

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Files)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

MS MR MR FIRST MI
 Joe Jesse
 NICKNAME LAST SUFFIX
 Sanchez

OFFICE USE ONLY

RECEIVED

APR 02 2026

ALAMO COLLEGES DISTRICT
OFFICE OF LEGAL SERVICES

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
 3711 River Falls San Antonio, Tx 78259

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (210) 602-6595

6 CAMPAIGN TREASURER NAME

MS MRS MR FIRST MI
 Minerva
 NICKNAME LAST SUFFIX
 Minnie Abrego - Sanchez

Receipt # Amount \$

Date Processed

Date Intaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO P.O. BOX PLEASE) APT. SUITE # CITY STATE ZIP CODE
 3711 River Falls San Antonio, Tx 78259

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (210) 862-1084

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 6th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
 02 02 26 THROUGH 05 02 26

11 ELECTION

ELECTION DATE MONTH DAY YEAR ELECTION TYPE
 5 2 26 Primary Runoff Other Description
 General Special uniform election day

12 OFFICE

OFFICE HELD (# any)

13 OFFICE SOUGHT (if known)

ALCO District 9 Trustee

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

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

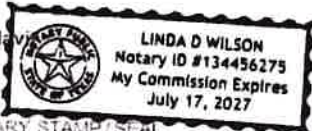
17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,425.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4	TOTAL POLITICAL EXPENDITURES	\$ 54.68
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,234.70
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Jose Jesus Sanchez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jose Jesus Sanchez this the 2nd day of April 2026, to certify which, witness my hand and seal of office.

Linda D Wilson
Signature of officer administering oath

Linda D Wilson
Printed name of officer administering oath

Board Liaison / Elections Admin
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____

Jose Jesus Sanchez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,425.00
2 <input type="checkbox"/> SCHEDULE A2: NON MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3 <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4 <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5 <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 64.68
6 <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7 <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8 <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9 <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10 <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11 <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12 <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

2/16/26

Elisa Bernal

6 Contributor address; City: State: Zip Code

\$250.00

[Redacted] San Antonio, Tx 78230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

2/20/26

Vicente C. Aguirre

Contributor address; City: State: Zip Code

\$50.00

[Redacted] San Antonio, Tx 78238

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

2/16/26

Jose Antonio A. Garcia

Contributor address; City: State: Zip Code

\$200.00

[Redacted] San Antonio, Tx 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

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

Amount of contribution (\$)

3/2/26

Norma Gutierrez Maldonado

Contributor address; City: State: Zip Code

\$ 100.00

[Redacted] San Antonio, Tx 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 DATE

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

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

3/6/26

Dr. Adela N. Gonzalez

6 Contributor address; City: State: Zip Code

[Redacted] **S. A. TX 78258**

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$) **\$1,000.00**

3/3/26

Leticia R. Van De Putte

Contributor address; City: State: Zip Code

[Redacted] **Castle Hills, TX 78213**

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Date

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

Amount of contribution (\$) **\$100.00**

3/28/26

Ernesto Garcia Moreno

Contributor address; City: State: Zip Code

[Redacted] **S.A. TX 78245**

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$) **\$100.00**

3/28/26

Stella P. Carreon

Contributor address; City: State: Zip Code

[Redacted] **San Antonio, TX 78233**

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$) **\$75.00**

3/31/26

Paul Grage

6 Contributor address:

City:

State:

Zip Code

[Redacted]

San Antonio, TX 78259

8 Primary occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$) **\$100.00**

3/28/26

Susan Blackwood

Contributor address:

City:

State:

Zip Code

[Redacted]

San Antonio, TX 78258

Primary occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$) **\$1,000.00**

3/27/26

Margaret Mireles

Contributor address:

City:

State:

Zip Code

[Redacted]

S.A. TX 78201

Primary occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$) **\$250.00**

3/27/26

Diana Arzvalo

Contributor address:

City:

State:

Zip Code

[Redacted]

San Antonio, TX 78201

Primary occupation / Job title (See Instructions)

Managing Director of Advocacy

Employer (See Instructions)

ALS Association

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

3/27/26

Lawrence Romo

\$100.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED]

