#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00020718 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mario E. NAME Date Received **ELECTRONICALLY FILED** 07/10/2023 NICKNAME LAST **SUFFIX** Ramirez Jr. CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** Hidalgo County Courthouse MAILING Receipt # Amount **ADDRESS** 100 N. Closner, 2nd Floor Change of Address Edinburg, TX 78539 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Imelda NAME NICKNAME LAST **SUFFIX** Tootsie Barrera **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 6521 N. 10th St., Ste. A **ADDRESS** (Residence or Business) McAllen, TX 78504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 655-9700 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 332 Hidalgo District Judge District 332

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Ramirez Jr., Mario E	(The Honorable)	14 Filer ID (I 00020718	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS	C)	\$ 0.00
EXPENDITURE	'	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	5)	\$ 0.00
TOTALS	4	TO ALL EXPENDITURES		0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,701.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 90,879.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honora	ıble Mario E. Ramirez	: Jr.
		Signature of	Candidate or Officehold	ler
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

<u> </u>				3 of 15				
	18 FILER NAME Ramirez Jr., Mario E. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00020718							
	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00				
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	8,701.09				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					
			•					

PLEDGE	D CONTRIBUTIONS (JUDIC	IAL)		SCHED	OULE B(J)
The Ins	struction Guide explains how to compl	ete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Ramirez Jr., M	lario E. (The Honorable)		3 Filer ID ( 00020718	Ethics Commissi	on Filers)
4 TOTAL OF U	TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#  7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$)	9 In-kind I (If ap I I I	description oplicable)
			Check if travel of	utside of Texas.	Complete Schedule T.
10 Pledgor's princip	pal occupation	11 Pledgor's job title			
12 Pledgor's emplo	yer/law firm	13 Law firm of pledgo	r's spouse (if any)		
<b>14</b> If pledgor is a cl	nild, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHE	OULE E	(J)
	The Instruction	on Guide explains how to complete this	form.	1		pages Schedule E(J): 1/1 Rpt: 5/15		
2	FILER NAME Ramirez Jr., Mar	rio E. (The Honorable)		1	Filer ID	(Ethics Con	nmission Fi	lers)
4	TOTAL OF UN	OTAL OF UNITEMIZED LOANS				\$		0.00
5	Date of loan 7 Name of lender out-of-state PAC (ID#:				)	9 Loan Am	nount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	l					
17	7 Description of Coll	ateral	18 Check if personal funds were deposited into political account  (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed			d (\$)		
23	not applicable  not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code  24 Guarantor's Job Title					
25	<b>5</b> Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	ากแร	e (if anv)			
			20 Law Film Or guarantor 5 Sp		o (ii aiiy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 01 11 F4	
1	Total pages Schedule F1:	
L	Sch: 1/10 Rpt: 6/15	Ramirez Jr., Mario E. (The Honorable) 00020718
4	Date	5 Payee name
	05/05/2023	ACOSTA, STEVEN (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$100.00	204 LARRY TWAYNE WAY
	Ψ100.00	204 LAKKI IWAINE WAI
		EDINBURG, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		BBQ FUNDRAISER DONATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	04/17/2023	ALMAGUER, PABLO
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	316 S. CLOSNER
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davies same
	Date	Payee name
	01/18/2023	ARISPE, MARISA
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	100 N. DOOLITTLE RD.
		EDINBURG, TX 78539
_	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		BBQ FUNDRAISER DONATION
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<u> </u>		
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### SCHEDULE F1

