8/17/2020

SUBTOTALS - C/OH

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

	ER NAME 20 Filer ID (Ethics Co Hoffmann	mmissic	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
З,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4.	SCHEDULE E: LOANS	\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1001.09
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	· \$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8.	SCHEDULE F4; EXPENDITURES MADE BY CREDIT CARD	\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

Forms provided by Texas Ethics Commis Reset Form

Revised 8/17/2020

Amy Hoffman Date 5 Full name of contributor □ cut-of-state PAC (IOF 1/23/23 DetKr Gurr City: State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 450 Date Full name of contributor □ cut-of-state PAC (IDF Amount of contribution (\$) Date Full name of contributor □ cut-of-state PAC (IDF Amount of contribution (\$) Date Full name of contributor □ cut-of-state PAC (IDF Amount of contribution (\$) I/21/23 Contributor address; City: State; Zip Code #SD Principal occupation / Job title (See Instructions) Employer (See Instructions) #SD Date Full name of contributor □ out-of-state PAC (IDF Amount of contribution (\$) Date Full name of contributor □ out-of-state PAC (IDF Amount of contribution (\$) Date Full name of contributor □ out-of-state PAC (IDF #SD L[23]23 Contributor address; City: State; Zip Code #SD Principal occupation / Job title (See Instructione) Employer (See Instructions) #SD Date Full name of contributor <th>.The</th> <th>instruction Guide explains how to complete this form.</th> <th>1 Total pages Schedule A1. 2</th>	.The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1. 2
Date 5 Full name of contributor □ aut-ot-state PAC (ID#	FILER NAME	taffmana	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job tille (See Instructions) B Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Date	5 Full name of contributor Dout-state PAC (ID#	
Date Full name of contributor eut-of-state PAC (ID#) Amount of contribution (\$) H[21]23 Contributor address; City; State; Zip Code \$\$ 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$\$ 50 Principal occupation / Job title (See Instructione) Employer (See Instructions) \$\$ 50 Principal occupation / Job title (See Instructione) Employer (See Instructions) \$\$ 50 Principal occupation / Job title (See Instructione) Employer (See Instructions) \$\$ 50 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) U/0.3[23] Pai.Q.A. Red A. el.d. State; Zip Code	123/23	6 Contributor address; City; Siate; Zip	Code \$50
H2123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Principal occu	pation / Job tille (See Instructions) 9 Employer ((See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor aut-of-state PAC (ID#) H23/23 MAHL Dunbax. Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$50 Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) U23/23 Contributor address; City; State; Zip Code \$100	Date		
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 4 23 23 Contributor address; City; State; Zip Code \$ SD Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) U/23/23 Contributor address; City; State; Zip Code \$\$100	4/21/23	Contributor address; City; State; Zip	Code \$50
Matt Dunbar Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Image: Out-of-state PAC (10#) Amount of contribution (\$) PALAR. Red field Y [23] 23 Contributor address; City; State; Zip Code	Principal occu	Leation / Job title (See Instructions) Employer ((See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor I out-of-state PAC (10#) Amount of contribution (\$) Paige Red field Y 23 23 Contributor address; City;	Date		
Date Full name of contributor [] out-of-state PAC (10#) Amount of contribution (\$) Paige Red field Y [23] 23 Contributor address; City; State; Zip Code \$\$100 \$\$100	4 23 23	Contributor address; City; State; Zip	Code \$ SD
4/23/23 Paige Redfield Contributor address; City; State; Zip Code \$100	Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
4123125 Contributor address; City; State; Zip Code 4100	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	4/23/23	Contributor address; City; State; Zip	Code \$100
	Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)

Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
lf the reques	ted information is not applicable, DO NOT inc	lude this page in the	report.
The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1'
2 FILER NAME	toffmann		3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor)0#)	7 Amount of contribution (\$)
4125123	6 Contributor address; City;	State; Zip Code	\$50
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		ID#)	Amount of contribution (\$)
4125/23	Contributor address; City;	State; Zip Code	\$50
Principal occup	valion / Job tille (See Instructions)	Employer (See Instruct	ions)
Date		ID#)	Amount of contribution (\$)
4/23/23	OSCAY Arzunda Contributor address; City;	State; Zip Code	\$50
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#}	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job tille (See Instructions)	Employer (See Instruct	ions)
		na n	
	an a		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instruc		

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

I ne requested in	ormanoari	s not applicable, DC				
		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Continutions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Ex Legal Services	Office Ow Polling Ex pense. Ponting E Salaries/V	xoerise Vages/Contract Labor	Travel in District Travel Out Of District	oment & Related Expense
		The Instruction Guid	e explains how to a	complete this form.		
1 Total pages Schedule F1.	Am	y Hoffmar	<u>m</u>		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeen	A	ness			
6 Amount (\$)	7 Payee #		1633	City;	State;	Zip Code
	, r tayoo a	uu (1638,		,		-
\$103.74	1Hac	cker Way	r	rento Dark	CA_	94025
8		ory (See Categories listed at th		(b) Description		
PURPOSE						
		which Eva	ense	Socialm	odia Ad	
	TYN				n, TX, officeholder living	
	(c)	Check if Iravel-outside of Yexes		· ······	and the statements of the stat	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name	•	Office sought	an and and a state of the state	
Date	Payee n	ame				
4/19/23	Tex-	ting for Les	SS		and the second	dayan
Amount (\$)	Рауее а	iddress		City;	State;	Zip Code
\$427.35	354	State Street	+ Suite ZI	of Hackens	ack NJ	07601
	Categor	y (See Categories listed at the	lop of this schedule)	Description		
PURPOSE					ı	
EXPENDITURE	Adver	thsind Exae	inse	Text Az		
		Check I inaveloutskie of Texas.	Complete Schedule T	Check if Ausli	n, TX, officeholder living	o expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name	••••••••••••••••••••••••••••••••••••••	Office sought	nnannnannan de stant e na maar a	Office held
Date	Payeer	am o	······································		- 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 111	
		•	•			
4/24/23	mak	ina memor	1es			
Amount (\$)	Рауее а			Cily;	State;	Zip Code
\$30,00	3050	Lake Gran	de St	San Antor	io TX	78222
	Categor	y (See Calogones listed of the	top of this schedule)	Description		
PURPOSE						
	Drint	ina Expense	Ø .	Shirte		•
		Check if Irayeloutside of Texas	and the second	Check if Auti	n, TX, dificeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder nam	9	Office sought		Office held
	AT	TACH ADDITIONAL (COPIES OF THIS	SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	ijcs Com 💥	Reset Form	Ca s 👘	Reset Page		Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Revised 8/17/2020

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

In the requested into	ormation is not applicable, DO NOT IN	ciude this page in the re	port.		_
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidats/Officeholder/Political Credd Card Payment	Fees Food/Beverage Expense Git/Awards/Memonals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinting Expense Salanes/Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expanse	
	The Instruction Guide explains	how to complete this form.			
Total pages Schedule F1.	2 FILER NAME Amy Hoffmann		3 Filer ID (Ethics	s Commission: Filers)	
4/7 23	5 Payee name Henni Avila				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$440.00	3126 Annarose Lane	. San Avitonic	<u>, TX</u>	78211	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE					
OF EXPENDITURE	Drinting Expense.	Sians			
	(Q) CheckTrirevel outside of Texas: Complete Sch	edula T Check if Austi	in, TX, officeholder living	axpense	-
	Candidate / Officeholder name	Office sought		Office held	-
 Complete <u>ONLY</u> if direct expenditure to benefit C/OF 		Cilice sought		Childo Held	
				······································	_
Date	Payee name				
			<u> </u>	Zia Casta	
Amount (\$)	Payee add <i>r</i> ess;	City;	State;	Zip Code	
		·			
	Category (See Categories listed at the top of this sci	hedule) Description			
PURPOSE					
OF EXPENDITURE					
		l			
	Check / Uzvel outside of Texas Complete Sch		n, TX, officeholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
experience to period over	1				
Date	Payee name				
Calo					
:					
Amount (\$)	Payee address;	City;	State;	Zip Code	
				• • •	
		hedule) Description	1		
	Calegory (See Calegories listed at the top of this ad	nedate) Dissort bright			
PURPOSE OF					
EXPENDITURE			······································		
	Check if iravel outside of Texas. Complete Sch	redule T Check if Aust	tin, TX, officeholder livin	g expanse	
Complete ONLY if direct	Candidale / Officeholder name	Office sought	r= a anguarata i	Office held	-
expenditure to benefit C/OH		••••••••••••••••••••••••••••••••••••••		·	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Com

The C/OH Instruction C	Juide explains how	to complete this form.	1 Filer ID (Ethics	s Commission Filera)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Robert		мі	OFFICE	USE ONLY
	NICKNAME Bobby	LAST Blount		suffix Jr.	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 13450 Sunny San Antonio	· · · · · · · · · · · · · · · · · · ·	CITY; STATE;	; ZIP CODE		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	phone number 334~1320	EXTEN	ISION		l or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		M	Receipt #	Amount \$
TREASURER NAME	Mrs.	Sandra			Date Processed	
	NICKNAME	LAST		SUFFIX	Data Imagad	
		Sandoval			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	13450 Sunny	(NO PO BOX PLEASE); APT / : yview Trails , Texas 78253	SUITE #; CIT	τ γ ;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 643-3300	EXTEN	SION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aft treasurer ap (Officeholde	ter campaign ppointment r. Only)
	July 15	8th day before e	1000001 1 8	xceeded Modified eporting Limit	<u> </u>	r Only) 1 (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	3	/ 28 / 23	THROUGH	4 /	/ 26 / 23	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other		
	5 / 6 /	23 General	l Special	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	E SOUGHT (If known)	· · · · · · · · · · · · · · · · · · ·	
	NISD Distri	ict #4		,		
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE	E W/TU/WT THE CAND	INATEL AD ACCINCUM	DEDIC KHOUK COOL OD
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		and the second se		
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			~
		COMMITTEE CAMPAIGN TH	REASURER ADDRESS			
		GO TO	PAGE 2			
	and the second se		······			

15 C/OH NAME	Robert Blourt Tra	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,283.58
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,585.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,300.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,115.36
	swear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
	required to be reported by me under Title 15, Election Code.	
	MARA	L D
	Signature of Candidat	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SE	AL	
Sworn to and subscribe	ed before me by this the	day of,
	fy which, witness my hand and seal of office.	uay or,
Signature of officer admini	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is	by t Blown Jr., and my date of birth is	21/1959
	150 Surveyview Trails, San Andree, TX.	This, us
2	(street) (city) (state)	(zip code) (country)
Executed in BEXA	County, State of $\underline{\mathcal{T}} \\ \underline{\mathcal{K}} \\ \underline{\mathcal{K}}$, 20 <u>23</u> .
	NAR AR	(your)
	Signature of Candidate/Of	ficeholder (Declarant)

SUBTOTALS - C/OH

19 FIL	LERNAME Robut Blowsh, J	20 Filer ID (Ethics Com	nmissi	ion Filers)
	CHEDULE SUBTOTALS . ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CON	TRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	8,000.00
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM I	POLITICAL CONTRIBUTIONS	\$	16.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FRO	M POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,585.24
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM P	ERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRI	BUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AN TO FILER	D CONTRIBUTIONS RETURNED	\$	

bunt, Jr.	3 Filer ID (Ethics Commission Filers)
bunt, Jr.	
5 Full name of contributor out-of-state PAC (ID#:) Elaine Cummins	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	100.00
Dation / Job title (See Instructions) 9 Employer (See Instru-	stions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 18011 Bullis Hill San Antonio, TX 78258	50.00
ation / Job title (See Instructions) Employer (See Instruc	tions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address;City;State;Zip CodePO Box 90851 San Antonio, TX 78209	800.00
ation / Job title (See Instructions) Employer (See Instruc	tions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Linebarger Goggan Blair & Sampson, LLP	4 0 0 0 0 0
Contributor address; City; State; Zip Code 112 E. Pecan St. Suite 2200 San Antonio, TX 78205	1,000.00
	104 El Monte Blvd. San Antonio, TX 78212 pation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Floyd Wilson Contributor address; City; State; Zip Code 18011 Bullis Hill San Antonio, TX 78258 ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Good Governance PAC Contributor address; City; State; Zip Code PO Box 90851 San Antonio, TX 78209 Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code 112 E. Pecan St.,Suite 2200 San Antonio, TX 78205 State; Zip Code

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
² FILER NAME Robert BI	ount, Jr.		3 Filer ID (Ethics Commission Filers)
4 _{Date} 04/22/2023	 5 Full name of contributor out-of-state PAC Georgia Edwards 6 Contributor address; City; 5027 Timber Climb San Antonio Texa 	State; Zip Code	7 Amount of contribution (\$) 50,00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 04/25/2002	Full name of contributor out-of-state PAC James Anderson Contributor address; City; 8706 Loc(Cwiry S), Son Arth	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

If the requested	d information is not applicable. D	O NOT include this page in the r	eport.
	Instruction Guide explains how to		1 Total pages Schedule E:
2 FILER NAME	3 Filer ID (Ethics Commission Filer		
Robert Bloun	t, Jr.		
TOTAL OF UN	\$		
5 Date of loan	7 Name of lender	of-state PAC (ID#:)	9 Loan Amount (\$)
04/03/2023	Robert Blount, Jr.		1,000.00
Is lender a financial Institution?	⁸ Lender address; City 13450 Sunnyview Trails Si		10 Interest rate 0.00
			11 Maturity date
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Coll	ateral	15 Check if personal fu account (See Instru	nds were deposited into political ctions)
6 GUARANTOR INFORMATION	17 Name of guarantor	d	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City		
	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	of-state PAC (ID#;)	Loan Amount (\$)
04/26/2023	Robert Blount, Jr.		7,000.00
ls lender a financial	Lender address; City		Interest rate
Institution?	13450 Sunnyview Trails Sa	an Antonio Texas 78253	Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fu account (See Instru	nds were deposited into political ctions)
GUARANTOR Name of guarantor INFORMATION		I	Amount Guaranteed (\$)
	Guarantor address; City	/; State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	

	EXPENDITURE CATEGOR	IES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic	Event Expense Lo Fees Of Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement Toe Overhead/Rental Expense Illing Expense ntling Expense Iaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: 3	2 FILER NAME Robert Blount, Jr.		3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNITEN	IIZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$
5 Date 7/23	6 Payee name Fastsigns		
7 Amount (\$)	 8 Payee address; 11923 Culebra Road San Antonio 	^{city;} o Texas 78251	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
IO PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertisement Expense	(b) Description Campaign F	lyers
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name JVC Media, LLC		
Amount (\$) 757.75	Payee address; 3106 Fall Crest Dr. San Antonio	_{City;} Texas 78247	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schee Advertisement Expense	^{Jule)} Description Campaign S	Bigns
	Check if travel outside of Texas. Complete Sched	ule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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		EYDENDITUBE	ATECODIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made F Candidate/Officeholder/Politic		EXPENDITURE C Event Expense Fees Food/Boverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Loan Rep Office Ove Polling Ex hse Printing E Selarles/V	ayment/Relmbursement arhead/Rentał Expense pense xponse Veges/Contract Labor	Solicitation/Fundraising Expens Transportation Equipment & Rei Travel In District Travel Out Of District Other (enter a category not listed
1 Total pages Schedule F4:	2 FILER Robert B	·····	·	·	3 Filer ID (Ethics Commissio
4 TOTAL OF UNITEN	- L		GEDTOACF	REDIT CARD	\$
5 Date 04/20/2023 7 Amount (\$) 162.39	8 Payee	edia, LLC	ntonio Texa	city; as 78247	State; Zip C
9 TYPE OF EXPENDITURE		Political	Non-P	olitical	
10 PURPOSE OF EXPENDITURE	1	ry (See Categorias listed at the to ising Expense	p of this schedule)	(b) Description Campaign Si	gns
	(c)	Check if travel outside of Texas. C	omplete Schedule T.	Check if A	ustin, ĩX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder nar	ne C	Office sought	Office held
	Payee		· · · · · · · · · · · · · · · · · · ·		
04/26/2020		uctions, LLC			
Amount (\$) 1,150.00	1 -	^{address;} tate Highway 46 V	Vest Ste. 11	city; 5 #406 New B	state; Zip c Braunfels Texas 7813
TYPE OF EXPENDITURE		Political	Non-P	olitical	<u></u>
PURPOSE OF EXPENDITURE		ry (See Categories listed at the to Digital Media)	op of this schedule)	Description Website upd	ate
		Check if travel outside of Texas, C	omplete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder nar	ne C	Office sought	Office held

		EXPENDITURE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expen
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics	Commission Filers)
	Robert B	ENDITURES CHARGED	TOACE			10
		ENDITORES CHARGED	TUACR	EDITCARD	\$ 4,161	72 M
5 Date 4/25/23	6 Payee Election	^{name} Support Services				
7 Amount (\$) 4,16),12	8 Payee 2611 Rc	^{address;} mpei Pass San Antor	nio Texa	_{City;} s 78232	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this sing Expense	schedule)	(b) Description Turnkey Dire	ct Mail	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	0	ffice sought	Office h	neld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	0	ffice sought	Office I	neld