San Antonio, TX 78253

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office (Utilities/Rental) Expense	Transportation Equipment & Related Expense
Printing Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Grants Made By	Gift/Award/Incentive Expense	Printing Expense	Travel Out Of District
Contributions Made by Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/26	5 Payee name Anedot Inc	
6 Amount (\$) \$3.44	7 Payee address: City: State: Zip Code [Redacted] Dallas, Tx 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Online Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
4 Date 3/28/26	5 Payee name Anedot Inc	
6 Amount (\$) \$4.48	7 Payee address: City: State: Zip Code [Redacted] Dallas, Tx 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Online Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
4 Date 3/27/26	5 Payee name Anedot Inc	
6 Amount (\$) \$41.98	7 Payee address: City: State: Zip Code [Redacted] Dallas, Tx 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Online Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Code 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 3/27/26	5 Payee name Anedot Inc	
6 Amount (\$) \$10.30	7 Payee address: [Redacted]	City: Dallas, TX Zip Code: 75206
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Online Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/27/26	Payee name Anedot Inc	
Amount (\$) \$4.48	Payee address: [Redacted]	City: Dallas, TX Zip Code: 75206
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Online Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Texas Commission Filer)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST: Joe, MI: Jesse
MIDDLENAME: Sanchez, LAST: Sanchez, SUFFIX:

OFFICE USE ONLY

Date Recd: **RECEIVED**

APR 27 2026

ALAMO COLLEGES DISTRICT
OFFICE OF LEGAL SERVICES
9:50 AM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (PO BOX), APT / SUITE #, CITY, STATE, ZIP CODE

3711 River Falls San Antonio, TX 78259

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE, PHONE NUMBER, EXTENSION

(210) 602-6595

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST: Minerva, MI:
MIDDLENAME: Minnie, LAST: Abrams - Sanchez, SUFFIX:

Receipt #

Date Processed:

Date Imaged:

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

(Residence or Business)

3711 River Falls San Antonio, TX 78259

8 CAMPAIGN TREASURER PHONE

AREA CODE, PHONE NUMBER, EXTENSION

(210) 812-1034

9 REPORT TYPE

- January 15 5th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded Modified Reporting Limit Final Report (after 2011-2012)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
3 24 210 THROUGH 4 22 210

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 2 210
ELECTION TYPE: Primary Runoff Other Description: Uniform Election Day
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Acc'd District 9 Trustee

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,710.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 7,103.69

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,666.04

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

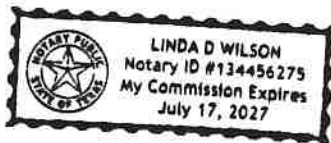
\$ 6,000.00

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

Jose Jesus Sanchez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jose Jesus Sanchez this the 27th day of April

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

Linda D Wilson

Linda D Wilson

Board Haison / Elect. admin

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____ on the _____ day of _____, 20____

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,710.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,103.69
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

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

4/9/26

Alfaro Consulting

Contributor address: [Redacted]

State: Zip Code

S.A. TX 78212

8 Principal occupation / Job title (See Instructions)

consultant

9 Employer (See Instructions)

alfaro consulting

Date

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

Amount of contribution (\$) *\$100.00*

4/10/26

Pedro Campos

Contributor address: [Redacted]

City:

State: Zip Code

San Antonio, TX 78216

Principal occupation / Job title (See Instructions)

retired architect

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$) *\$200.00*

4/9/26

Mary E. Esperiqueta

Contributor address: [Redacted]

City:

State: Zip Code

San Antonio, TX 78238

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$) *\$200.00*

4/9/26

Gloria S. Martinez

Contributor address: [Redacted]

City:

State: Zip Code

San Antonio, TX 78204

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#)

7 Amount of contribution (\$) **\$250.00**

4/9/26

Daniel Juarez

6 Contributor address:

City:

State:

Zip Code

San Antonio, TX 78261

8 Principal occupation / Job title (See Instructions)

MD

9 Employer (See Instructions)

Self-employed

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$) **\$250.00**

4/9/26

Roger A. Perez

Contributor address:

City:

State:

Zip Code

S.A. TX 78205

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Attorney

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$) **\$300.00**

4/9/26

Annabelle S. Blanco

Contributor address:

City:

State:

Zip Code

San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Retired Teacher

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$) **\$300.00**

4/9/26

Christina Daria Alderete

Contributor address:

City:

State:

Zip Code

San Antonio, TX 78228

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Rose Boutique

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/19/20

Steven C. Price Sr.