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

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

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

Contributions Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment	ommittee Legal Services Salaries/Wag  The Instruction Guide explains how to com	ges/Contract Labor OTHER (enter a category not listed above)
1. Tatal manna Cabadula F1. 2		·
1 Total pages Schedule F1: 2		3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 7/15	Ramirez Jr., Mario E. (The Honorable)	00020718
<b>4</b> Date <b>5</b>	Payee name	·
01/17/2023	AT&T	
6 Amount (\$) 7	Payee address; City; State; Zip Code	е
\$203.38	P. O. BOX 537104	
	ATLANTA, GA 30353-7104	
	ATEANTA, OA 30335-7104	
8 PURPOSE (a	A) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		MONTHLY CAMPAIGN CELL PHONE EXPENSE
	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OH		
Data	Para mana	
Date	Payee name	
02/17/2023	AT&T	
Amount (\$)	Payee address; City; State; Zip Code	e
\$204.03	P. O. BOX 537104	
	ATLANTA, GA 30353-7104	
PURPOSE (a	A) Category (See Categories listed at the top of this schedule)	b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Sinds Svorridad/Norrida Expense	Check if Austin, TX, officeholder living expense
		MONTHLY CAMPAIGN CELL PHONE EXPENSE
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OH	Candidate/Officeriolder frame Office Sough	office field
Date	Payee name	
03/17/2023	AT&T	
Amount (\$)		
Amount (\$)	Payee address; City; State; Zip Code	e
\$204.03	P. O. BOX 537104	
	ATLANTA, GA 30353-7104	
DUDDOG /		1.) =
PURPOSE (a OF	2 ( ( ) ) ) )	b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		MONTHLY CAMPAIGN CELL PHONE EXPENSE
	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OH		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 8/15	Ramirez Jr., Mario E. (The Honorable) 00020718
4	Date	5 Payee name
	04/18/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.03	P. O. BOX 537104
		ATLANTA, GA 30353-7104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  MONTHLY CAMPAIGN CELL PHONE EXPENSE
		WONTHLY CAMPAIGN CELL PHONE EXPENSE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
L	05/17/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.42	P. O. BOX 537104
		ATLANTA, GA 30353-7104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		MONTHLY CAMPAIGN CELL PHONE EXPENSE
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨		
	Date	Payee name
	06/20/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.41	P. O. BOX 537104
		ATLANTA, GA 30353-7104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		MONTHLY CAMPAIGN CELL PHONE EXPENSE
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
L		

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
_	Total pages Schedule F1: Sch: 4/10 Rpt: 9/15	Ramirez Jr., Mario E. (The Honorable)  00020718
4	Date	5 Payee name
	05/26/2023	CASTRO, MARYANNE
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 100 N. DOLITTLE ROAD  EDINBURG, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  BBQ FUNDRAISER DONATION
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2023	CEDILLO, EDNA
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	909 S. 10TH STREET
		EDINBURG, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		ANNUAL BOY SCOUTS TROOP 319 BBQ FUNDRAISER DONATION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/26/2023	CONTRERAS, RICARDO
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	100 N. CLOSNER, 1ST FLOOR
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	<del></del>	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense  ANNUAL JUROR APPRECIATION DAY DONATION
		ANNOAL JORON AFFRECIATION DAT DONATION
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 5/10 Rpt: 10/15		(Ethics Commission Filers)
Ļ	·	, , ,	
4	Date 05/11/2023	5 Payee name CVS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	2121 W. TRENTON RD.	
		EDINBURG, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	
		PURCHASE WATER FOR	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office I	neld
	Date	Payee name	
	06/06/2023	D & M CLEANERS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.06	701 S. CLOSNER BLVD.	
		EDINBURG, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	malata Cabadul- T
	EXPENDITURE	JUDICIAL ROBE DRY CLEANING  Check if travel outside of Texas. Co	
		JUDICIAL ROBE DRY CLE	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office I	neld
	Date	Payee name	
	04/04/2023	GARZA, ADRIANA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$78.75	601 W. FREDDY GONZALEZ	
		EDINBURG, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Co	
		ANNUAL POPCORN FUNI	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office I	neld

### SCHEDULE F1

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

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense F		pense ages/0	Contract Labor	1	Travel in District Travel Out of Dis DTHER (enter a		oove)
1	Total pages Schedule F1:	2 FILER NAMI	Ε					3 F	iler ID	(Ethics Commiss	sion Filers)
L	Sch: 6/10 Rpt: 11/15	Ramirez Jr	., Mario E. (The Hor	norable)				C	00020718		
4	Date	5 Payee name					•				
	04/14/2023	GUZMAN,	ZULEMA								
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Co	de					
	\$100.00	901 E. RED	DBUD								
		MCALLEN,	TX 78504								
8	PURPOSE	(a) Category (S	see Categories listed at the to	p of this sched	ule)	(b)	Description				
	OF EXPENDITURE	Contributio	ns/Donations Made	Ву		ļ	=			plete Schedule T.	
		Candidate/	Officeholder/Politica	u Committ	iee	L	Check if Austin, BENEFIT FUI				
						!		. 1011		5. W (1101V	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Off	ice soug	ght			Office he	eld	
Ĺ	expenditure to benefit C/O					ي <del>د</del>					
	Date	Payee name									
L	02/09/2023	H.E.B. GRO	OCERY STORE								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de					
	\$86.65	1212 S. CL	OSNER BLVD.								
		EDINBURG	G, TX 78539								
	PURPOSE	(a) Category (S	see Categories listed at the to	p of this sched	ule)	(b)	Description				
	OF EXPENDITURE		rage Expense			Ţ				plete Schedule T.	
	-					Ļ	Check if Austin,			g expense OR CAMPAIG	iNi
							WORKERS	· _ v	W WOLU F	ON CAMIFAIG	· 1 · 4
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Off	ice soug	aht			Office he	eld	
	expenditure to benefit C/Oh			3.1	5000	J •			200 110		
_	Date	Payee name									
	02/27/2023		CHRISTIAN ACAD	EMY							
	Amount (\$)	Payee addre		State:	Zin Cor	de					
	\$100.00		ALAMEDAS DR.	Jiaic,	p	ac.					
	Ψ100.00	1000 17 10 7									
		EDINBURG	G, TX 78539								
	PURPOSE	(a) Category (S	see Categories listed at the to	p of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made			ļ				plete Schedule T.	
		Candidate/	Officeholder/Politica	u Committ	ee	L	Check if Austin,			g expense ER DONATION	
						•		۷, ۷	1017/100		
	Complete ONLY if direct	Candidate/Off	iceholder name	Off	ice soug	aht			Office he	eld	
	expenditure to benefit C/O			311	.50 504(	J			5.1100 TK	=:=	

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 7/10 Rpt: 12/15	2 FILER NAME Ramirez Jr., Mario E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020718
4	Date	5 Payee name
	04/28/2023	HIDALGO COUNTY BAR ASSOCIATION
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 323 W. CANO ST.  EDINBURG, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense SPONSORSHIP DONATION FOR 2023 HCBA LIFETIME ACHIEVEMENT AWARD GALA
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2023	HIDALGO COUNTY CRIME STOPPERS
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1702 S. CLOSNER BLVD.
		EDINBURG, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ANNUAL FUNDRAISER DONATION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2023	LA UNION DEL PUEBLO ENTERO
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. BIX 188
		SAN JUAN, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  DONATION FOR ANNUAL 2023 CESAR CHAVEZ  MARCH
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 13/15	Ramirez Jr., Mario E. (The Honorable) 00020718
4	Date	5 Payee name
	04/14/2023	MAKE A WISH RIO GRANDE VALLEY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1801 S. 2ND ST., SUITE 405
		MCALLEN, TX 78503
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		ANNUAL GALA FUNDRAISER DONATION
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2023	MARGARITA'S FLOWER SHOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$376.37	901 E. CANO
	ψ510.51	SOI E. CANO
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  FUNERAL SPRAYS FOR MAYOR BETO SALINAS
		AND ATTORNEY TOM KOENEKE
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2023	MARMOLEJO, JOSE
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	100 N. DOLITTLE ROAD
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		BBQ FUNDRAISER DONATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 9/10 Rpt: 14/15	Ramirez Jr., Mario E. (The Honorable) 00020718	
4	Date	5 Payee name	
	06/14/2023	OCANAS, SAMANTHA	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	2712 PELICAN ST.	
		MCALLEN, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		NIKKI ROWE HIGH SCHOOL STATE FOOTBALL TOURNAMENT FUNDRAISER DONATION	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/06/2023	PRUNEDA, JOSUE DANIEL	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	805 W. RIDGE ROAD	
	Ψ00.00	666 W. KIB GE KOND	
		CAN THAN TV 70500	
		SAN JUAN, TX 78589	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  SKILLS USA SPONSOR DONATION	
		ONIELO CONTONI ONO CINTONI	
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office hold	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date	Payee name	
	01/09/2023	REYNA FAMILY FOUNDATION	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	702 W. EXRESSWAY 83, #100	
		WESLACO, TX 78596	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee	
		CHARITABLE CONTRIBUTION FOR CONSTITUENT WITH CANCER	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Supplication to Solicit. Order			

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 10/10 Rpt: 15/15	Ramirez Jr., Mario E. (The Honorable) 00020718	
4	Date	5 Payee name	
	06/12/2023	RODRIGUEZ, JOSE LUIS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1509 MONTE CRUZ	
		MISSION, TX 78572	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense PALMVIEW ALL STARS BASEBALL TEAM	
		FUNDRAISER DONATION	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/28/2023	WILLIE B'S BARBEQUE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$155.82	114 E. LOEB STREET	
	φ133.62	114 E. LOEB STREET	
		EDINBURG, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense	
		FOOD AND BEVERAGES FOR LUNCHEON MEETING WITH KEY CAMPAIGN SUPPORTERS	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name	
	05/12/2023	WILLIE B'S BARBEQUE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$111.14	114 E. LOEB STREET	
		EDINBURG, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense  FOOD AND BEVERAGES FOR LUNCHEON	
		MEETING WITH KEY CAMPAIGN SUPPORTERS	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			