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FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	FIRST DAVID LAST	MI 	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		CITY: STATE: ZIP CODE - ANTONNO TR 78227	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (Z/0)	PHONE NUMBER 383 - 4/9	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS MB	FIRST DAUD LAST	SAlcido-	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1.0	(NO PO BOX PLEASE): APT / SI 3/6 ROCK D6		STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 383 4193	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month O 3	Day Year 28 /2023	Reporting Limit Month THROUGH 04	Day Year 28 / 2023
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any	r)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTION THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITICAL EXPENDITURES MAD MAY HAVE BEEN MADE WITHOUT THE CANDID ED TO REPORT THIS INFORMATION ONLY IF THE	E BY POLITICAL COMMITTEES TO SUPPORT ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y RECEIVE NOTICE OF SUCH EXPENDITURES
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE CAMPAIGN TREA		
		GO TO P		

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Revised 11/15/2022

15	C/OH	NAME
	0/0/1	INVAIVIE

			16 Filer ID (Ethics Commission Filers
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 170-170
*****************	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1 192 36
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1 113 67
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,013.67
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	9013101
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 7
		Signature of Cano	didate or Officeholder
			r
		Please complete either option below:	r
		Please complete either option below:	r
		Please complete either option below:	r
		Please complete either option below:	r
) Affidavit		Please complete either option below:	r
) Affidavit		Please complete either option below:	ſ
) Affidavit NOTARY STAMP/SEAL		Please complete either option below:	ſ
NOTARY STAMP/SEAL			ſ
NOTARY STAMP/SEAL		by this the	day of
NOTARY STAMP/SEAL			day of,
NOTARY STAMP/SEAL vorn to and subscribed be	lich, witnes	by this the ss my hand and seal of office.	day of,
NOTARY STAMP/SEAL vorn to and subscribed be	lich, witnes	by this the	
NOTARY STAMP/SEAL vorn to and subscribed be), to certify whi	lich, witnes	by this the ss my hand and seal of office.	day_of, Title of officer administering oath
NOTARY STAMP/SEAL vorn to and subscribed be), to certify whi	lich, witnes	by this the ss my hand and seal of office. Printed name of officer administering oath	
NOTARY STAMP/SEAL worn to and subscribed be D, to certify whi mature of officer administering Unsworn Declaration	lich, witnes	bythis. the ss my hand and seal of office. Printed name of officer administering oath	Title of officer administering oath
NOTARY STAMP/SEAL vorn to and subscribed be 0, to certify whi nature of officer administering Unsworn Declaration name is	g oath	bythis the ss my hand and seal of office. Printed name of officer administering oath OR	Title of officer administering oath
NOTARY STAMP/SEAL worn to and subscribed be D, to certify whit mature of officer administering Unsworn Declaration name isA/11	g oath	by	Title of officer administering oath
NOTARY STAMP/SEAL worn to and subscribed be D, to certify whi inature of officer administering Unsworn Declaration name is <u>DAVII</u> address is <u>1806</u>	g oath	bythis the ss my hand and seal of office. Printed name of officer administering oath OR	Title of officer administering oath
worn to and subscribed be	g oath	by	Title of officer administering oath $\frac{8/19/1964}{13227}$ Bexer (zip code) (country) $\frac{2023}{(year)}$

	The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
FILER N	AME		
-	DAVIP SALCI	00	3 Filer ID (Ethics Commission Filers
Date 4-7-i	5 Full name of contributor □ out-of-state CPCCLE MoCale 6 Contributor address; City;	e PAC (ID#)	7 Amount of contribution (S)
Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date -26-7	MARK Camp	PAC (ID#:)	Amount of contribution $($)$ # 20.00
Date	Full name of contributor aut-of-state BerHa Mulli Contributor address; City;	PAC (ID#) NS State; Zip Code	Amount of contribution (s) #50, 00
rincipal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor Contributor address; City;	AC (ID#) State; Zip Code	Amount of contribution (S)
incipal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)

F

SCHEDULE A2

	The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A2: Z
2 FILER NA	AME DAVID SALCIDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS \$ 3 043.78
5 _{Date} 3/28	6502 Bandora Rd San ANTONN TX	Zip Code 500 Check if travel outside of Taxas Complete outside outside of Taxas Complete outside o
10 Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor	r's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor	r's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Date	Full name of contributor	Amount of In-kind contribution
Principal oc	Morth Side AFT Committee Contributor address; City; State; 6502 Banders Rd San Antono H cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 657, 00 Printing Mailers 78239 Check if travel outside of Texas. Complete Schedule
	s principal occupation (FOR JUDICIAL)	Employer (FOR NON-JUDICIAL)(See Instructions)
	s employer/law firm (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	ATTACH ADDITIONAL COPIES OF THI f contributor is out-of-state PAC, please see Instruction	S SCHEDULE AS NEEDED guide for additional reporting requirements.
	Texas Ethics Commission www.ethics.state.tx.	

F

SCHEDULE A2

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A2:
2 FILER NAME DOVID SOLCIDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONT	RIBUTIONS \$ 3,043,78
5 Date 6 Full name of contributor □ out-of-state PAC (ID#	8 Amount of Contribution \$ 9 In-kind contribution description 1020,40 Postage Mailers 7178235 Check if travel outside of Taxas Complete Openation
0 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instruction	s) 11 Employer (FOR NON-JUDICIAL)(See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Mithside AFt Committee Contributor address: City: State; 6502 BADDars Pd St 202 52+ Ark TR Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions	
Contributor's principal occupation (FOR JUDICIAL)	(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHEDULE AS NEEDED
s provided by Texas Ethics Commission www.ethics.state	

SCHEDULE A2

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A2: 3
2 FILER NAME DAVID SZ(CIDO	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	RIBUTIONS \$ 3,043,78
5 Date 6 Full name of contributor □ out-ot-state PAC (ID#	Zip Code 580. Printing March
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instruction
I4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDIC
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributorout-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
Contributor address; City; State;	Zip Code
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instruction:
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIA
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF THI If contributor is out-of-state PAC, please see Instruction	IIS SCHEDULE AS NEEDED n guide for additional reporting requirements.
s provided by Texas Ethics Commission www.ethics.state.tx.	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Point	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	TE 2 FILER NAME DAVID SALC		Filer ID (Ethics Commission Filers)
4 Date 4/27/23	5 Payee name OFFICE Depat		
6 Amount (\$) 5,76	7 Payee address; [(9) SW Loop 4/0	city: SAN ANTONN	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule SUPPIVES		- 15
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date 4 26 23	Prestige Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
512.02	8 BUINOUD IN		a TR 78216
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign /iterature	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/O	Candidate / Officeholder name H	Office sought	Office held
Date 	Payee name Alamo Meiling	Company	<i>r</i>
Amount (\$)	Payee address;	City;	State; Zip Code
179,34	13/14 Lookout RUN	SIA T	R 78233
PURPOSE	Category (See Categories listed at the top of this schedule) Campain liferature	Description Posta	ge
EXPENDITURE			
EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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.

Adverticia	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	Event Expense Loa Fees Offi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ling Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME	/	3 Filer ID (Ethins 2
4 Date	5 Payee name	10100	3 Filer ID (Ethics Commission Filers)
4/12	Cirkle K		
\$ Amount (\$) \$ 10.	7 Payee address; 9022 Marbach Ba	City; S. A	State; Zip Code 77 78227
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Camp 215n Supplies	(b) Description	1
Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living expense
expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
9119125	HEB		
Amount (\$) \$5.00	Payee address; 8219 Marback	City; SA	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cam pars Supples	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		
1118/23	HEB		
mount (\$)	Payee address;	City;	State; Zip Code
110.00	8219 Marbach	SA	TX 78227
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) C 2MPars- Supples	Description	1
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS		

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	ITICAL CONTRIBUTIONS		SCHEDULE F1		
in the requested in	formation is not applicable, DO NOT in		report.		
Adverticing Europe	EXPENDITURE CATEO	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services The Instruction Guide explains	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 F1	2 FILER NAME	alcipo	3 Filer ID (Ethics Commission Filers)		
4 Date 20/23	5 Payee name Chevelor		2		
S Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 5.00	9410 Potranco Rd	SATI	TX 787.28		
	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	3		
PURPOSE OF EXPENDITURE	Campain Supples	Fre	.(
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4121/23	HEB				
Amount (\$)	Payee address;	City;	State; Zip Code		
10.00	8219 Marbach Re	S.A	77 78227		
PURPOSE	Category (See Categories listed at the top of this sche	edule) Description	1		
EXPENDITURE		FUR			
	Check if travel outside of Texas. Complete Scher	dule T Check if Austin	TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/24/	CIRBLE K				
Amount (\$)	Payee address;	City;	State; Zip Code		
10.00	9022 Marbach Rd	5A	TX JUZZJ		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Campais Supplies	dule) Description			
	Check if travel outside of Texas. Complete Schedu	uleT Check if Austin	TX, officeholder living expense		
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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FROM POL	EXPENDITURES MADE			HEDULE F1
	nformation is not applicable, DO NOT include	e this page in the r	enort	
	EXPENDITURE CATEGORIE			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations (Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Loan Ro Fees Office C Food/Beverage Expense Polling Gift/Awards/Memortals Expense Polling Legal Services Salaries The Instruction Guide explains how to	epayment/Reimbursement Overhead/Rental Expense Expense I Expense s/Wages/Contract Labor	Travel Out Of District	quipment & Related Exper
Total pages Schedule F	T: 2 FILER NAME DAVID SALC		3 Filer ID (Et	hics Commission Filers
Date 4/5/23	5 Payee name 3D SIGMS	100		
Amount (\$)	7 Payee address;			
263, 32	7986 1st st	City: SOMERSES	State;	Zip Code 78069
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	. 78	
PURPOSE OF EXPENDITURE	Campais- Materials	Sign	25	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder liv	ing avgance
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	and a chosen and a my	Office held
Date 415/23 Amount (\$)	Payee name OFF-ice Depot			
3,25	Payee address: 119 , SW 1000 p 410	city: Sac Anto	State;	zip Code 78245
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	les	
Complete ONLY if direct	Check if travel outside of Texas, Complete Schedule T, Candidate / Officeholder name		TX, officeholder livin	g expense
xpenditure to benefit C/OH	Survival and Childenbular hame	Office sought		Office held
Date	Payee name			
Amount (S)	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.			
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	X, officeholder living	expense Office held
		CHEDULEASNEED		

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr. George M	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Ayala	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 12934 Texas Gold, San Antonio	CITY; STATE; ZIP CODE o TX 78253			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956)-286-6964	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Anount \$		
TREASURER NAME	Mr. Pablo		Date Processed		
	NICKNAME LAST Manzanares	SUFFIX Jr.	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 8322 Cenizo Pass San Antonio		STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210)-592-3025	EXTENSION			
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 X 8th day before electronic	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
COVERED	93/28/23/	THROUGH 9	4/26/2023		
11 ELECTION	ELECTION DATE				
	Month Day Year Primary	Runoff Other Description	NISD BOARD OF TRUSTEE		
	05/06/2023 General	Special	DISTRICT 4		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS / THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME			
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
GO TO PAGE 2					

15 C/OH NAME		
13 C/OH NAME	Mr. George M Ayala	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 197.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
10	quired to be reported by the drider fille 13, Election Code.	
	Signature of Ca	indidate or Officeholder
	Please complete either option below	v:
		••
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of ,
	which, witness my hand and seal of office.	
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on orge M Ayala	00/10/1000
My name is	, and my date of birth is	08/19/1982
My address is12934	Texas Gold, San Antonio TX 78253	,,
Bexar	(street) (city) (city)	state) (zip code) (country)
Executed in	County, State of <u>Texas</u> , on the <u>28th</u> day of <u>Apri</u>	ocuSigned by $\frac{20}{(year)}$.
	Signature of Canda	orge M. Ayala
	Signature of Cand	hate//officeholder (Declarant) C4C0693D0ED420

		FORM C/OH SHEET PG 3						
19	FILER NAME Mr. George M Ayala	mmission Filers)						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00						
4.	SCHEDULE E: LOANS	\$ 0.00						
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS							
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	_{\$} 197.07						
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.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER							

		Sted information is not applic			SCHEDULE A1 e report.
	The	Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)) 7 Amount of contribution (\$)	
				State; Zip Code	
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instru	uctions)
	Date	Tell name of contributor) Amount of contribution (\$)	
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions))	Employer (See Instru	uctions)
	Date	Full name of contributor	out-of-state F	PAC (ID#:) Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instru	uctions)
	Date	Full name of contributor	out-of-state F	PAC (ID#:) Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)	Employer (See Instru	uctions)

SCHEDULE A2

	The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:		
2 FILER NAME			3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
4 TOTA	L OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	' de of Texas. Complete Schedule T.		
10 Principa	al occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	•		
12 Contribu	utor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contribu	utor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contri	butor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
Principa	al occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI/	AL)(See Instructions)		
Contrib	utor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
Contrib	utor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
lf contri	butor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	,				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct			g requirements.		

	GED CONTRIBUTIONS			SCHEDULE B
If the requ	ested information is not applicable, DO NOT inc	clude this page	in the report.	
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	lule B:
2 FILER NAM	E		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; Sta	te; Zip Code		
			Check if travel outs	I. side of Texas. Complete Schedule T
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	te; Zip Code		
				I. ide of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta			
				I. ide of Texas. Complete Schedule T
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
				I. ide of Texas. Complete Schedule T
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES (f contributor is out-of-state PAC, please see Instr			g requirements.

E.

LOANS			SCHEDULE E				
If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UN	NITEMIZED LOANS		\$				
5 Date of loan	7 Name of lender 🗌 out-of-state	PAC (ID#:)	9 Loan Amount (\$)				
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate				
Y N			11 Maturity date				
12 Principal occupati	on / Job title (See Instructions)						
14 Description of Col	lateral	15 Check if personal fun- account (See Instruct	ds were deposited into political tions)				
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
 not applicable 20 Principal Occupa 		State; Zip Code 21 Employer (See Instructions)					
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)				
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
Institution? Y N			Maturity date				
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	1				
Description of Coll	lateral	Check if personal fun account (See Instruct	ds were deposited into political tions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code					
not applicable Principal Occupat	ion (See Instructions)	Employer (See Instructions)					
	ATTACH ADDITIONAL COP	VIES OF THIS SCHEDULE AS NEE	EDED				
If le	ender is out-of-state PAC, please see In						

POLITICAL EXPENDITURES MADE

FROM POLI	SCHEDULE F1						
If the requested inf	ormation is not applicable, DO NOT include	this page in the r	eport.				
	EXPENDITURE CATEGORIES	FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E by Gift/Awards/Memorials Expense Printing al Committee Legal Services Salaries	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
6 Amount (\$)	Amount (\$) 7 Payee address; City;						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
	(c) Check if travel outside of Texas. Complete Schedule T.	tin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 <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					
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services	ials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
		The Instruction	Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEN		NPAID INCUR	RED OBLI	GATION	3	\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	tical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ory (See Categories list	ed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside o	f Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholder livir	ig expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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		Political		Non-Po	itical		
PURPOSE OF EXPENDITURE	Catego	ory (See Categories list	ed at the top of this	s schedule)	Description		
		Check if travel outside	of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
	ATTA	CH ADDITIONA	L COPIES C	OF THIS S	CHEDULE AS NE	EDED	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 pa	iges Sc	hedule F3:		
2 FILER NAME		3	Filer ID	(Ethics	s Commissio	n Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit	 ty;			State;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)						
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City	 у;			State;	Zip Code	
	Description of investment						
	Amount of investment (\$)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Commission

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If the requested inforr	nation is not applicable, DO NOT	include this	page in the rep	oort.	
	EXPENDITURE CA	TEGORIES FC	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overh Polling Expe e Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expens
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARG	EDTOACRE	EDIT CARD	\$ 197.	07
5 Date 4/26/2023	6 Payee name Meta Business				
7 Amount (\$) 197.07	<pre>8 Payee address; 1 Facebook way Menlo</pre>	o Park CA 94	City; 1025	State;	Zip Code
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Advertising Expense	of this schedule)	(b) Description Ads		
	(C) Check if travel outside of Texas. Corr	nplete Schedule T.	Check if Au	istin, TX, officeholder livi	ng expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Off	ice sought	Office	held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Poli	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	of this schedule)	Description		
-	Check if travel outside of Texas. Cor	nplete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
	Candidate / Officeholder name	e Off	fice sought	Office	held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
•					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

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

		EXPENDITURE CATEG	ORIES F	FOR B	OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense		
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID ((Ethics C	commission Filers)
4 Date	5 Payee nar	ne						
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;			City;	S	tate;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sch		(b) De	Scription	, TX, officeholder	living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office s	-	, ,		office held
Date	Payee nar	ne						
Amount (\$)	Payee ad	dress;			City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this sch is the schedule of the sche	hedule)	De	escription			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candid	Check if travel outside of Texas. Complete Scho late / Officeholder name		Office s		, TX, officeholder	• •	oense Office held
Date	Payee nar	ne						
Amount (\$) Reimbursement from political contributions intended	Payee ad	dress;			City;	Stat	e;	Zip Code
PURPOSE OF EXPENDITURE		• (See Categories listed at the top of this sch		De	scription			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	Check if travel outside of Texas. Complete Sche late / Officeholder name		Office s		, TX, officeholder		ense)ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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

SCHEDULE H

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

			TEOODIE			
		EXPENDITURE CA	ATEGORIES	SFOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Transportation E Travel In Distric Travel Out Of D		
		The Instruction Guide ex	plains how to	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (E	Ethics Commission Filers)
4 Date	5 Business	name			ļ	
6 Amount (\$)	7 Business	address;		City;	Stat	te; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	, TX, officeholder liv	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	Stat	te; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of t	this schedule)	Description		
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin,	TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	Stat	te; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of	this schedule)	Description		
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin,	, TX, officeholder liv	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name		1		
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sea required.)	e instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regar	ding type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

The	1 Total pages Schedule K:						
2 FILER NAME		3 Filer ID (Ethics Comm	ission Filers)				
4 Date	5 Name of person from whom amount is received	8	Amount (\$)				
	6 Address of person from whom amount is received; City; S	tate; Zip Code					
	7 Purpose for which amount is received Check	f political contribution returne	ed to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; S	State; Zip Code					
	Purpose for which amount is received Check	f political contribution returne	ed to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; S	ate; Zip Code					
	Purpose for which amount is received Check	f political contribution returne	ed to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; S	State; Zip Code					
	Purpose for which amount is received Check	f political contribution returne	ed to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	NTRIBUTIONS OR POLITICAL EXPENDI L OUTSIDE OF TEXAS	TURES SCHEDULE T				
If the requested in	formation is not applicable, DO NOT include this page	in the report.				
The Instru	action Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expendi	iture reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
-	9 Destination city or name of destination location					
10 Means of transportation	on 11 Purpose of travel (including name of conference, s	eminar, or other event)				
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expended	iture reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
-	Destination city or name of destination location					
Means of transportati	on Purpose of travel (including name of conference, s	eminar, or other event)				
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expendi	iture reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or name of destination location					
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	EASNEEDED				

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	al Report" ••				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
ľ							
	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.						
		Signatu	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	А.	CAMPAIGN FUNDS					
	Chec	a only one:					
		I do not have unexpended contributions or unexpended interest or income earned free	om 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 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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B.	ASSETS					
	Chec	a only one:					
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.				
		I do retain assets purchased with political contributions or interest or other income fr that I may not convert assets purchased with political contributions or interest or othe personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to				
		S	Signature of Candidate				
5	OFFIC	EHOLDER					
		plete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political con political contributions or interest or other income from political contributions.	, after filing the last required report as				
		S	ignature of Officeholder				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis	ssion Filers)	2 Total pages f		
	·		00086159			22	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	Mr.	Gerald B.			Date Received		
	NICKNAME	LAST		SUFFIX			
		Lopez					
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	TY;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER MAILING	7835 Emerald Elm						
ADDRESS					Receipt #	Amount	
Change of Address	San Antonio, TX 78251						
					Date Processed		
					Date Imaged		
					Date imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER							
NAME							
	NICKNAME	LAST		SUFFIX			
				00111/			
6 CAMPAIGN	STREET ADDRESS (NO PO) BOX PLEASE).	AP	/ SUITE #; CITY;	ST	ATE; ZIP CODE	
TREASURER			,				
ADDRESS							
(Residence or Business)							
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION				
TREASURER PHONE							
FIIONE							
8 REPORT							
TYPE	January 15	30th day before	e election	Runoff X	15th day after ca appointment (off	ampaign treasurer	
	July 15	X 8th day before	election	Exceeded modified	Final Report (Att		
				reporting limit		,	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	03/28/2023	TH	HROUGH	04/28/202	3		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year		Primary	Runoff	Other		
	05/06/2023		General	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
	Trustee Place 2 District N	IISD Bexar					
		GO T	FO PAGE 2				
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	6	Versi	on V3.5.1.7bd706d4	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 22

13 C / OH NAME	Lopez, Gerald B. (N	r.)	14 Filer ID 00086159	(Ethics Commiss	sion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholde	political contributions accepted or political exp. . These expenditures may have been made w d officeholders are required to report this info	ithout the candidate's or offic	eholder's knowle	dge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Good Governance PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	PO Box 90851			
		San Antonio, TX 78209			
		COMMITTEE CAMPAIGN TREASURER NA	AME		
		Mora, Linda			
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS		
		P.O. Box 90851			
		San Antonio, TX 78209			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOAN OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	5,258.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITI	CAL EXPENDITURES		\$	4,998.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	1,471.13
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOAI RTING PERIOD	NS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			penalty of perjury, that the ac udes all information required Code.		
		Signa	ture of Candidate or Officeho	lder	
AFFIX NO	OTARY STAMP / SEAL AI	BOVE			
Sworn to and sub	scribed before me, by the	said	. this the	di	ay
		certify which, witness my hand and seal of offic			
Signature of of	ficer administering	Printed name of officer administering	Title of office	er administering o	bath

Version V3.5.1.7bd706d4

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

				Page 3 of 22
C / OH NAME	Lopez, Gerald B. (Mr	.)	Filer ID 00086159	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to s been made without the candidate's or officeholder's d to report this information only if they receive noti	s knowledge or c	onsent. Candidates and
	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Narthside AFT Committee on Political Educ	ation	
		COMMITTEE ADDRESS		
		6502 Bandera Road Ste # 202		
		San Antonio , TX 78238		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Monis, HArron		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
		6502 Bandera Road Ste # 202		
		San Antonio, TX 78238		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM JC/OH

				Page 4 of 22			
C / OH NAME	Lopez, Gerald B. (Mr)	Filer ID 00086159	(Ethics Commission Filers)			
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures						
	COMMITTEE TYPE	COMMITTEE NAME Narthside AFT Committee on Political Educa	ation				
		COMMITTEE ADDRESS 6502 Bandera Road Ste # 202					
		San Antonio , TX 78238					
		COMMITTEE CAMPAIGN TREASURER NAME Monis, HArron					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS				
		6502 Bandera Road Ste # 202					
		San Antonio, TX 78238					

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 5 of 22				
18 FILER NAME Lopez, Gerald B. (Mr.)	19 Filer ID 00086159	(Ethics Commission Filers)			
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,146.00			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,112.35			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. SCHEDULE E: LOANS		\$			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 4,998.64			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	\$				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

\models				-		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/22		
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	Lopez, Gera				00086159	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/13/2023	Good Governance PAC				\$800.00
	I	6 Contributor address; City; State; Zip Code		1		
		P.O. Box 90851				
		san antonio, TX 78209				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/14/2023	Joeris, Gary (Mr.)				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
		P.O Box 790086				
<u> </u>		San Antonio , TX 78279				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
L	CEO		Joeris Construction			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/18/2023	Keough, Steven (Mr.)			\$96.00	
	I	Contributor address; City; State; Zip Code]		
		10422 Huebner Rd Apt 2609				
		San Antonio, TX 78240				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/20/2023	Ramon, Timothy (CEO)				\$1,000.00
	I	Contributor address; City; State; Zip Code		1		
		20790 E Tejas Trial				
		San Antonio , TX 78257				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Demolition		JR Ramon & Sons			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/18/2023	Rodriguez, Justin (The Honorable)				\$250.00
	I	Contributor address; City; State; Zip Code	1			
		P.O. Box 100153				
		San Antonio , TX 78201				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Bexar County			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE	A2
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The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/22			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Lopez, Gera		00086159			
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date 04/13/2023	 Full name of contributor out-of-state PAC (ID#: Northside AFT Committee on Political Education Contributor address; City; State; Zip Code 6502 Bandera Road Ste # 202 San Antonio, TX 78238 	 8 Amount of solution (\$) 9 In-kind contribution description \$1,324.35 Postage Check if travel outside of Texas. Complete Schedule T. 			
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 04/12/2023	Full name of contributor)	Amount of In-kind contribution contribution (\$) description \$788.00 I Printing		
	San Antonio, TX 78238		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor'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)				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)				
	Sch: 1/15 Rpt: 8/22	Lopez, Gerald B. (Mr.)	00086159				
4	Date	5 Payee name					
	04/21/2023	3D Printing					
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 8015 W 2nd St Somerset , TX 78069					
8	PURPOSE OF EXPENDITURE	Advertising Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/20/2023	Alamo Mailing					
	Amount (\$) \$1,103.01	Payee address; City; State; Zip Code 13114 Lookout Run San Antonio, TX 78233					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/20/2023	Blue Star Brewing					
	Amount (\$) \$55.95	Payee address;City;State;Zip Code1414 S Alamo Ste 105					
		san antonio, TX 78210					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense NOT				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T / - Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FII	_ER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 2/15 Rpt: 9/22		opez, Gerald B. (Mr.)					00086159	
4	Date	5 Pa	Payee name						
	04/10/2023	Βι	Bubba's						
6	Amount (\$)								
	\$53.09	75	518 NW Loop 410						
		sa	n antonio, TX 78251						
8	PURPOSE	(a) Ca	ategory (See Categories listed at th	e top of this sche	edule)	b) Description			
	OF EXPENDITURE	Fo	ood/Beverage Expense					ide of Texas. Complete Schedule T.	
						Food for Volu		, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	0	Dffice soug	ht		Office held	
	Date	Pa	iyee name						
	04/08/2023	Βι	ıbba's						
	Amount (\$)	Pa	yee address; City;	State;	Zip Cod	е			
	\$21.07	75	518 NW Loop 410						
		sa	n antonio, TX 78251						
	PURPOSE OF		ategory (See Categories listed at th	e top of this sche	edule)	b) Description	_		
	EXPENDITURE	Fo	ood/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						food for volu			
	Complete ONLY if direct	Can	didate/Officeholder name	C	Office soug	ht		Office held	
	expenditure to benefit C/OI	4			0				
	Date	Pa	iyee name						
	04/07/2023		ıbba's						
	Amount (\$)	Pa	yee address; City;	State:	Zip Cod	e			
	\$58.39		518 NW Loop 410	,	F				
		-							
		sa	n antonio, TX 78251						
	PURPOSE OF		tegory (See Categories listed at th	e top of this sche	edule)	b) Description		ide of Tourse, Operations Opherida T	
	EXPENDITURE	Fo	ood/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						food for volu			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	0	Office soug	ht		Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 3/15 Rpt: 10/22	Lopez, Gerald B. (Mr.)	00086159				
4	Date 04/25/2023	Payee name CIRCLE K					
6	Amount (\$) \$15.82	Payee address; City; State; Zip Code 8214 Culebra rd san antonio, TX 78251					
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense for poll watcher 					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/15/2023	CIRCLE K					
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 8214 Culebra rd san antonio, TX 78251					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/26/2023	Church's Chicken					
	Amount (\$) \$19.44	Payee address;City;State;Zip Code8995 Grissom Rd					
		San Antonio , TX 78251					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 4/15 Rpt: 11/22		Lopez, Gerald B. (Mr.)					00086159	(
4	Date	5	Payee name						
	04/02/2023		Cricket Wireless						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$119.00		1025 Lenox park Blvd NE						
			Atlanta , GA 30319						
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Exp			Check if travel	outsi	de of Texas. Com	blete Schedule T.
	EXPENDITORE						, TX	officeholder living	expense
						phones			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	ld
	Date		Payee name						
	04/26/2023		Dollar General						
Amount (\$) Payee address; City; State; Zip Code									
\$43.67 9179 Grissom rd									
	Q-10.01		5175 Ch550m rd						
			san antonio, TX 78251						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense					de of Texas. Com	
							, TX,	officeholder living	expense
						lunch bags			
	Complete ONL V if direct		andidate/Officeholder name			- ht		Office he	Id
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			(Office sou	JIIL		Office fie	iu
⊨	Date		Payee name						
	04/26/2023		Dollar General						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$43.67		9881 Culebra rd						
			san antonio, TX 78251						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense					de of Texas. Com	
							, TX	officeholder living	expense
						lunch bags			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	ld
	expenditure to benefit C/OI	Η							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense			Reimbursement Rental Expense ontract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	e		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	ers)
	Sch: 5/15 Rpt: 12/22		Lopez, Gera	d B. (Mr.)						00086159		
4	Date	5	Payee name									
	04/19/2023		EIG*CONST	ANTCONTACT	.CO							
6	Amount (\$)	7	Payee address	s; City;	State;	; Zip Co	de					
	\$21.32		1601 Trapelo	RD								
			Waltham, MA	A 02451								
8	PURPOSE	<u> </u>					(h) p	escription				
Ŭ	OF		Advertising E	Categories listed at th	e top of this sch	edule)	(0) D F		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Auventising L	-xpense			F			officeholder living		
							e	nail messag	ging)		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Dffice sou	ght			Office he	eld	
	Date		Payee name									
	04/24/2023		Exxon									
	Amount (\$)	┢	Payee addres	s; City;	State	Zip Co	de					
	\$11.43		7880 Culebra		Otato,	, <u>Lip</u> 00	ac					
	Ψ11.40											
			san antonio,	TX 78251								
	PURPOSE	(a)	Category (See	e Categories listed at th	e top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Food/Bevera	lge Expense			Ē	_		de of Texas. Com		
	-						Ľ			officeholder living	expense	
							L	orinks for pol	IW	atchers		
				- -						0.00	14	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	C	Office sou	ynı			Office he	210	
	Date		Payee name									
	04/21/2023		Exxon									
	Amount (\$)		Payee address	s; City;	State;	; Zip Co	de					
	\$22.27		7880 Culebra	a rd								
			san antonio,	TX 78251								
	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sch	edule)	(b) D	escription				
	OF		Travel In Dis			ŕ	Γ	Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE						E		, TX,	officeholder living	expense	
							F	uel				
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OH											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 6/15 Rpt: 13/22	Lopez, Gerald B. (Mr.)	00086159					
4	Date	Payee name						
	04/15/2023	Great Northwest						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$80.00	8809 Timberwilde						
		san antonio, TX 78250						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/24/2023	HEB						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$78.27	9255 Grissom Rd						
		San Antonio, TX 78251						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/24/2023	La Tapatia Taqueria						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$54.00	7891 culebra rd						
		SAN ANTONIO, TX 78227						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense atchers					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment			Event Fees Food// Gift/Aı nmittee Legal	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
_	Sch: 7/15 Rpt: 14/22	-	Lopez, Gerald B	. (Mr.)					00086159	(
4	Date	5	Payee name							
	04/03/2023		Lopez Jr., Leona	ard (Mr.)						
6	Amount (\$)	7	Payee address;	City;	State;	Zip Cod	e			
	\$250.00		306 Mahogany (Chest						
			San Antonio, TX	78249						
8	PURPOSE	(a)	Category (See Cate	egories listed at the top o	of this schedu	ule) (b) Description			
	OF EXPENDITURE		Advertising Expe			/		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE		- .					, TX,	, officeholder living	expense
							Design work			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeho	lder name	Off	ice soug	ht		Office he	eld
	Date		Payee name							
	03/28/2023		Lopez Jr., Leona	ard (Mr.)						
⊢	Amount (\$)	┝	Payee address;	City;	State [.]	Zip Cod	۵			
	\$250.00		306 Mahogany (otato,	2.0 000	0			
	φ230.00		Soo Manogany V	Shest						
			San Antonio, TX	78249						
	PURPOSE OF	(a)	Category (See Cate	egories listed at the top o	of this schedu	ule) (b) Description			
	EXPENDITURE		Advertising Expe	ense					ide of Texas. Com	
								I, IX,	, officeholder living	expense
							design work			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeho	lder name	Off	ice soug	ht		Office he	eld
	Date		Payee name							
	04/02/2023		MURPHY / WAL	MART						
	Amount (\$)		Payee address;	City;	State:	Zip Cod	e			
	\$40.01		7639 Northwest	-	,	1				
	\$10101			2000 120						
			San Antonio, TX	78251						
	PURPOSE	(a)	Category (See Cate	egories listed at the top o	of this schedu	ule) (b) Description			
	OF EXPENDITURE		Travel In District	I					ide of Texas. Com	
								i, TX,	, officeholder living	expense
							fuel			
	Complete ONLY if direct		Candidate/Officeho	lder name	Off	ice soug	ht		Office he	eld
	expenditure to benefit C/OI	Η								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Til Food/Beverage Expense Polling Expense Til By - Gift/Awards/Memorials Expense Printing Expense Til				Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/15 Rpt: 15/22		Lopez, Gerald B. (Mr.)						00086159		
4	Date	5	Payee name								
	04/26/2023		McDonald's								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$10.89		8349 Culebra rd								
			san antonio, TX 78251								
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Descript	tion				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
								ΤX,	officeholder living	expense	
						poll wat	tcner				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht			Office he	ld	
	Date		Payee name								
	04/26/2023		McDonald's								
	Amount (\$)		Payee address; City;	State:	; Zip Co	de					_
	\$4.96		8349 Culebra rd	,	,						
	φ+.50										
			san antonio, TX 78251								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Descript	tion				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
									officeholder living	expense	
						conee i	ior a po		watcher		
									O #iss ha	14	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office sou	Int			Office he	10	
	Date	_									_
	04/26/2023		Payee name NNT GUILBEAU FOOD								
				01-1-1	7: 0	1-					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$43.67		9094 Guilbeau road								
			San Antonio, TX 78250								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Descript					
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
									officeholder living	expense	
						For Vol	unteer	s			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	ld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 9/15 Rpt: 16/22	Lopez, Gerald B. (Mr.)	00086159					
4	Date 04/21/2023	Payee name PF Changs						
6	Amount (\$) \$67.37	Payee address; City; State; Zip Code 255 E Basse rd san antonio, TX 78209						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch With Donor 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/13/2023	ParkingCOM						
	Amount (\$) \$18.99	Payee address; City; State; Zip Code 420 Broadway san antonio, TX 78205						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/20/2023	QT-QuikTrip						
	Amount (\$) \$42.18	Payee address;City;State;Zip Code7230 Culebra Rd						
		San Antonio, TX 78251						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/15 Rpt: 17/22	Lopez, Gerald B. (Mr.)	00086159				
4	Date	Payee name					
	04/14/2023	QT-QuikTrip					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$60.00	7230 Culebra Rd					
		San Antonio, TX 78251					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District	utside of Texas. Complete Schedule T.				
	_/		TX, officeholder living expense				
		fuel					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
9	expenditure to benefit C/OF	Candidate/Onicenoider name Onice sought	Onice neid				
	Date	Payee name					
	04/18/2023	SOUTH TEXAS PRESS INC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$627.68	300 Arbor Pl					
		San Antonio, TX 78202					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense				
		printing					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/24/2023	Sosa, Tony (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$150.00	7903 emerald elm					
		san antonio, TX 78251					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Frame				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Git/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 11/15 Rpt: 18/22	opez, Gerald B. (Mr.)			00086159			
4	Date	ayee name						
	04/17/2023	osa, Tony (Mr.)						
6	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$150.00	903 emerald elm						
		an antonio, TX 78251						
8	PURPOSE	ategory (See Categories listed at tl	an top of this schodulo)	(b) Description				
	OF	dvertising Expense	le top of this schedule)		outside of Texas. Complete Schedule T.			
	EXPENDITURE	5 1			, TX, officeholder living expense			
				Material for "A	A" Frame			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	lht	Office held			
	Date	ayee name						
	04/26/2023	aco Bell						
	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$60.67	263 Culebra rd						
		an antonio, TX 78251						
	PURPOSE OF	ategory (See Categories listed at th	ne top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.			
	EXPENDITURE	ood/Beverage Expense			, TX, officeholder living expense			
				food for poll v				
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	Iht	Office held			
	expenditure to benefit C/OF							
-	Date	ayee name						
	04/21/2023	exas Best						
	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$29.09	4650 I-35						
		on Ormy, TX 78073						
	PURPOSE OF	ategory (See Categories listed at th	ne top of this schedule)	(b) Description				
	EXPENDITURE	ravel Out of District			outside of Texas. Complete Schedule T. , TX, officeholder living expense			
				Political signs				
-	Complete ONLY if direct	ndidate/Officeholder name	Office sou	Iht	Office held			
	expenditure to benefit C/OF							
-								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 12/15 Rpt: 19/22	opez, Gerald B. (Mr.)			00086159		
4	Date	ayee name					
	04/15/2023	ias Tacos					
6	Amount (\$)	ayee address; City;	State; Zip Coo	e			
-	\$35.03	820 Huebner rd	,p	-			
		on Valley, TX 78238					
8	PURPOSE	ategory (See Categories listed at the to	on of this schodulo)	b) Description			
	OF	ood/Beverage Expense	by or this schedule)		outside of Texas. Complete Schedule T.		
	EXPENDITURE				, TX, officeholder living expense		
				Mtg with NIS	D candidate		
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office soug	ht	Office held		
	Date	ayee name					
	04/20/2023	rail Blazer Campaign Service	es, Inc				
	Amount (\$)	ayee address; City;	State; Zip Coo	e			
	\$120.00	832 Lincoln Dr., Suite 149					
		dina, MN 55436					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to olling Expense	op of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense /iCeS		
	Complete ONLY if direct	ndidate/Officeholder name	Office soug	ht	Office held		
	expenditure to benefit C/Oł	nuidate/onicentilaer name					
	Date	ayee name					
	04/13/2023	ISTAPRINT					
	Amount (\$)	ayee address; City;	State; Zip Coo	0			
	\$310.34	75 Wyman Street	State, Zip Cot	e			
	\$010.04	ro wyman olicet					
		/altham, MA 02451					
	PURPOSE OF	ategory (See Categories listed at the to	op of this schedule)	b) Description			
	EXPENDITURE	dvertising Expense			outside of Texas. Complete Schedule T. , TX, officeholder living expense		
				pushcards	, ra, oncenduer iving expense		
				P			
	Complete ONLY if direct	ndidate/Officeholder name	Office soug	ht	Office held		
	expenditure to benefit C/OI						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 13/15 Rpt: 20/22	Lopez, Gerald B. (Mr.)	00086159		
4	Date	5 Payee name			
	03/30/2023	VISTAPRINT			
6	Amount (\$) \$222.97	 7 Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451 			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense (b) Description Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense advertisers			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/28/2023	VISTAPRINT			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$258.38	275 Wyman Street Waltham, MA 02451			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ht		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/16/2023	WAL-MART #5226			
	Amount (\$) \$94.38	Payee address; City; State; Zip Code 9526 Military Dr W			
		San Antonio, TX 78251			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 14/15 Rpt: 21/22	Lopez, Gerald B. (Mr.)	00086159		
4	Date 04/17/2023	Payee name WOK INN			
6	Amount (\$) \$27.11	Payee address; City; State; Zip Code 8733 Grissom Rd san antonio, TX 78251			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense h Block Walkers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/24/2023	Walmart			
	Amount (\$) \$189.48	Payee address; City; State; Zip Code 8923 W Military Dr San Antonio, TX 78245			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/25/2023	Wendy's			
	Amount (\$) \$37.21	Payee address;City;State;Zip Code9535 Culebra Rd			
		San Antonio, TX 78251			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense P IS		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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				
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 15/15 Rpt: 22/22	_opez, Gerald B. (Mr.)		00086159		
4	Date	Payee name	I			
	04/16/2023	Wing Daddy's				
6	Amount (\$)	Payee address; City; State;	Zip Code			
	\$42.83	10730 Potranco rd				
		san antonio, TX 78251				
8	PURPOSE	Category (See Categories listed at the top of this sch	edule) (b) Description			
	OF	=ood/Beverage Expense		utside of Texas. Complete Schedule T.		
	EXPENDITURE		Check if Austin,	TX, officeholder living expense		
			food for volun	teers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name C	Office sought	Office held		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Juide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs	_{FIRST} Jordan	MI	OFFICE USE ONLY
NAME	NIGKNAME	LAST Wagner	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; zip code an Antonio TX, 78253	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (361)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME	Edith Last	Suffix	Date Processed
		Morin		Dale Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS ((NO PO BOX PLEASE); APT / SI	. ,	STATE; ZIP CODE
ADDRESS (Residence or Business)	4530 Am	os Pollard	San Antonio TX 78	3253
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER		56) 648-3058		
9 REPORT TYPE	January 15	30th day before e	Disction Runoff	15th day after campaign treesurer appointment (Officeholder Only)
	July 15	X 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERLD	3 /		THROUGH 4	26 / 2023
11 ELECTION	ELECTION DA	NTE Year Primary	ELECTION TYPE	
	5 / 06 /		Doscription	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If KNOWN Northside ISD Trus) tee
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANL	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	ay ay a san a sa a sa a sa a sa a sa a s
GO TO PAGE 2				

	E / OFFICEHOLDER	FORM C/OH COVER SHEET PG 2
Jorda	n wagner	16 Filer ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	14AN \$ 100.00
N	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	and \$ 105.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 896.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LABT DAY \$ Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS / LAST DAY OF THE REPORTING PERIOD	IS OF THE S
) Affildavit NOTARY STAMP/SEA worn to and subscribed 0 - 23 - to centify		low: the 28 day of Art1
gnature of officer administre	z Leslie Ramos	Title of officer administering ceth
2) Unsworn Declarati	OR	
•	(stroot) (Clly)	(stale) (Zip code) (country)
recuted in	County, State of, on theday of	nonih) (year)

. .

SUBTOTALS - C/OH

.

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C Jordan Wagner 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 205.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2813.16
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	• \$
4.	SCHEDULE E: LOANS	\$
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 896.46
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

quested information is not applicable, DO NOT include this page in the	SCHEDULE A1 report.	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
ME Jordan Wagner	3 Filer ID (Ethics Commission Filers)	
 5 Full name of contributor □ out-of-state PAC (ID#:) Elizabeth Shanks 6 Contributor address; City; State; Zip Code 12850 Sabinal River San Antonio TX 78253 	7 Amount of contribution (\$) \$50	
occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Full name of contributor □ out-of-state PAC (ID#:) Edith Morin Contributor address; City; State; Zlp Code 4530 Amos Pollard San Antonio, TX 78253	Amount of contribution (\$) \$50	
ccupation / Job title (See Instructions) Employer (See Instruct	tions)	
Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code 12722 Cedar Fly San Antonio TX 78253	\$5	
ccupation / Job title (See Instructions) Employer (See Instruct	tions)	
Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
Employer (See Instructions) Employer (See Instructions)	tions)	
I		
	The Instruction Guide explains how to complete this form. ME Jordan Wagner 5 Full name of contributor Lizabeth Shanks 6 Contributor address; 12850 Sabinal River San Antonio TX 78253 becupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Edith Morin Contributor address; City; State; Zip Code 4530 Amos Pollard San Antonio, TX 78253 ccupation / Job title (See Instructions) Enployer (See Instructions) Enployer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Gontributor address; City; State; Zip Code 12722 Cedar Fly San Antonio TX 78253 ccupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-stat	

	MONETARY (IN-KIND) POLITIC. RIBUTIONS	AL		SCHEDULE A2	
If the requ	uested information is not applicable, DO NOT includ	le this page	in the report.		
Т	he Instruction Guide explains how to complete this form		1 Total pages Sched 1	ule A2:	
2 FILER NAM	ve dan Wagner		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	na Allina da La	
5 Date	6 Full name of contributor 🗋 out-of-state PAC (ID#: Northside AFT)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State; 6502 Bandera Road-Suite 202 San Antonio	Zip Code TX 78238	2738.16	I Mailers I I Ide of Texas, Complete Schedule T.	
10 Principal oc		11 Employe		AL)(See Instructions)	
12 Contributor'	's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor'	's employer/law firm (FOR JUDICIAL)	15 Law firm) of contributor's spou	se (if any) (FOR JUDICIAL)	
16 if contributo	or is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	<u>.</u>			
Date	Full name of contributor Dout-of-state PAC (ID#: Stephanie Stewart		Amount of Contribution \$	In-kind contribution description	
4/1/2023	Contributor address; City; State;	•	\$75.00	l Sign	
Duin-Inet.og	12102 Arroyo Spring San Antonio TX 7825	·····		de of Texas, Complete Schedule T.	
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)	
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor'	's employer/law firm (FOR JUDICIAL)	Law firm	·	ise (if any) (FOR JUDICIAL)	
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>ł</u>			
·,					
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			g requirements,	

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:		
2	2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)	
4	TOTAL OF	UNITEMIZED PLEDGES		\$		
5	Date	6 Full name of plodgor [] out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address; Clty; Sta	ite; Zip Code			
				Check if travel outsi	l. ide of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	instructions)		
	Date	Full name of pledgor 🛛 cut-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; Sta	ate; Zip Code			
				Check if trevel outsi	l. de of Texas. Complete Schedule T.	
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of pledgor 🛛 out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address; City; Sta	ate; Zip Code			
				Check if travel outsi	de of Texas. Complete Schedule T.	
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instru <i>c</i> tions)		
	Date	Full name of pledgor [] out-of-state PAC (ID#;)	Amount of Pledge \$	In-kind contribution description	
		Plodgor address; City; State			1 	
				Check if travel outs	l de of Texas. Complate Schedule ⊺.	
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)		
			÷			
	If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see Inst			requirements.	

L	0	A	N	S
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SCHEDULE E

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

		· · · · · · · · · · · · · · · · · · ·		
The	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	·			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan		PAC (ID#;)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15		
		Check if personal function account (See Instruction	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
🔲 not applicable	· · · · ·			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender 🛛 out-of-state I	PAC (ID#:)	Loan Amount (\$)	
· · · · · · · · · · · · · · · · · · ·				
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Məturity datə	
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
Description of Colli	ateral		······	
- Check if personal		Check if personal fund account (See Instruct	ds were deposited into political lons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
inot applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				
1				

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 B Candidate/Officeholder/Politics Credit Card Paymont		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Exponse Saleries/Wages/Contract Labor how to complete this form.	Solioitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed ebove)
1 Total pages Schedule F1:	2 FILER NAME Jordan Wagner	**************************************	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payoe name	······	
	Alamo Mailing Company		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
349.80	13114 LOOKOUT RUN SAN ANTONIO TX 78233		
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Postage	Postage	for mailers
	(G) Check if travel outside of Texas, Complete Sch	redule T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Jordan Wagner	Office sought Northside IS	Office held D Trustee
Date	Payse name		· · · · · · · · · · · · · · · · · · ·
4/26/2023	Prestige Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
546.66	8 Burwood lane San Antonio TX 78218		
	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Mailers	
	Check if travel outside of Toxas, Completo Sch	nedule T, Check if Aus	tin, TX, officeholder living expanse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O⊦	Jordan Wagner	Northside ISD Tr	rustee
Date	Payee name	,	
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	redule) Description	
	Check if travel outside of Texas, Complete Sch	eduleT, Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

Forms provided by Texas Ethics Commission

UNPAID INCURRED OBLIGATIONS

.

