CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filter ID (Elmos Comession Filters) 2 Total pages filed: C ANDIDATE / OFFICE USE ONLY Date Received ACANDIDATE / OFFICE USE ONLY Date Received Date Received ACANDIDATE / OFFICE USE ONLY Date Received ACANDIDATE / OFFI				
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 6-	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL I	DAY \$ 260.15		
OUTSTANDING LOAN TOTALS	6. TOTAL I	THE \$ 2,900. "		
18 AFFIDAVIT				
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. ID # 131171079 COMM. EXP. 06-12-2021				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subsc			ks, this the	
day of, 20, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con			nmission Filers)
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6-
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$ 1,000.
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,400.67
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date / 4/26/25	5 Payee name Sose Atomo Mineles	· · · · · · · · · · · · · · · · · · ·		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
265. a	El Pase. TX			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.		
PURPOSE OF	T)	Check if Austin, TX, officeholder living expense		
EXPENDITURE	BANNERS			
	Printil Expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/30/19	KE FLAUTA			
Amount (\$)	Payee address; City; State; Zip Code			
335. a	5100 Dinpha~ Dr. E 1 Arr. TX 28832			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE	Food iBEVENDER EXPENSE	Cileck if Adsilit, 174, Sincerolder ming expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/30/19	Sam's Clup			
Amount (\$)	Payee address; City; State; Zip Code			
\$191.00	2970 N. MESA. Ellasu. TX	78832		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Gredit Gard F ayment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME And An Fernandia		3 Filer ID (Ethics Commission Filers)		
4 Date 5/7/19	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$204	420 E REDO AD, El Mose.	1× 29912			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	OTHER	Ħ	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
OF EXPENDITURE	E-11 E1	Check if Austii	n, 17, officerolder fiving expense		
	Sien Postale Supplies				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
5/8/19	Outen Dicital				
Amount (\$)	Payee address; City; State; Zip Code				
\$350.00	WWW. Overy dictal, con				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE			utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
OF EXPENDITURE	Co-sulting Expense	Check if Austir	1, 17, Villogilologi Hving Sypelise		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
6/4/19	Airport Printin Son				
Amount (\$)	Payee address; City; State; Zip Code	2.			
\$2,055,67	7 Leibu Fisier Blud, El Pas	TX 7980L	<u> </u>		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas. Complete Schedule T.		
EXPENDITURE	Printing EXPENSE	Check if Austri	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:				1 Total pages Schedule E:
2	Canta A. FERNA-DS			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Is lender a financial 8 Lender address; City; State; Zip Code		9 Loan Amount (\$) \$ 1000. ac 10 Interest rate	
	Y (N) 1104 Encle Ridber, El By. Tx 78912			11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
		15 Check if personal funds were account (See Instructions)	deposited into political	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-state PAC (ID#:			PAC (ID#:)	Loan Amount (\$)
Is lender Lender address; City; S		State; Zip Code	Interest rate	
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal funds were account (See Instructions)	deposited into political	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code				
	not 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.