6 Contributor address:

City:

State: Zip Code

\$ 100.00

S.A. TX 78213

8 Principal occupation / Job title (See Instructions)

Retired Veteran

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/19/20

John Noriega

Contributor address:

City:

State: Zip Code

\$ 100.00

San Antonio, TX 78228

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/13/20

Norma Gutierrez Maldonado

Contributor address:

City:

State: Zip Code

\$ 500.00

San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/16/20

Suzanne Nendorf

Contributor address:

City:

State: Zip Code

\$ 250.00

S.A. TX 78259

Principal occupation / Job title (See Instructions)

Business Manager

Employer (See Instructions)

Nendorf Bernard & Partners, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/19/20

Ade'la Regina

City: State: Zip Code

\$150.00

San Antonio, Tx 78213

8 Principal occupation / Job title (See Instructions)

Retired Educator

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/16/20

Vera A. Garcia

Contributor address: City: State: Zip Code

\$100.00

S. A. Tx 78230

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/15/20

Eda Garcia

Contributor address: City: State: Zip Code

\$100.00

S.A. TX 78254

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

3/30/20

Justin R. Rodriguez Campaign Fund

Contributor address: City: State: Zip Code

\$250.00

S.A. TX 78201

Principal occupation / Job title (See Instructions)

County Commissioner Prec 2

Employer (See Instructions)

Bexar County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

7/11/20

David H. Pular

6 Contributor address; City; State; Zip Code

\$500.00

[Redacted] S.A. Tx 78247

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired Educator

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/8/20

Maria H. Ferrer

Contributor address; City; State; Zip Code

\$100.00

[Redacted] S.A. Tx 78229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/3/20

Elida Smith

Contributor address; City; State; Zip Code

\$100.00

[Redacted] S.A. Tx 78228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Consultant

Self-employed

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/5/20

Lynn Plafie-Dorze

Contributor address; City; State; Zip Code

\$100.00

[Redacted] S.A. Tx 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/17/26

Pat Rodriguez

\$100.00

6 Contributor address:

City:

State:

Zip Code

S.A. TX 78230

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/17/26

Ramuel Dias-Sakai

\$1,000.00

Contributor address:

City:

State:

Zip Code

S.A. TX 78212

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/19/26

James Ortiz-Dietrick

\$100.00

Contributor address:

City:

State:

Zip Code

S.A. TX 78209

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/19/26

Mike Villarreal

\$150.00

Contributor address:

City:

State:

Zip Code

S.A. TX 78210

Principal occupation / Job title (See Instructions)

Data Scientist

Employer (See Instructions)

CML Insight

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/5/26

Sylvia Reyna

6 Contributor address;

City;

State;

Zip Code

\$250.00

[Redacted Address]

S.A. TX 78238

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Inmate. word. High School

Date:

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/6/26

Thomas Corser

Contributor address;

City;

State;

Zip Code

\$100.00

[Redacted Address]

S.A. TX 78213

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/12/26

Norma Stuffer

Contributor address;

City;

State;

Zip Code

\$100.00

[Redacted Address]

S.A. TX 78201

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/17/26

Deanna Hardwick

Contributor address;

Zip Code

\$200.00

[Redacted Address]

S.A. TX 78205

Principal occupation / Job title (See Instructions)

Chief Customer Strategy Officer

Employer (See Instructions)

City Public Service

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: _____

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/19/20

Frank Padilla

6 Contributor address;

City;

State;

Zip Code

\$150.00

[Redacted]

Holmes TX 78023

8 Principal occupation / Job title (See Instructions)

M.D.

9 Employer (See Instructions)

WELMed

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/9/20

Martina Guadiana Sepeda

Contributor address;

State;

Zip Code

\$100.00

[Redacted]

S.A. TX 78212

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/12/20

Ernesto Olaga

Contributor address;

City;

State;

Zip Code

\$100.00

[Redacted]

Fredricksburg TX 78624

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/12/20

Mimi Henderson

Contributor address;

City;

State;

Zip Code

\$100.00

[Redacted]

Converse TX 78109

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/13/20

Lisa Reedy

6 Contributor address;

City:

State;

Zip Code

\$100.00

[Redacted]

S.A. Tx 78254

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/13/20

Jose Mendez

Contributor address;

City:

State;

Zip Code

\$100.00

[Redacted]

S.A. Tx 78229

Principal occupation / Job title (See Instructions)

SIP

Employer (See Instructions)

Stewart Title

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/15/20

John Sherman

Contributor address;

City:

State;

Zip Code

\$100.00

[Redacted]

S.A. Tx 78259

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/15/20

Gerardine Garcia

Contributor address;