SCHEDULE F2

		EXPEND	TURE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Gandidate/Officeholdor/Politica		Event Expense Fees Food/Beverage E Glft/Awards/Mem Legal Services The Instruction	oriais Expenso	Office Ove Polling Exp Printing Ex Saleries/W		Solicitetion/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (entor a categor	nent & Related Expense
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (Ethics C	ommission Fliers)
							·····
4 TOTAL OF UNITEN				ATION	S	\$,
5 Date	6 Payee a	name					
7 Amount (\$)	8 Payee	address;			City;	State;	Zìp Code
9 TYPE OF EXPENDITURE	F	Political	Ļ] Non-Pol	itical		*
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Calegories li	sted at the top of this	schedule)	(b) Description		
	(0)	Check if travel outside	of Texas. Complete Sc	shedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Can 1	didate / Officeh	older name	0	ffice sought	Office he	bld
Date	Payee	name				· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	F	olitical] Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (Seo Calegories li	sted at the top of this :	schedule)	Description		
		Chock if travel outsic	le of Texas, Complete 5	Schedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeh	older name	0	ffice sought	Office he	əld
	ATTAC	HADDITION	AL COPIES O	F THIS S	CHEDULE AS NE	EDED	
Forms provided by Texas Ethic	s Commissio	n	www.ethics,	state.tx.us	· · · · · · · · · · · · · · · · · · ·		Revised 11/15/2022

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased; City	
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased; City	
Description of investment	·
Arnount of Investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Commission

EXPENDITUF					SCHEDULE F4
		EXPENDITURE CA	TEGORIES F	OR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donetions Made B Candidate/Officeholder/Politica	Fi Fi y G a) Committee L, (vent Expense ses bod/Beverage Expense lift/Awards/Memortals Expense egal Services	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4;	2 FILER NA Jordan		plains how to co	omplete this form.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPEN	IDITURES CHARG	EDTOACR	EDIT CARD	\$
5 Date 7 Amount (\$)	6 Payee nar Alam 8 Payee ade	o Mailing Company		<u></u>	
\$349.80	13114 L	.OOKOUT RUN ITONIO TX 78233		City;	State; Zlp Code
9 TYPE OF EXPENDITURE	X Poli	tical	Non-Pol	itical	
10 PURPOSE OF EXPENDITURE		See Categories listed at the top o	f this schedule)	(b) Description Postage E	Expense
	(c) 🗌 ে)	eck if iravel outside of Texas. Com	plete Schedule T.	Check if Au	ustin, TX, officsholder ilving expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Of	fice sought	Office held
Date	Payee nar Prestig	ne e P rin ting			
Amount (\$)	Payee ad 8 Burwo San Ant			City;	State; Zip Code
TYPE OF EXPENDITURE	X Poli	tical	Non-Pol	litical	
·····	Category (Gee Calegories listed at the top o	of this schedule)	Description	, yr riffraddid awryn y
PURPOSE OF EXPENDITURE	Advert	sing		Mailer	S
		neck if Iravel outside of Texas. Com	piete Schedule T,	Check if A	ustin, TX, officeholder Ilving expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name an Wagner		fice sought thside ISD Trus	Office held
	ATTACH		S OF THIS SO	CHEDULE AS NE	EDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Constributions/Donations Mede Candidate/Officeholder/Politi Credit Card Payment	anking Fees Office Overhead/Re pense Food/Beverage Expense Polling Expense Donations Mede By Giff/Awards/Memorials Expense Printing Exponse ffliceholder/Political Committee Legal Services Salaries/Wages/Coi		xponse Vages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel in District Travel Out of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethlos	Commission Filers)
4 Date	5 Payee nar	ne			<u>L</u>	<u>, , , , , , , , , , , , , , , , , , , </u>
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s		(b) Description		
	(c)	Check if travel outside of Texas, Complete Sci	heduls T.	Check if Aus	stin, TX, officeholder living ex	cpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne			·	
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this s	chedule)	Description		
		Check if travel culside of Texas, Complete Sc	hedulo T,	Check if Aus	stin, TX, officeholder living ex	KDONSC
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				·
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
Relmbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at tha top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Aus	lin, TX, officeholder living ex	qoense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	han an a	Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS SC	CHEDULE AS'NEE	DED	

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

SCHEDULE H

		EXPENDITURE CATE	GORIE	FOR BOX 8(a)	······································	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donetions Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expanse Gift/Awards/Memorials Expense Legal Services	Office O Polling f Printing Salarles	paymen/Reimbursement werhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense
		The Instruction Guide explai	ins how to	complete this form.		
1 Total pages Schedule H:	2 FILER N.	AME			3 Filer ID (Ethics	3 Commission Filers)
4 Date	5 Business	name		448 t.	I	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s		(b) Description		
	(c)	check if travel outside of Texas. Complete So	chedule T,	Check if Austin	, TX, officaholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name		Man gabile da San San San San San San San San San Sa		
Amount (\$)	Business	address;		City;	State;	Zlp Code
PURPOSE OF EXPENDITURE	Category	Soe Categories listed at the top of this s	chedule)	Description		
	c	heck if travel outside of Toxas. Complete Sc	hedule T.	Check If Austin,	TX, afficeholder living e	xponse
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Businesa	addreas;		City;	State;	Zlp Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	c	heck if travel outside of Texas. Complete Sc	hedule T.	Check If Austin,	TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED	

SCHEDULE

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME	аналан тараттан түрөн	3 Filer ID (Ethlos C	ommission Filers)
4 Date	5 Payee name			, <u></u>
6 Amount (\$)	7 Рауее address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (Sec required.)	e instructions regarding type o	f Information
Date	Рауее пате	<u> </u>		
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regerding type o	f Information
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable catogories.)	Description (Sec required.)	e instructions regarding type o	f Information
Date	Payee name	*****		
Amount (\$)	Payee address;	City	State	Zlp Code
PURPOSE OF EXPENDITURE	Category (Seo instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rogarding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

If the req	uested information is not applicable, DO NOT include this page	e in the report.	
	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K;
FILER NA	ME	3 Filer ID (Ethics	s Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; s	State; Zip Code	
	7 Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	State; Zip Code	
	Purpose for which amount is received Check	if political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code	
	Purpose for which amount is received Check	if political contribution	returned to filer

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T					
If the requested information is not a	oplicable, DO NOT inc	lude this page i	n the report.		
The Instruction Guide explain	s how to complete this t	form.	1 Total pages Schedule T:		
2 FILER NAME		······	3 Filer ID (Ethics Commi	ssion Filers)	
4 Name of Contributor / Corporation or Labor	Organization / Pledgor / Pa	yee	, L	- III - III - III	
5 Contribution / Expenditure reported on:		, , <u>, , , , , , , , , , , , , , , , , </u>		anna an	
Schedule A2 Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2 Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or	name of departure location		n na	a ca adada a m	
9 Destination city o	r name of destination locati	on			
10 Means of transportation 11 Purp	ose of travel (including nan	ne of conference, se	eminar, or other event)		
Name of Contributor / Corporation or Labor	Organization / Pledgor / Pa	уөө			
Contribution / Expenditure reported on:					
Schedule A2 Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2 Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel Name of person(s) traveling				
Departure city or	name of departure location		······································		
Destination city o	r name of destination locati	on		······································	
Means of transportation Pure	oose of travel (including nan	no of conference, s	eminar, or other event)	10 1 1 1000 100 (00 14)	
Name of Contributor / Corporation or Labor	Organization / Pledgor / Paj	yee			
Contribution / Expenditure reported on:			· · · · ·	?*****	
Schedule A2	Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2 Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS	
Dates of travel Name of person(s) traveling				
Departure city or	name of departure location				
, Destination city o	r name of destination location	on			
Means of transportation Purp	ose of travel (including nan	ne of conference, so	eminar, or other event)		
ATTACH A	DDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED		

Forms provided by Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this	
	•• Complete only if "Report Type" on page 1 is marked "F	Final Report" ++
1 C/OH	NAME	2 Filer ID (Ethics Commission Filers)
3 SIGN	ATURE	
desigr	ot expect any further political contributions or political expenditures in connection with nating a report as a final report terminates my campaign treasurer appointment. I als aign contributions or make any campaign expenditures without a campaign treasurer	o understand that I may not accept any
	Signa	ature of Candidate / Officeholder
	RWHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
А.	CAMPAIGN FUNDS	
Che	ck only one:	
	I do not have unexpended contributions or unexpended interest or income earned	d from political contributions,
	I have unexpended contributions or unexpended interest or income earned from p may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political co filing this final report. Further, I understand that I must dispose of unexpended po- interest or income earned on political contributions in accordance with the require	ncome earned on political contributions to ad contributions and that I may not retain ontributions longer than six years after olitical contributions and unexpended
В,	ASSETS	
Che	ck only one:	
	I do not retain assets purchased with political contributions or interest or other inc	come from political contributions.
	I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or o personal use. I also understand that I must dispose of assets purchased with poli requirements of Election Code, § 254.204.	other income from political contributions to
		Signature of Candidate
	CEHOLDER nplete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder where the second seco	s if, after filing the last required report as
		Signature of Officeholder
orms provi	ded by Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/202

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Duran	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C PO BOX 120392 San Antonio, Texas 78212	CITY; STATE; ZIP CODE			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 994-0429	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Mrs. Victoria	SUFFIX	Date Processed		
	Herrera	JUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SU 109 Lou Jon Circle San Antonio, Texas 78213	UITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 845-3905	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	3 / 28 / 23	THROUGH 4	/ 26 / 23		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	5 / 6 / 23 General	Special Northside ISD	School Board Trustee		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Trustee)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME			
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Karla Duran			16 File	r ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC		N	\$	0
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 2	2,820.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPEND	ITURES		\$ 4	,051.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY	\$ 2	2,710.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS C G PERIOD	F THE	\$	781.50
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
		KARLA	DUR.	AN	
		Signature of C	andidate	or Officehold	der
		late either ention hales			
	Please comp	olete either option below	N.		
(1) Affidavit					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by	this the		_ day of	7
20 , to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of off	icer administering oath		Title of office	er administering oath
		OR			
(2) Unsworn Declaration	on				
My name is Karla Dura	n 	, and my date of birth is	s <u>3/14/1</u>	1979	
My address is 8523 Qua		3		,	USA
Bover	(street)		. ,	(zip code)	(country)
Executed in Bexar	County, State of Texas	, on the <u>∠</u> δ day of <u>April</u> (mont	h)	, 20 <mark>_23</mark> (year)	
			,	(jear)	
		Signature of Cand	idate/Offic	ceholder (Deo	clarant)

SUBTOTALS - C/OH

¹⁹ FILE Karla	a Duran) Filer ID (Ethics Commis	sion Filers)			
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,820.00			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

	ARY POLITICAL CONTRIBU ted information is not applicable, DO NOT inc		SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8
2 FILER NAME Karla Dura	1		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/20	Castro for Congress ⁶ Contributor address; City; PO Box 544 San Antonio	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu Congressman		9 Employer (See Instructi	ions)
Date 03/31/20	Jacob Hernandez	State; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions) siness Manager	Employer (See Instructi St. Mary's University	ions)
Date 03/31/20	Full name of contributor out-of-state PAC Cecil Whisenton City; 8506 Vineyard Mist San Anto	•	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi State Farm	ions)
Date 04/01/20	Full name of contributor out-of-state PAC Tina Torres Contributor address; Contributor Address; City; 17707 Arroyo Gold San Anto	State; Zip Code	Amount of contribution (\$)
Principal occup Judge	ation / Job title (See Instructions)	Employer (See Instruct State of Texas	ions)
	ATTACH ADDITIONAL COPIES O		EEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Tł	ne Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 8
2 FILER NAM	E Karla Duran			3 Filer ID (Ethics Commission Filers)
4 Date 4/3/23	Christopher Callanen	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)8 50.00
	6 Contributor address; San			
	7706 Red Hill Place Antonio	TX City;	78240 State; Zip Code	
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 4/2/23	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$) 25.00
	Karla DeCuir			
	Contributor address; 7415 Pipe Creek Richmo			
	Lane nd	TX	77407	
Principal occ	upation / Job title (See Instructions)	City;	State; Zip Code Employer (See Instruc	L ctions)
·				
Date 4/2/23	Full name of contributor Laura Perez	out-of-state PAC	(ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 3302 Whisper			
	Manor Schertz	ТХ	78108	
Duiu aiu al a a		City;	State; Zip Code	4:)
Principal occ	cupation / Job title (See Instructions)		Employer (See Instru	cuons)
Date 4/1/23	Full name of contributor George Salinas	out-of-state PAC	l ; (ID#:)	Amount of contribution (\$) 100.00
		Shavano Park		
Principal occ	City; cupation / Job title (See Instructions)	State; Zip (Employer (See Instru	Lions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC,			
rms provided by	y Texas Ethics Com Reset F	orm	Reset Pag	Revised 8/17/20

If the requested information is not applicable, DO NOT include this page in the report. **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Karla Duran 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: ١ Bernadette Pena 04/03/2023 100.00 6 Contributor address: State; Zip Code Citv: San 454 Carroll Antonio 78225 ТΧ 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Miella Media Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Alyssa and Cervantes 04/05/2023 50.00 Ramon Benavides State; Zip Code Contributor address: City; 79936 11505 James Grant El Paso TΧ Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Tech Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Terrie De La Garza 04/06/2023 100.00 Contributor address: City; State; Zip Code San 6930 Crested Quail Antonio 78250 Principal occupation / Job title (See Instructions) Employer (See Instructions) NISD Tutor Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ Shellie Reves 04/12/2023 Contributor address; 100.00 State; Zip Code City; 5456 Tallgrass Bulverde TX 78163 Principal occupation / Job title (See Instructions) Employer (See Instructions) Clausewitz Reyes ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE

A1

	ARY POLITICA	_			-	port.	SCHEDULE A1
The	Instruction Guide explai	ns how to	complete	this form		1 Tota	al pages Schedule A1: 8
2 FILER NAME Karla Durai	າ					3 Filer	D (Ethics Commission Filers)
4 Date	5 Full name of contributo	pr	out-of-state	PAC (ID#:)	7 Am	ount of contribution (\$)
04/12/2023	6 Contributor address;	San	City;		ate; Zip Code		200.00
8 Principal occu	9346 Dover Ridge	Antonio			9 Employer (See Instru	ctions)	
-	nager Director	,				,	
Date	Full name of contributo David Worley	r	out-of-state	PAC (ID#:)	Am	ount of contribution (\$)
04/02/2023	-	San	City;		ate; Zip Code		100.00
	306 Pearl Parkway	Antonio	ТХ	78215			
Principal occup	pation / Job title (See Instru	ictions)		(Employer (See Instruc Consultant	ctions)	
Date	Full name of contributor		out-of-state	PAC (ID#:)	Am	ount of contribution (\$)
04/17/2023		un-Fast					200.00
	Contributor address;	San	City;		ate; Zip Code		
Principal occur	360 Pike Road	Antonio	ТХ	78209	Employer (See Instruc	ctions)	
Marketing							
Date	Full name of contributo		out-of-state	PAC (ID#:)	Am	ount of contribution (\$)
04/17/2023	Lisa Navarro-G	onzales					100.00
	Contributor address;		City;		ate; Zip Code		100.00
	132 W Elmview Pl	San Antonio	ТХ	78209			
	bation / Job title (See Instru	ictions)			Employer (See Instruc		
Consulting					Santana Consulting (Group	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							
Forms provided by T	exas Ethics Com	Reset Fo	orm	s.sta	Reset Pag	е	Revised 8/17/2020

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

The	Instruction Guide	e explains how to	complete thi	s for	m.	1 Total pa	ges Schedule A1: 8
² FILER NAME Karla Durar	า					3 Filer ID	(Ethics Commission Filers)
4 Date	5 Full name of o	contributor	out-of-state PA	AC (ID;	#:	_) 7 Amount	of contribution (\$)
04/17/2023	Patricia	Castillo					25.00
	6 Contributor a 2211 Westmo		City;		State; Zip Code		23.00
	Street	Antonio	ТΧ		78227		
8 Principal occu Social Worker	pation / Job title (S	ee Instructions)		9 Pe	Employer (See Instreace Initiative	ructions)	
Date	Full name of o	contributor	out-of-state P/	AC (ID;	¥:	_) Amoun	t of contribution (\$)
04/18/2023	Ilsa Cerna						
	Contributor a 13710 Shavan	^{ddress;} o San	City;		State; Zip Code		25.00
Principal occur	Breeze		TX 7	8230	Employer (See Instr	ructions)	
i moipa oooup							
Date	Full name of c	contributor Idoval	out-of-state P/	AC (ID;	¥:	_) Amoun	t of contribution (\$)
04/18/2023							
04/10/2020	Contributor a 1222 Donalds		City;	:	State; Zip Code		200.00
	Ave	Antonio	ТХ	78	3228		
Principal occup	pation / Job title (So	ee Instructions)			Employer (See Instr		
Date	Full name of o	contributor	out-of-state PA	AC (ID;	ŧ	_) Amoun	t of contribution (\$)
	Lorena Pulido						
04/19/2023	Contributor a	^{ddress;} San	City;		State; Zip Code		50.00
	1602 Sunbend		тх		78224		
Principal occup	bation / Job title (Se	ee Instructions)			Employer (See Instr	ructions)	
	If contributor i				THIS SCHEDULE A tion guide for additio	-	quirements.
Forms provided by T	exas Ethics Com	Reset F	orm	s.sta	Reset Pa	ge	Revised 8/17/2020

SCHEDULE A1

MONET	ARY POLITICAL CON	FRIBUTIC	DNS	SCHEDULE A1
If the reque	sted information is not applicable, D (O NOT incluc	le this page in the	report.
The	e Instruction Guide explains how to con	nplete this form	n.	1 Total pages Schedule A1: 8
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Karla Dura	n			
4 Date	5 Full name of contributor ou	t-of-state PAC (ID#:)	7 Amount of contribution (\$)
04/19/2023	Yorka Velasco			100.00
	10611 Leopard San	ity; S	tate; Zip Code	100.00
	Path Antonio T	- 	78251	
8 Principal occu	upation / Job title (See Instructions)	9	Employer (See Instruct	ions)
Date	Full name of contributor ou	t-of-state PAC (ID#:)	Amount of contribution (\$)
04/24/2023	Yviand Serbones			45 00
0		Sity; S	itate; Zip Code 78204	15.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor ou	t-of-state PAC (ID#:)	Amount of contribution (\$)
04/04/0000	Janel Martinez			
04/24/2023	Contributor address; C 4830 Appleseed	ity; S	tate; Zip Code	10.00
	Court San Antonio	ТХ		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date		t-of-state PAC (ID#:)	Amount of contribution (\$)
04/24/2023	Alexandra Bachran			
04/24/2023	Contributor address; C	ity; S	state; Zip Code	25.00
	2619 Chestnut Bend San Antoni	T 782 o X	3 2	
Dringing oggu	TX		Employer (See Instruct	iono)
Philopar occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guid	e explains how t	o complete thi	s form.			1 Tota	pages Schedule A1: 8
							•	
² FILER NAME Karla Durai	n						3 Filer	ID (Ethics Commission Filers)
4 Date	5 Full name of	contributor	out-of-state PA	.C (ID#:)	7 Amo	ount of contribution (\$)
04/24/2023		Gonzalez						100.00
	6 Contributor a 4406 Jesse Bowman	^{address;} San Antonic	City;	State 782	, i	ode		100.00
8 Principal occu	pation / Job title (\$			1		ee Instructio	ons)	
							,	
Date	Full name of	contributor	out-of-state PA	.C (ID#:)	Amo	punt of contribution (\$)
04/24/2023	Brenda	Cervantes						15 00
0 11 11 10 10	Contributor a	address;	_{City;} San		e; Zip Co			15.00
	426 Bobcat H	ollow	Antonio T	Х	7	78251		
Principal occup	pation / Job title (S	See Instructions)		Er	nployer (Se	ee Instructio	ons)	
Date	Full name of Rita Cra	contributor ayton	out-of-state PA	.C (ID#:)	Am	ount of contribution (\$)
04/25/2023								
0 1/20/2020	Contributor a 10914 Musta	address;	City;	State				25.00
	Oak Dr	Antonio	D TX	782	254			
Principal occup	pation / Job title (S	See Instructions)		Er	nployer (Se	ee Instructic	ons)	
Date	Full name of Gylon Jackson		out-of-state PA	.C (ID#:)	Am	ount of contribution (\$)
04/25/2023	Contributor a	address;	City;	Stat	e; Zip Co	ode		25.00
			San	· +	V 7	20205		
Principal occur	628 S. Saint M	• •	206 Anto			78205 ee Instructio	ne)	
				C	npioyer (Si		лт <i>э)</i>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.								
Forms provided by 1	Texas Ethics Com	Reset	Form	s.sta	Rese	et Page		Revised 8/17/2020

		ITICAL CC			NS this page in the r	report.	SCHEDULE A1
The	Instruction Guide	e explains how to	complete th	is form.		1 Tota	l pages Schedule A1: 8
² FILER NAME Karla Durai	n					3 Filer	ID (Ethics Commission Filers)
4 Date	5 Full name of Laura Barba		out-of-state P	AC (ID#:)	7 Amo	ount of contribution (\$)
04/25/2023	6 Contributor a	San	City;		e; Zip Code 78201		100.00
8 Principal occu	pation / Job title (S	See Instructions)		9	Employer (See Inst	tructions)	
Date	Full name of Jacob Herr		out-of-state F	AC (ID#:)	Am	ount of contribution (\$)
04/25/2023		iddress; San	City;		e; Zip Code		15.00
Principal occup	pation / Job title (Se				Employer (See Inst	ructions)	
Date 04/26/2023	Full name of a	contributor Reyes-Barriente		AC (ID#:)	Am	ount of contribution (\$)
	Contributor a	^{ddress;} San	City;	Stat			40.00
Principal occup	8319 Puente	Antonio ee Instructions)	ТХ	78223	Employer (See Inst	tructions)	
Date 04/26/2023	Full name of G	contributor rrera	out-of-state F	AC (ID#:)	Am	ount of contribution (\$)
0 112012020	Contributor a		City;		e; Zip Code		250.00
Principal occup	1800 West Commerce	san antonio ee Instructions)	ТХ	78207	Employer (See Inst	tructions)	
	If contributor				HIS SCHEDULE AS n guide for additiona		equirements.
Forms provided by T	Texas Ethics Com	Reset F	orm	s.sta	Reset Pa	age	Revised 8/17/2020

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1 Total pages Sched	ule A2:		
2 FILER NAM		3 Filer ID (Ethics Commission Filers)			
Karla Du	ran				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,440.6	0	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: Northside AFT	8 Amount of Contribution \$ 3,440.60	9 In-kind contribution description mailings		
04/26	7 Contributor address; City; State;	Zip Code		manings	
	6502 Bandera Rd. Ste. 202 San Antonio, T	X 78238	Check if travel outsi	de of Texas. Complete Schedule T.	
	AFT Committee on Political Education	11 Employe	FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outpi	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor'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)	I			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	JLE AS NEFDFD		
	If contributor is out-of-state PAC, please see Instructi		-	g requirements.	

LOANS

SCHEDULE E

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

The	¹ Total pages Schedule E: 2					
2 FILER NAME	2 FILER NAME					
Karla Duran						
4 TOTAL OF UN	IITEMIZED LOANS		\$ 781.50			
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
02/25/2023	Karla Duran		37.89			
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate			
Institution?	PO Box 120392 San Antonio,	TX 78250	11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
Education	х <i>У</i>	SAISD				
14 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)			
none 16 GUARANTOR	17 Name of guarantor		19 Amount Cuaranteed (\$)			
INFORMATION	NA		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	<u></u>			
Date of loan	Name of lender 🗌 out-of-state I	PAC (ID#:)	Loan Amount (\$)			
02/12/2023	Karla Duran		176.00			
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
Institution?	PO Box 120392 San Antonio,	TX 78250	Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
	-61	34130				
Description of Colla none	ateral	Check if personal funds were deposited into political account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1			
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE				

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LOANS

SCHEDULE E

If the requested information is not applicable,	DO NOT include this page in the report
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ii ine requeste	d information is not applicable, DO	NOT include this page in the	report.			
т	1 Total pages Schedule E: 2					
2 FILER NAME	2 FILER NAME					
Karla Duran						
4 TOTAL OF UNITEMIZED	LOANS		781.50			
5 Date of loan		ate PAC (ID#:)	9 Loan Amount (\$)			
2/16/23	Karla Duran		402.56			
6 Is lender			10 Interest rate			
a financial Institution? Y X N	 8 Lender address; City; PO BOX 120392 San Antonio 78	State; Zip Code	11 Maturity date			
12 Principal occupat Education	tion / Job title (See Instructions)	13 Employer (See Instructions) SAISD				
14 Description of Co	llateral	15 Check if personal fun account (See Instruc	ds were deposited into political			
none			,			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
		• • • • • • • • • • • • • • • • • • • •				
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-sta		Loan Amount (\$)			
2/16/23	Karla Duran	te PAC (ID#:)	165.05			
2,10,20						
ls lender]		Interest rate			
	Londor address:	State; Zip Code				
a financial	Lender address; City;					
Institution?	PO BOX 120392 San Antonio 782	12	Maturity date			
ΥχΝ						
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)				
Description of Co none	llateral	Check if personal fur account (See Instruc	nds were deposited into political tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	 Guarantor address; City;	State; Zip Code				
not						
applicable Principal Occupat	tion (See Instructions)	Employer (See Instructions)	1			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
	If lender is out-of-state PAC, pleas		itional reporting			
	requirements.					
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SCHEDULE	F1
SOULDOLL	

		EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Ov Polling Ex nse Printing E		Solicitation/Fundrai Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
Credit Card Payment		The Instruction Guide e	explains how to c	complete this form.		
1 Total pages Schedule F1: 3	2 FILER NA				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me				
3/28/23	3 D Signs					
6 Amount (\$) 1,055.44	7 Payee ac 8015 W 2nd	ldress; St, Somerset, TX 78069		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the sing expense	top of this schedule)	(b) Description signs		
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 3/28/23	Payee na Anedot In					
Amount (\$) 196.90	Payee ac 1340 Po	^{ldress;} ydras Street Suite 177(New Orleans,	LA 70112	City;	State; Zip Code
		(See Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Fees online don	ations	
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 4/1/2023	Payee na Wal-Mart					
Amount (\$) 39.95	Payee ac 8538 Inters	Idress; tate 35 Access Rd, San Anto	nio, TX 78211	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Advertising	(See Categories listed at the top g expense	of this schedule)	Description Sinage materials	5	
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEE	EDED	
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SCHEDULE

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politi Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir cal Committee Legal Services Sal	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense aries/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	v to complete this form.	
1 Total pages Schedule F1: 3	2 FILER NAME Karla Duran		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2023	5 Payee name Huarache Turbo		
6 Amount (\$) 405.94	 7 Payee address; 13111 Babbling Brook San Antonio, TX 7 	78232 City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Advertising expense	edule) (b) Description t-shirts	
	(C) Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4/15/23	Payee name Walmart		
Amount (\$) 20.55	Payee address; 8538 Interstate 35 Access Rd, San Antonio, TX 78211	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Advertising expense	e) Description Signage materia	ls
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 4/19/23	Payee name Lowe's		
Amount (\$) 97.10	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advertising fee	e) Description Signage materia	ls
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED
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SCHEDULE

		EXPENDITURE CATE	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politic CreditCard Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundrai Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 3	2 FILER N Karla Dura				3 Filer ID (Ethics	Commission Filers)
4 Date 4/18/23	5 Payee na 3D Signs	ame				
6 Amount (\$) 703.63	7 Payee a 8015 W 2nd	ddress; St, Somerset, TX 78069		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of t ising Expense	his schedule)	(b) Description(c) signs		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
4/26/23		ailing Co.				
Amount (\$) 279.06	Payee add 13114 Look	dress; out Run, San Antonio, TX 78233		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this g expense	schedule)	Description Mailing fee		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date 4/26/23	Payee n Anedot In					
Amount (\$) 122.40	Payee a 1340 Pc	^{ddress;} oydras Street Suite 1770New	/ Orleans, L/	A 70112	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this	schedule)	Description Online donations	i.	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEE	DED	
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		EXPENDITURE CATEO	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Expo Printing Exp			oment & Related Expense
Credit Card Payment		The Instruction Guide explains	how to cor	mplete this form.		
1 Total pages Schedule F1: 3	2 FILER NA Karla Dura				3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me				
4/26/23	3D Signs					
6 Amount (\$) 568.31	7 Payee ac 8015 W 2nd	dress; St, Somerset, TX 78069		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE		Υ (See Categories listed at the top of this sing Expense	s schedule)	(e) Description (f) signs		
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Payee na	me				
4/26/23	Prestige					
Amount (\$) 561.82	Payee add City; 8 Burwoo	ress; od Ln, San Antonio, TX 78216		State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Advertising	(See Categories listed at the top of this so expense	chedule)	Description Mailer		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this so	hedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains ho	w to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Manuel		мı G.	OFFIC	E USE ONLY
	NICKNAME Manny	LAST Garcia		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 8714 Jogev		city; state; San Antonio, TX	ZIP CODE 78251		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 865-5412	EXTENSIC	N	Date Hand-delivere	od or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MS	FIRST		MI	Receipt #	Amount S
NAME	NICKNAME	LAST	·····	SUFFIX	Date Processed	
	"Em"	Niño			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 415 Via Pese		SUITE #; CITY:	Antonio,	STATE: TX	ZIP CODE
(Residence or Business)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					10210
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	N		
REPORT TYPE	January 15	30th day before \overline{X} 8th day before e	lection Excer	eded Modified	(Officehold	ifter campaign appointment er Only) prt (Attach C/OH - FR)
0 PERIOD COVERED	Manth 03	Day Year 28 / 2023	THROUGH	rting Limit Month	Day Yes 26 20	ur 123
H ELECTION	ELECTION D Month Day 05 / 06	ATE Year Primary 2023 General	Runoff	ELECTION TYPE Other Description		
2 OFFICE	OFFICE HELD (if any	» N/A	the state of the second s	OUGHT (if known) rustee Plc #	2	
4 NOTICE FROM POLITICAL		CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		AND A CALLER IN	ET RECEIVE NOTICE C	F SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1117.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1308.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$
	Please complete either option below:	or Officeholder
1) Affidavit		
(1) Affidavit NOTARY STAMP/SEAL		
NOTARY STAMP/SEAL	efore me by this the	
NOTARY STAMP/SEAL Sworn to and subscribed b	before me by this the thich, witness my hand and seal of office.	day of,
NOTARY STAMP/SEAL Sworn to and subscribed b 20, to certify w	hich, witness my hand and seal of office.	
NOTARY STAMP/SEAL Sworn to and subscribed b 20, to certify w	hich, witness my hand and seal of office.	day of, Title of officer administering oath
Sworn to and subscribed b	hich, witness my hand and seal of office. mg oath Printed name of officer administering oath OR N Uel Gaucie, and my date of birth is 12 Jugeva Way, San Antrin, TK, 12	Title of officer administering oath 141970 18251, BLKBC, zip code) (country) _, 2023. (year)

SUBTOTALS - C/OH

	SUBTOTAL AMOUNT
	\$ 1117.00
TIONS	S
	S
	S
CAL CONTRIBUTIONS	\$ 1308.82
	\$
ITICAL CONTRIBUTIONS	\$
	\$
IAL FUNDS	\$
IS TO A BUSINESS OF C/OH	\$
CAL CONTRIBUTIONS	\$
TRIBUTIONS RETURNED	\$
	CAL CONTRIBUTIONS

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	annel Garcia	3 Filer ID (Ethics Commission Filers)
4 Date 4/16	 Full name of contributor □ out-of-state PAC (ID#:) David Gmzals 6 Contributor address: City; State: Zip Code 2417 Field Wood SATX 78251 	7 Amount of contribution (\$)
	Cator / Job title (See Instructions) 9 Employer (See Instru Cator SAISD	ctions)
Date 4/16	Full name of contributor □ out-of-state PAC (ID#:) Qoe Gomel2 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occur	10026 Prescott SAT 78245 Dation / Job title (See Instructions) Employer (See Instruc-	20.00
	Ager (See Instructions) Employer (See Instructions)	auto Electric
Date 4/16	Full name of contributor out-of-state PAC (ID#) VILTOR GUVZE Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	2306 Wood Meadow SAT 78232 pation / Job title (See Instructions) Employer (See Instruc-	10,00
Tech 3	Superusore HEB	
Date F116	Full name of contributor [Lout-of-state PAC (ID#:) HAM BAUTISTA Contributor address; City: State; Zip Code	Amount of contribution (\$)
	4922 Ali Ave, Apt 4 SAT 78229 ation / Job title (See Instructions) Employer (See Instruc-	40,00
Principal occurs		tions)
Weld S	COP - WWE VIDER	

The Instruction Guide explains how to complete this form. 2 FILER NAME MANUEL GARCIE			1 Total pages Schedule A1: 2 3 Filer ID (Ethics Commission Filers)
	ccupation / Job title (See Instructions)	9 Employer (See Instruc	lions)
_lea	mLead	Toyota	
Date 4/16	Full name of contributor Dout-of-state PA Vanissa Alvarado Contributor address; City; 8058 broadway SF S,	State; Zip Code	Amount of contribution (\$) $50:00$
	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Gen	eral Manager	La Grance	de
Date +/16	Full name of contributor I out-of-state PA Laurie Amaga Contributor address; City; 13350 Huntsman Rd	State; Zip Code	Amount of contribution (\$)
	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Projec	+ Mangger	BCFS Heal	the Human Suco
Date 4/16	Full name of contributor Dout-of-state PAC PACKie Guerra Contributor address; City; 9346 Valley Gate SI	c (10#) State: Zip Code AT 78250	Amount of contribution (\$)
	cupation / Job title (See Instructions)	Employer (See Instructi	A CONTRACTOR OF
Medu	cal Billing		Burden
]		

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The Instruction Guide explains how to complete this form. 2 FILER NAME			1 Total pages Schedule A1: 3
			3 Filer ID (Ethics Commission Filers)
Date 4/16	5 Full name of contributor □ out-of-state PAC Glaria Nino 6 Contributor address: City; 119 McNeel Rd SAT	State; Zip Code	7 Amount of contribution (\$) 50,00 10,00
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct NIA	
Date 4)16	Full name of contributor I out-of-state PAC Emily Nino Contributor address; City: 415 Via Pescados SAT	State; Zip Code	Amount of contribution (\$) 70.00 10.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct USAA	
Date 4/16	Full name of contributor Dout-of-state PAC Elixis Avevalo Contributor address; City; 7810 Old Tezel Rd SAF	State; Zip Code	Amount of contribution (\$) 20+00
Principal occu SUVV	pation / Job title (See Instructions)	Employer (See Instruc TWM P.C a	tions)
Date 4/16	Full name of contributor Out-of-state PAC Dancel Garcie Contributor address: City: 7203 SAIL Brock SAT	(ID#:) State: Zip Code 78238	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct UTSA	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1
FILER NAM	Manuel Garcie	3 Filer ID (Ethics Commission Filers)	
Date 4 13	5 Full name of contributor aut-of-state of ChnSting Campade 6 Contributor address; City; 11542 Lands Pond S	7 Amount of contribution (\$) 25, UD	
~	Comparison / Job title (See Instructions)	9 Employer (See Instruct	
Date H16	Full name of contributor Dut-of-state PAC (ID#:] Dylan Lennard Contributor address; City; State; Zip Code		Amount of contribution (\$)
Principal oco	S410 · billington DR cupation / Job title (See Instructions)	SAT 78230 Employer (See Instruct	45.00
IT	Tech	Self-en	ployed
Date 4115	Full name of contributor □ out-of-state of CLAUR UNDE Contributor address; City; 5431 Bakersfield	State; Zip Code	Amount of contribution (\$)
	cupation / Job title (See Instructions)	Employer (See Instruct	
Date 4/16	Full name of contributorout-of-state F Gaby Garcie Contributor address: City; 11239 Dublin Woods	State; Zip Code	Amount of contribution (\$) 125.00
Principal occ	cupation / Job title (See Instructions) H MANAGL	Employer (See Instruct	ions)

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The Instruction Guide explains how to complete this form. 2 FILER NAME			1 Total pages Schedule A1: 5
			3 Filer ID (Ethics Commission Filers)
Date 4/16		PAC (ID#:) State: Zip Code ATT 78247	7 Amount of contribution (\$) 25:00
Principal oc	SVCS COD Robunctors)	9 Employer (See Instruc	ations)
Date 4/16	Edward Ninu Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	5403 Stormy Hills 9	AT 782.47	50,00
-	cupation / Job title (See Instructions) Adusta	Employer (See Instruc USAA	
Date	Full name of contributor out-of-state RAWL BULNO Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	10.00
	rase UN	Wells Far	
Date 416	Full name of contributor Cunture Alamvez Contributor address; City;	State: Zip Code	Amount of contribution (\$)
Delevier Labor	MI Deer Bluff 3	3AT 78240	10,00
-	Supation / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Manuel Garcie	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor \Box out-of-state PAC (1D#: HILP 6 Contributor address: City: State: 2 9427 Sage Terrace SAT	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employee	er (See Instructions) Imployed (firmer NISD)
Date Full name of contributor □ out-of-state PAC (ID#: MMCA Sampson 416 Contributor address; City; State;	fip Code
3855 Wetmore Redge SAT	50.00
Principal occupation / Job title (See Instructions) Temploye	er (See Instructions) Iantall Care Sves
Date Full name of contributor □ out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
Student re	tired navy
Date Full name of contributor out-of-state PAC (ID#: DANUTA GAV2A	
4726 Contributor address: City: State: Zi 8610 Timber Ramer. SAT	18760 12.00
\$610 Timber Range SAT -	78250 25,00 pr (See Instructions)

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F4:	2 FILER NAME Manuel Garce	ie.	3 Filer ID (Ethics Commission Filers
TOTAL OF UNITEN	IZED EXPENDITURES CHARGED		\$
Date 4/4	6 Payee name Office Depot		
Amount (\$)	8 Payee address;	City;	State; Zip Code
31.83	119 SN Loop 410	SAT	78245
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Exp (c) Check if travel outside of Texas, Complete	Campaig	M Flyers ustin, TX, officeholder living expense
i omplete <u>QNLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
H13	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
93,78	6030 montgemerey	DR SAT	78 2.39
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Food Fi	undraiper
EAFENDITORE	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: Z	2 FILER NAME Manuel		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IZED EXPENDITURES CHARGE		\$
5 Date 4/18	6 Payee name Patrick Drusco	(30 Signs)	
7 Amount (\$) 701, 46	8 Payee address; 7986 First St	City;	State; Zip Code rolf TX 79069
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Advertising Expense (c) Check if travel outside of Texas. Complete	e lg po	USIGNO
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/20	Payee name Homi Depot		
Amount (\$) 63,98	Payee address; 611 SW Loop 410	city; 874-T	State; Zip Code 78245
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Adventising Exp		naterials for signs
	Check if travel outside of Texas. Complete	e Schedule T. Check if A	ustin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

		EXPEND	TURE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made F Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	orials Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Exper
1 Total pages Schedule F4:	2 FILER	NAME Ma	nuel.	Gana	i.	3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEN	IZED EXP					\$	
5 Date 4/21	6 Payee	name VIX, CM	1				
7 Amount (\$) 24,89	8 Payee	address; Mlin	L		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	[Non-Po	litical		
10 PURPOSE OF EXPENDITURE		y (See Categories lit			(b) Description	te bees	
	(c)	Check if travel outsid	le of Texas. Complete	e Schedule T.	Check if Au	ustin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeh	older name	Of	ffice sought	Office he	ld
Date 4/24	Payee	hame	's				
Amount (\$) 79,67	1.000	address; 03 SW	hoop 4	10	city;	State;	Zip Code 78245
TYPE OF EXPENDITURE	V	Political	[Non-Ро	litical		
PURPOSE OF EXPENDITURE	1.1.1	y (See Categories II		is schedule)	Description Sign	materals	2
		Check if travel outsid	le of Texas, Complet	e Schedule T	Check if A	ustin, TX, officeholder living	expense
Complete ONLY if direct	Can	didate / Officeh	older name	O	ffice sought	Office he	ld

	EXPENDITURE CAT	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Manuel	Garrie	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date 4124	6 Payee name Lowes		
7 Amount (\$) Gr 80	8 Payee address; 5303 W Long	City; 1604N 8	State; Zip Code AT 78253
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of I Advertising Exp		matines
11	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check. if Ai	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4120	Payee name Honce Depot		
Amount (\$) 85,58	Payee address; 5101 Cambray	DR SAT	State; Zip Code 7.8229
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t AdviewAl Stype Exp	his schedule) Description	materials
	Check if travel outside of Texas. Comple Candidate / Officeholder name	Office sought	uslin, TX, officeholder living expense

	EXPENDITURE CATEGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E y Gitt/Awards/Memorials Expense Printing E	oayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related E Travel In District Travel Out Of District Other (enter a category not listed abov
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Fil
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDITCARD	\$
5 Date 4/26	6 Payee name Patnick Onsco (BD Sism.)
7 Amount (\$) 220.83	8 Payee address; 7986 Fivst 84	city. Somerst	State; Zip Code TX 7906
9 TYPE OF EXPENDITURE	Political Non-P	Political	170
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adventsmg Exp (c) Check if travel outside of Texas, Complete Schedule T.		signs
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Istin, TX, officeholder living expense
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-F	Political	
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 Au	istin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

Г

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICI	E USE ONLY
NAME	NICKNAME	NINAN	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	RAVENSCO	ITY: STATE; ZIP CODE		
Change of Address	0	11. IX	. 78655		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER	EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		NINAN			
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SL RAVENSC	ROFT DR	STATE;	ZIP CODE
(Residence or Business)		SH.	1x. 1825	3	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before el	ection Runoff	treasurer (Officehold	after campaign appointment Jer Only) ort (Attach C/OH - FR)
		-	Reporting Limit		
10 PERIOD COVERED	Month	Day Year	THROUGH	Day Ye	
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		<u> </u>
	Month Day 05/06/	Year Primary	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1055044	les DIS#H
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	,	GO TO I	PAGE 2		

SUBTOTALS - C/OH

9	FILER NAME 20 Filer ID (Ethics Comm					
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS	\$ 0				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 🚫				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	ICAL CONTRIBUTIONS	\$			
в.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 73.13				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	L FUNDS	\$ 55.4			
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$ 8			
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICA	AL CONTRIBUTIONS	\$			
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR TO FILER	RIBUTIONS RETURNED	\$			

15 C/OH NAME		er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 128.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
is a short of the ge	OR	
(2) Unsworn Declaratio	n	1.1.1.1
My name is MAT	REWS NINAN, and my date of birth is, REVENSCROFT DR.,, SA., TX;	6/09/1953 78253 BEXA
Executed in <u>BEXA</u>	(street) (city) (state) County, State of <u>TX</u> , on the <u>28</u> day of <u>PPLI</u> (month)	(zip code) (country)
		ficeholder (Clechopper)

PERSONAI			SCHEDULE G
If the requested in	formation is not applicable, DO NOT includ	le this page in the re	port.
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Offic Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement a Overhead/Rental Expense g Expense ng Expense les/Wages/ContractLabor 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:			3 Filer ID (Ethics Commission Filers)
4 Date OH / 10 / 23 6 Amount (\$) $3H \cdot 9I$	5 Payee name LOWES Home CENTE 7 Payee address; S303 · W · LOJP 1604	City;	State; Zip Code
Reimbursement from political contributions intended	USCO IN LOUT TOUR	N OH	1x 10005
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule, SiGAS Lostell	(b) Description	IES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4 / 20 / 23	Payee name	TERS	
Amount (\$) /2 -3/ Reimbursement from political contributions intended	Payee address; S303 · W. LOOP 1604	city; N SA	State; Zip Code TX - 78253
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule SiGMS Anstall Check if travel outside of Texas. Complete Schedule T	CABLE	TTX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date D A [19]23	Payee name	RI	
Amount (\$) Reimbursement from political contributions intended	Payee address; S303 W.LOOP 1604. N	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	CARTE	7. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	PED

Forms provided by Texas Ethics Commission

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Total pages Schedule F4:	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	GORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Office Overhead/Rental Expense Polling Expense	
Total pages Schedule F4:	The Instruction Guide expla	Printing Expense Salaries/Wages/ContractLabor ins how to complete this form.	Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)
	2 FILER NAME MATHEWS NING	gw/	3 Filer ID (Ethics Commission Filers
TOTAL OF UNITEMI	ZED EXPENDITURES CHARGEI		\$
Date	6 Payee name		1
24/08/23	Costeo		
Amount (\$)	8 Payee address;	City;	State; Zip Code
36.16	191. W. 1604. S	. SA	Tx. 78253
TYPE OF EXPENDITURE	Political	Non-Political	
0	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
PURPOSE			
OF EXPENDITURE	Travel in Nisther	- FAEL	
EXPENDITORE	(C) Check if travel outside of Texas. Complet	1000	ustin, TX, officeholder living expense
Complete ONLY if direct xpenditure to benefit C/OH	Payee name		
04/17/23	COSTED		
Amount (\$)	Payee address;	City;	State; Zip Code
37.01	191.W. 1604.S	. SA	Ix. 7825
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	his schedule) Description	
PURPOSE	- 1		/
OF EXPENDITURE	Thevel in Distric,	F Fuel	
	Check if travel outside of Texas. Comple	te Schedule T. Check if A	lustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

	· · · · · · · · · · · · · · · · · · ·	(autop)			
The C/OH Instruction G	3uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	M8 / MRS / MR	FIRST	J.	OFFICE	USEONLY
NAME	NICKNAME	Chumbley	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	(; APT / SUITE #; CI	TY: STATE: ZIP CODE AN AN TON 20 TX. 78238		
Change of Address	HUEB,	NER RD.	Tx. 78238		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 722 - 1622	EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Ľ	SRAD SHAW		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SUI	1	STATE;	ZIP CODE
(Residence or Business)	1510	16th NPERBERD &	Q. SAN ANTONZO	· Tx. 11	8240
8 CAMPAIGN TREASURER PHONE	area code (?/s)	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele		15th day af	ter campaign
	July 15	8th day before elect	tion Exceeded Modified Reporting Limit	(Officeholde	ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD	Month	Dey Year	Monlh	Day Year	r
COVERED	3	/28 /23		126 / 2.	
11 ELECTION	ELECTION DA	ITE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	5/6,	23 ^{Coneral}	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			NESD YLACE.	3 TRusta	EE
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TH	IADE BY POLITICAL CO DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages		COMMITTEE ADDRESS			,,
l⊶-J		COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	<u> </u>	
An <u>izan ana kao</u> na amin'ny fisiana	<u></u>	GO TO F	PAGE 2		<u> </u>

15 C/OH NAME	7 Chympler	16 Filer ID (Ethlcs Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN \$ 525. 00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$ 6875. 00
EXPENDITURE TOTALS	3. Total Unitemized Political Expenditure.	\$ 307 502.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 00079851.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 1909.37
OUTSTANDING LOAN TOTALS	6. Total principal amount of all outstanding loan Last day of the reporting period	NS AS OF THE \$ 3260.
	wear, or affirm, under penalty of perjury, that the accompanying rep juired to be reported by me under Title 15, Election Code.	port is true and correct and includes all information
	C Signat	ture of Candidate of Officeholder
	Please complete either option	below:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by	_this the day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	$\mathbf{OR}^{\mathbf{N}}$ is the second	
(2) Unsworn Declaratio	n	
	numbly, and my date o	f birth is 10/20/1983
My address is <u>UU7</u>	of Huebner Rd San Antoni	0 TX 78238 US
Executed in BWW	(street) (city) County, State of(ay on the(ay on the	(state) (zip code) (country) f_A10/11, 20,2.3
	40	(rhonth) (year)
	Signature	of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6875.00/2
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1500.00%
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 3260.00%
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$

POLITICAL	EXPENDITURES MADE	, . , , , , , , , , , , , , , , , , , ,	
FROM POLI	TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested inf	ormation is not applicable, DO NOT inc	lude this page in the re	port.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Pollti Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Mice Overheed/Rental Expense oiling Expense rinting Expense alaries/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 F1:	2 FILER NAME N Chumbley		3 Filer ID (Ethics Commission Filers)
4 Date 4/6	5 Payee hame KWIK KOPY		
- 6-Amount (\$)	7 Payée address;	City;	State; Zip Code
\$ 723.94	6336 BANDERA	R.P. (EON	VALLEY 78738
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	ADVERT252NG	Pust (CARDS
	(C) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4/17	Payee name KWZK KOPY		
Amount (\$) \$ 488.68	Payee address; 6336 BANDERA	City; RD. LEONVA	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	tule) Description	1- 4 .es
	Check if travel outside of Texas. Complete Sched		n, TX, officeholder living excense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 3/28	Payee name 30 SZGNS		
Amount (\$)	Payee address;	City;	State; Zip Code
811.88	8015 H 2ND	STREET Some	SET, TX. 78069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school AWERTISZNG Check If travel outside of Texas. Complete School	Lule) Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
an a	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE	F1
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If the requested information is not applicable, DO NOT include this page in the report.

EXPENDIT	URE CATEGORIES FOR	BOX 8(a)
	ONE ON LOUND I ON	

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

Event Expense	Loan Repaym
Fees	Office Overhe
Food/Beverage Expense	Polling Expen
Ght/Awards/Memorials Expense	Printing Expen
Legal Services	Selaries/Wage

Loan Repayment/Reimbursement ad/Rental Expense 80 180 es/Contract Labor

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

Credit Card F aymont	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1;	2 FILER NAME To Chundlercy		Filer ID (Ethics Commission Filers)
4 Data 9/11	5 Payee name 30 SIGNS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
920.13	8015 W 2ND S.	TREET SON	NOUSET, TX. 78069
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE OF EXPENDITURE	ADVERTISZNG	SZGNS	,
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officehoider name H	Office sought	Office held
Date	Payee name	andra and a standard	
4/24	30 SZGNS		
Amount (\$)	Payee address;	City;	Stets; Zip Code
237.50	8015 W 2ND STRE	ET SENGLIE	T. Tx. 78049
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVER72 SANG	SZANS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	rX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payée namé		
4/26	MAS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$42416.70	MAJARDUCTIONS	@MSN. Com	,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVER 125ZNG	MALCER	:S
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name 1	Office sought	Office held
<u></u>	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E Ty Chumbley		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 4/5	6 Full name of contributor □ out-of-state PAC (ID#:			9 In-kind contribution description
V Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDiCIAL)	I		
Date .	Full name of contributor 📋 out-of-state PAC (ID#)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsid	t de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	To Churubley	3 Filer ID (Ethics Commission Filers)
4 Date 4/7	 5 Full name of contributor □ out-of-state PAC (ID#:) DALE CHUNCLEY 6 Contributor address; City; State; Zip Code 16 21 VOELFER CN. SA, 700. 78243 	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	ions)
_{Date} 4/7	Full name of contributor I out-of-state PAC (ID#:) ALMA JACKSON Contributor address; City; State; Zip Code 9763 JACKAY CANVON SA 78:28	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 4/2 Principal accur	Full name of contributor Out-of-state PAC (ID#) CANEBALGER BLAZER + SAMPON (LP Contributor address; City; State; Zip Code P.O. BOX P428 Austral, Tx. 7836s Deation / Job title (See Instructions)	Amount of contribution (\$)
r incipal occup	Dation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor Courses; City; State; Zip Code HELORES; City; State; Zip Code HELORES; TRACL 97025	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional r	eporting requirements.

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MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1			
If the reque	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	Ty Chumpley	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)			
Date H/4 Principal occur	5 Full name of contributor	State; Zip Code	7 Amount of contribution $($)$			
			ns)			
Date Y/Y P	Full name of contributor □ cut-of-state PAC RANPALC Roe 55C Contributor address; City; R RANPALC Roe 55C	(ID#:) <i>ER</i> . State; Zlp Code <i>ER</i> . <i>Com</i>	Amount of contribution $(\$)$ 2∞ .			
Principal occur	pation / Job title (See Instructions)	Employer (See instruction	ns)			
Date 4/8	Fuil name of contributor in out-of-state PAC HEATHER BAZS Contributor address; City; OHEATHER BLISTER		Amount of contribution (\$)			
Principal occup	pation 7 Job title (See Instructions)	Employer (See Instruction	ns)			
Date 4/1	Full name of contributor \Box out-of-state PAC T. ALLEN CARNO Contributor address; City; D T - CARNES - 2		Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
No. 2014 - 2014						
	ATTACH ADDITIONAL COPIES O					

I

1	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
FILER NAI	The Ty Churthbley		3 Flier ID (Ethics Commission Filers)
Date 4/5 Principal o	5 Full name of contributor in out-of-state PAC (ID 6 Contributor address; City; CHSLDEN Gimperium	State: Zin Code	7 Amount of contribution (\$)
	3		
_{Date} 4/6	KEITH LUFF	#:) State; Zip Code	Amount of contribution (\$)
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructio	ns)
Date Principal or	Fuil name of contributor Generative PAC (ID Contributor address; Contributor address; City; Contributor address; City; C	State; Zip Code	Amount of contribution (\$)
		Employer (See Instructio	115)
Date 1/6	Full name of contributor GOOD GOVENNAN CE PAC Contributor address; City; R.O. BOX 90851 SA,	State; Zlp Code	Amount of contribution (\$) $800.$
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructio	ns)

ſ

SCHEDULE Α1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Image: Second state process in the second state proces in the second state process in the second state process 4 Date 7 Amount of contribution (\$) 150,00/154 Haro & ADVAN (ED Health Chiromactic. (2FE (10h title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 100, ° / KK TESSICA JOSEPHO 6 Moo. Com Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Contributor address; City; State; Zip Code 200. 000 NL WOLFE ST @gmil. com Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____) Amount of contribution (\$) Contributor address; City; State; Zip Coda 250.00 WILFE & Yahos . Com Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

MONET	ARY POLITICAL CONTRIBUT	IONS	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 fo	orm. 1 T	otal pages Schedule A1:		
2 FILER NAME	BARON TV Ch	nonbley 3 F	iler ID (Ethics Commission Filers)		
4 Date <u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	5 Full name of contributor out-of-state PAC (II	D#:) 7 A	$\frac{1}{100} \cdot \frac{00}{100}$		
Date 9/14 Principal occu	Full name of contributor out-of-state PAC (II SCO.7.7. KEELER Contributor address; City; SCO.7.7.6.7.EXAS CULWARY pation / Job title (See Instructions)	State; Zip Code	Amount of contribution (\$) $150.$		
Date <i>Y</i> // <i>I</i> Principal occur	GALY MELLER	State; Zip Code	Amount of contribution (\$) $ \begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$		
· · · · · · · · · · · · · · · · · · ·					
Date U//0	Full name of contributor I out-of-state PAC (III ALMEN KNOLLE Contributor address; City; KNOLLE. CALMENO HEB.	State; Zip Code	Amount of contribution (\$)		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
	ly Churchley	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
ME	TERLY 14 COMPES	10.00
<i>MY</i>	6 Contributor address; City; State; Zlp Code	106.00
1	\$ TERRENCE PALOMAES	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Inst	tructions)
		,
Date	Full name of contributor) Amount of contribution (\$)
1.10	RON RZPPS	
916	Contributor address; City; State; Zip Code	200. OR
() *	dr.	
	BRONFERS	
Principal occ	cupation / Job title (See Instructions) Employer (See Inst	ructions)
ayaan da da daga ayaa ay gaar ay daga - by ayaa		
Date	Full name of contributor	Amount of contribution (\$)
	JAMES ANDERSON	
	Contributor address; City; State; Zip Code	A BROWN
		H
	JANDERSON@ Pay Pol. Com	300. og
Principal occ	cupation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
	HAROLD GALM	# 1000 00
	Contributor address; City; State; Zip Code	\$ 1000.00
	1005 HWY 90W. Shiki CASTROVERE	5 Th 75007
Principal occ	upation / Job title (See Instructions) Employer (See Inst	ructions)
·····		
<u></u>		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	
	If contributor is out-of-state PAC, please see Instruction guide for addition	nai reporting requirements.

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	» \$ 150. ° %
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 802.99
, 	4. TOTAL POLITICAL EXPENDITURES	\$ 8231.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ /999.37
OUTSTANDING LOAN TOTALS	6. 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 tra quired to be reported by me under Title 15, Election Code.	ue and correct and includes all information
	Signature of C	Candidate or Officeholder
	Please complete either option below	w:
(1) Affidavit		
NOTARY STAMP/SEAL	-	
	before me by this the which, witness my hand and seal of office.	e day of,
Signature of officer administer		Title of officer administering oath
(2) Unsworn Declaratio		
My name is	, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is		······
		(state) (zip code) (country)
Executed in	County, State of, on theday of(mon	th) (year)
	Signature of Cano	lidate/Officeholder (Declarant)

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	7 Chumbler Car	~paigh	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
3(21/2023)	M'Lissa Chum	bley	\$3,260.00
6 is lender	B Lender address; City; 6718 Forest Haugh	State; Zip Code	10 Interest rate
a financial Institution?	6718 Forest Hauch	Son Antonio TX	0 (0 11 Maturity date
Y N	••••	76240	
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	teral	15 Check if personal fun	ds were deposited into political
none		account (See Instruct	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🔲 out-of-state I	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Y N			
	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	teral		ds were deposited into political
		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
ļ	Guarantor address; City;	State; Zip Code	
not applicable		Y Francisco da Marco da Constante da	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
if je	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see ir	IES OF THIS SCHEDULE AS NE	

			1 Filer ID		2 Total pages filed:
The C/OH Instruction C	Suide explains how to comp	lete this form.			5
3 CANDIDATE /	MS / MRS / MR	FIRST	-	MI	OFFICE USE ONLY
OFFICEHOLDER NAME		Vera			Date Received
	NICKNAME	LAST		SUFFIX	
		Billingsley			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	338 Oak Knoll Dr.				
MAILING ADDRESS					Receipt # Amount
Change of Address	San Antonio, TX 78228				Date Processed
					Date Imaged
5 CAMPAIGN	MS/MRS/MR	FIRST		MI	
TREASURER					
NAME					
		LAST		SUFFIX	
	NICKNAME	LAST		JOHN	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	D BOX PLEASE);	APT	r / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS					
(Residence or Business)					
(Residence of Business)					· · · · · · · · · · · · · · · · · · ·
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	XTENSION		*
TREASURER PHONE					
FROME					
8 REPORT					-
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
					appointment (officeholder only)
	July 15	X 8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR),
9 PERIOD	Month Day Year			Month Day	Year
COVERED	03/28/2023	TH	IROUGH	04/26/202	3
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	9P	rimary	Runoff	Other
	05/06/2023		eneral	Special	
				opeona	х.
					- 117 La
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
	None Place 3 District NIS	D Bexar		Place 3 District N	endent School District, Place 3
		60.1	O PAGE 2		
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	S	Version V3.5.1.7bd706d4

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 5

3 C / OH NAME	Billingsley, Vera		14 Filer ID	
5 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wi d officeholders are required to report this infor	ithout the candidate's or officel	holder's knowledge or
Additional Pages		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	<u></u>	
		COMMITTEE CAMPAIGN TREASURER NA	AME	
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS	
L6 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHEF ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF I	LOANS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 19.49
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 108.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING P	AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY OF THE	\$ 11.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOAI RTING PERIOD	NS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the acc udes all information required to Code.	
		Signa	ature of Candidate or Officehol	der
	DTARY STAMP / SEAL AB		ab. 'n 21	
Sworn to and sub: of	scribed before me, by the s	said ertify which, witness my hand and seal of offi	ice.	day
Signature of of	ficer administering	Printed name of officer administering	Title of officer	r administering oath
orme provided by T	exas Ethics Commissio	n www.ethics.state.tx.us	- ···	Version V3.5,1.7bd7060

15 C/OH NAME			16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LO	EMIZED POLITICAL CONTRIBUTIONS (OTHER THA DANS, OR GUARANTEES OF LOANS, OR ONS MADE ELECTRONICALLY)	۸N	\$
		TICAL CONTRIBUTIONS I PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$
EXPENDITURE TOTALS	3. TOTAL UNITE	MIZED POLITICAL EXPENDITURE.	ļ	\$
	4. TOTAL POLI	TICAL EXPENDITURES	ne - man en mennementek	\$
CONTRIBUTION BALANCE	5. TOTAL POLIT OF REPORTIN	ICAL CONTRIBUTIONS MAINTAINED AS OF THE LANG PERIOD	AST DAY	\$
OUTSTANDING LOAN TOTALS		IPAL AMOUNT OF ALL OUTSTANDING LOANS AS THE REPORTING PERIOD	OF THE	\$
		nalty of perjury, that the accompanying report is tr o under Title 15, Election Code.	ue and co	prrect and includes all information
		Signature of C	Candidate	or Officeholder
	PI	lease complete either option belo	w:	
				,
(1) Affidavit				
NOTARY STAMP/SEA				
Sworn to and subscribed	before me by	this the	э	day of,
20, to certify	which, witness my hand an	d seal of office.		
Signature of officer administe	ing oath F	Printed name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaration	on			
My name is <u>Vera</u> My address is <u>338</u>	Oak Kn	NAJEY, and my date of birth off Dr. San Antonia.	TX	18228 2149
	(street) <u> <u> </u> County, State o</u>	f $\underline{-1205}$, on the $\underline{25}$ day of $\underline{4}$	(state) (pril	(zip code) (country) , 20 <u>73</u> . (vear)
		Signature of Cano	didate/Offic	ceholder (Déclarant)

SUBTOTALS - C/OH

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FORM C/OH

COVER SHEET PG 3

3 of 5

18 FILER NAME Billingsley, Vera	19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5 \$	88.55
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	·
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS \$	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	19.49
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	оғс/он \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED \$	1

	**************************************	*
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E al Committee Legal Services Salaries/M	Ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense (pense Travel in District Neges/Contract Labor OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	The Instruction Guide explains how to co FILER NAME Billingsley, Vera	mplete this form. 3 Filer ID
Date 04/21/2023	5 Payee name Awaloo Printing	·
Amount (\$) \$69.06	7 Payee address; City; State; Zip Co 1230 Duke Rd.	de
	San Antonio, TX 78264	
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 Yard Signs
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ght Office held
Date	Payee name	
04/24/2023	Office Depot	
Amount (\$) \$19.49	Payee address; City; State; Zip Coo 5601 Bandera	de
	Leon Valley, TX 78238	
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 flyers
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ght Office held
·		

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	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
2	FILER NAME Billingsley, Vera	3 Filer ID
	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) \$50.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.0
	San Antonio, TX 78254 Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)

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

The C/OH Instruction G	ide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages tiled:
GANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR PIRST MARY O (FSOM NICKNAME LAST	MI	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4/18 BUSSA/D BAY SAN Antonio JR 7		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivarad or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST PALSY NEWBORN NICKNAME LAST	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APTI 23602 NORLA CO DOS SrA, 7478259		ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 313-546	EXTENSION	
REPORT TYPE	January 15 30th day before		15th day alter campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3' / 28 /2023	THROUGH	Dey Year 126/2023
11 ELECTION	ELECTION DATE Month Day Year Primau 5 / 6 / DU 20	Dascription	E
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (11 KNOW Of SCHOOL NORTH SILE	"Board IS b
	GO TO	O PAGE 2	

Forms provided by Texas Ethics Commission

www.elhics.state.tx.us

FORM C/OH COVER SHEET PG 2

	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 1,825
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1825
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 984+610
	4. TOTAL POLITICAL EXPENDITURES 1774	\$ 784+610 \$ 784+610
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD 	1E \$ -0-
(1) Affidavit	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEA		
NOTARY STAMP/SEA Sworn to and subscribed	L before me by this the	day of
Sworn to and subscribed	L before me by this the which, witness my hand and seal of office.	day of

Forms provided by Texas Ethics Commission

Revised 11/15/2022

SUBTOTALS - C/OH

9 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,825
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIE	BUTIONS \$ 4 may
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS \$ 784
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM I	POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 610
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PER	ISONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	TIONS TO A BUSINESS OF COH
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	the second se
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C RETURNED TO FILER	CONTRIBUTIONS \$

The Instruction Guide	explains how to comp	lete this form.	1 Total pages Schedule At:
FILER NAME MARY 0/654	ч		3 Filer ID (Ethics Commission Filers)
Date 5 Full name of con Linda 6 Contributor add 3944	Howelton ress; City	State PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (See DOC FOR	e Instructions)	9 Employer (See Instr REHIRE &	vctions)
Date Full name of con 1/2 2 TONi NE Contributor addi 8019 S	lson ress; City;	-state PAC (ID#: State; Zip Code & Corr 75109 e, TA 75109	Amount of contribution (\$)
Principal occupation / Job title (See Refined au		Employer (See Instru	ctions)
Date Full name of cont /26 Server Contributor addre / 573 Helotes	Skeista GA	state PAC (ID#:) Mer State; Zip Code	Amount of contribution (\$)
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Contributor addre	ess; City;		Amount of contribution (\$)
rincipal occupation / Job title (See In Refined Military	nstructions)	Employer (See Instruc	tions)

Revised 9/8/2015

TI	he instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
FILER NAM	AKY Olison		3 Filer ID (Ethics Commission Filers)
Date 1/26	5 Full name of contributor Dout-of-state Luther i Elenor SWECK 6 Contributor address; City; Sta 9154 Ridge Post SAT	hey ale: Zin Code	7 Amount of contribution (\$)
	Lited Military	9 Employer (See Instruc	lions)
Date 1/2/6	Full name of contributor Dout-of-state F Herman Morris, Worme. Contributor address; City; Sta 9/27 Big Betmal 100 S. K, T+ 7892 \$10		Amount of contribution (S)
-	pation / Job tille (See Instructions)	Employer (See Instruct	ions)
Date 1/26	Full name of contributor aut-of-state P. NAPO (CCA RAY Contributor address; City; Stat 9166 Ringe Post S. A. TH 98255	AC (ID#:) e; Zlp Code	Amount of contribution (\$)
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FILER NAM	MAry Olison		3 Filer ID (Ethics Commission Filers)
Date 4/2.6	5 Full name of contributor Dout-of-sta Mable HAH 6 Contributor address; City; 4917 NAVEAS WOOD D	te PAC (ID#:) State; Złp Code	7 Amount of contribution (\$)
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Date	Full name of contributor out-of-state	ie PAC (ID#:)	Amount of contribution (\$)
1/24	Edith Cole Contributor address: City: 4119 Circtus OR SAN ANTONNI TT-78	State; Zip Code KC S & S /	55.00
61	pation / Job title (See Instructions)	Employer (See Instruct	lons)
Date 1/26	Full name of contributor Patsy Newborn Contributor address: Stable 2 Northwood L Stan Antonio, T+ 78	State: Zip Code	Amount of contribution (\$)
Retme	bation / Job title (See Instructions)	Employer (See Instruct	ons)
Date 1/26	Full name of contributor 0 out-of-state KCAL Toneg Contributor address; City; S 7 715 OAR Hill Park SATT 78249		Amount of contribution (S)
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	e Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
	ky Olison		3 Filer ID (Ethics Commission Filers)
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Date 96	Full name of contributor Dout-of-state I Donnie Campbell Contributor address; Uck 1 Union 4714 Lock 1 Union Converse, TH		Amount of contribution (\$) 55.00
Refin	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 1/24	Full name of contributor Dout-ot-state P Perry Paldise Perr Contributor address; City; Stat 55 15 Timber TRAC BAN Antonio TH 7	y .	Amount of contribution (\$)
rincipal occup	ation / Job title (See Instructions)	Employer (See Instruct	lons)
late 1 26	Full name of contributor Dout-of-state PA Solen Thrnow-Jackson Contributor address: City: Stat h0402 Brizeway Fo SATA 78254		Amount of contribution (\$) 55,00
Ret	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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	e Instruction Guide explains how to complete this i	lorm.	1 Total pages Schedule A1:
FILER NAME	Mary Olison		3 Filer ID (Ethics Commission Filers)
Principal occ	5 Full name of contributor in out-of-state PAC (CATOLYA TILMAM 6 Contributor address; City; State; 1 2 943 Collect: Lake 5 · A: 78253 Upation / Job title (See Instructions)	Zip Code	7 Amount of contribution (S) 55.00
	Wersen) Employer (See Instruct	ions)
Date 1/24	Full name of contributor Dout-of-state PAC (1) Ethest Feldes Contributor address: City; State; 199 3310 Guilly Holl S. A, 17 7825	D#:)) Zip Code	Amount of contribution (S)
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Date 26	Full name of contributor Dout-of-state PAG (ID Leften Slinda Sliniff Contributor address: City; State; 8302 Ridge Terr S.A. TH 28251	Zip Code	Amount of contribution (\$)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Polling By Gilf/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Romal Expense g Expense g Expense sS/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 9/8/2015

	ICAL CONTRIBUTIONS		SCHEDULE F1
If the requested info	rmation is not applicable, DO NOT include th	is page in the re	port.
	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
dvertising Expense ecounting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Politica edit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Event Expense Fees Food/Beverage Expense a By Gitt/Awards/Memorials Expense litcal Committee Legal Services	EGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
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Date 1/26/20	5 Business name		
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