City:

State;

Zip Code

\$100.00

[Redacted]

S.A. Tx 78205

Principal occupation / Job title (See Instructions)

Police

Employer (See Instructions)

EC ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/17/20

Roy Colace

\$250.00

6 Contributor address:

City:

State: Zip Code

S.A. TX 78247

8 Principal occupation / Job title (See Instructions)

FR

9 Employer (See Instructions)

Endeavors

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/20/20

Giorgia Navarres

\$150.00

Contributor address:

City:

State: Zip Code

S.A. TX 78259

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

N-E-I

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/20/20

Christine M. Hufsch

\$100.00

Contributor address:

City:

State: Zip Code

S.A. TX 78209

Principal occupation / Job title (See Instructions)

State District Judge

Employer (See Instructions)

State of Texas

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

4/20/20

Clayton Perry

\$100.00

Contributor address:

City:

State: Zip Code

S.A. TX 78247

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4/21/20

Theresa De La Haza

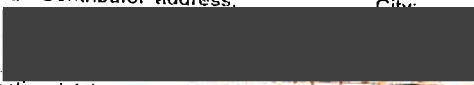
\$100.00

6 Contributor address:

City:

State:

Zip Code



8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Retired

Retired

Date:

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date:

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date:

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address:

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission File#)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date:	6 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	8 Amount of Contribution \$	9 In-kind contribution description
4/17/26	Carmen Suarez	\$2,100.00	signs
7 Contributor address City: State: Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I	
San Antonio, TX 78230			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
Manager Officer / Administrator		Gruamez LAW FIRM	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of Contribution \$	In-kind contribution description
	Contributor address City: State: Zip Code		
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I
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 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)			

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

4/3/26

Joe Jesse Sanchez

\$6,100.00

6 Is lender a financial institution?

8 Lender address;

City:

State:

Zip Code

10 Interest rate

Y N

[Redacted]

San Antonio, TX 78259

0%

11 Maturity date

4/3/27

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

Retired

Retired

14 Description of Collateral

15

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City:

State:

Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address;

City:

State:

Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City:

State:

Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date 4-8-21	5 Payee name Office Depot Office Max
------------------	---

6 Amount (\$) \$25.07	7 Payee address: [Redacted]	City: S.A.	State: TX	Zip Code: 78258
--------------------------	--------------------------------	---------------	--------------	--------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date 4/9/21	Payee name La Fonda Atamo Heights
----------------	--------------------------------------

Amount (\$) \$993.40	Payee address: [Redacted]	City: S.A.	State: TX	Zip Code: 78209
-------------------------	------------------------------	---------------	--------------	--------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date 4/9/21	Payee name Yvonne Pena
----------------	---------------------------

Amount (\$) \$200.00	Payee address: [Redacted]	City: San Antonio, TX	State: TX	Zip Code: 78228
-------------------------	------------------------------	--------------------------	--------------	--------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Photography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date: 4/18/26 5 Payee name: United States Postal Service

6 Amount (\$): \$312.00 7 Payee address: [Redacted] City: San Antonio, Tx State: Tx Zip Code: 78201

8 PURPOSE OF EXPENDITURE: Advertising Expense (b) Description: postcard mailout

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

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

Date: 4/20/26 Payee name: United States Postal service

Amount (\$): \$234.00 Payee address: [Redacted] City: San Antonio, Tx State: Tx Zip Code: 78217

PURPOSE OF EXPENDITURE: Advertising Expense Description: postcard mailout

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: 4/17/26 Payee name: Election Support Services

Amount (\$): \$1,150.00 Payee address: [Redacted] City: San Antonio, Tx State: Tx Zip Code: 78232

PURPOSE OF EXPENDITURE: Printing Expense Description: print material

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date 4/22/26	5 Payee name Election Support Services		
6 Amount (\$) \$1610.50	7 Payee address: [Redacted]	City: San Antonio, TX	State: TX Zip Code: 78232
<input type="checkbox"/> Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Expense	(b) Description: Print material
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/26	Payee name Election Support Services		
Amount (\$) \$3,290.00	Payee address: [Redacted]	City: San Antonio, TX	State: TX Zip Code: 78232
<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Mailing	Description: Pushcards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/26	Payee name Anedest, Inc.		
Amount (\$) \$288.66	Payee address: [Redacted]	City: Dallas, TX	State: TX Zip Code: 75206
<input type="checkbox"/> Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Banking	Description: Online Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED