CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commi 00054318 | , | 2 Total page | s filed: 46 |
|--------------------------|------------------------------|-----------------|---|-----------------------------------|--------------------|-----------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | | E USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Abel | | | Date Received | EUSEUNET |
| | | | | | ELECTRON | ICALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/17/2023 | |
| | | Herrero | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #; CIT | Y; | ZIP CODE | Date Hand-delivere | ed or Date Postmarked |
| OFFICEHOLDER MAILING | P.O. Box 2923 | | | | Receipt # | Amount |
| ADDRESS | Corpus Christi, TX 78403 | | | | | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | 2 | |
| TREASURER NAME | Ms. | Myra K. | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Morris | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY; | | STATE; ZIP CODE |
| TREASURER ADDRESS | 802 N. Carancahua | | | | | |
| (Residence or Business) | Frost Bank Building, Suite | 1300 | | | | |
| (Residence of Busiliess) | Corpus Christi, TX 78401 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | IE NUMBER | EXTENSION | | | |
| TREASURER PHONE | (361) 884-8808 x214 | | | | | |
| 8 REPORT | | | | | | |
| 8 REPORT TYPE | January 15 | 30th day before | e election | Runoff | 15th day after | campaign treasurer |
| | | | | | | officeholder only) |
| | X July 15 | 8th day before | election | Exceeded modified reporting limit | Final Report (| Attach C/OH-FR) |
| 9 PERIOD COVERED | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2023 | Tŀ | IROUGH | 06/30/2023 | 3 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | | rimary | Runoff | Other | |
| | | | General | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | | |
| | State Representative Distr | rict 34 | | State Representa | ative District 3 | 4 |
| | | | | | | |
| | | | | | | |
| | | GO 1 | O PAGE 2 | | | |
| Forms provided by Te | xas Ethics Commission | www.et | hics.state.tx.u | S | Ve | rsion V3.5.1.a18ea2ca |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 46

| 13 C / OH NAME | Herrero, Abel (The H | onorable) | Ethics Commission Filers) | | | | | | | |
|--|--|--|---------------------------|-------------------------|--|--|--|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information | he candidate's or office | holder's knowledge or | | | | | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | |
| | GENERAL | | | | | | | | | |
| | | COMMITTEE ADDRESS | | | | | | | | |
| | SPECIFIC | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | S | | | | | | | |
| | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | \$ 0.00 | | | | | | | | | |
| | \$ 0.00 | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | |
| | \$ 49,261.99 | | | | | | | | | |
| CONTRIBUTION BALANCE | REPORTING PE | | | \$ 34,704.09 | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | |
| | | I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code. | | | | | | | | |
| | | The Hon | orable Abel Herrero | | | | | | | |
| | | Signature of | Candidate or Officehold | der | | | | | | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | | | | | | |
| Sworn to and subs | , this the | day | | | | | | | | |
| of | | | | | | | | | | |
| | | | | | | | | | | |
| Signature of offic | Signature of officer administering Printed name of officer administering Title of officer administering oath | | | | | | | | | |
| Forms provided by Te | xas Ethics Commission | www.ethics.state.tx.us | Ň | /ersion V3.5.1.a18ea2ca | | | | | | |

| SUBTOTALS - C/OH | FORM C/OH OVER SHEET PG 3 3 of 46 | |
|--|---|----------------------------|
| 18 FILER NAME Herrero, Abel (The Honorable) | 19 Filer ID 00054318 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 49,261.99 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ |
| | | |

| | | | EX | PENDITURE CATE | GORIES FO | R BC |)X 8(a) | | | |
|---|--|-------------------|--|--|--|-----------|-----------------|-------|---|--------------------------------|
| Accounting/Banking Fees Consulting Expense Food/B Contributions/ Donations Made By - Gift/Aw Candidate/Officeholder/Political Committee Legal S Credit Card Payment | | | Food/Be Gift/Awa nmittee Legal Se | everage Expense ards/Memorials Expense ervices | Office Overhead/Rental Expense Transportation Equipment Expense Polling Expense Travel in District morials Expense Printing Expense Travel Out of District | | | | quipment & Related Expense | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/43 Rpt: 4/46 | | Herrero, Abel (Th | e Honorable) | | | | | 00054318 | 、 |
| 4 | Date 06/08/2023 | 5 | Payee name 364 Sports | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; S | tate; Zip Co | ode | | | | |
| | \$375.00 | 1140 David Street | | | | | | | | |
| | | | Sinton , TX 78387 | 7 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categ Advertising Exper | | is schedule) | (b) | Check if Austin | | de of Texas. Com officeholder living | |
| | | | | | | | Radio ads | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officehold | er name | Office sou | l Ight | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 06/13/2023 | | ACT Safety Servi | ces | | | | | | |
| | Amount (\$) \$200.00 | | Payee address; 500 W. Third Stre | | itate; Zip Co | ode | | | | |
| | | | Alice, TX 78332 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categ Contributions/Dor Candidate/Office | nations Made By | | (b) | Check if Austin | , TX, | de of Texas. Com officeholder living Stituent med | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officehold | er name | Office sou | ught | | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 01/05/2023 | | AMM Political Str | ategies | | | | | | |
| | Amount (\$) \$1,324.30 | | Payee address; 507 N Sylvania A | | itate; Zip Co | ode | | | | |
| | | | Ft. Worth , TX 76 | 111 | | | | | | |
| | PURPOSE | (a) | Category (See Categ | ories listed at the top of th | is schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Office Overhead/I | Rental Expense | | | | , TX, | officeholder living | plete Schedule T. I expense |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officehold | er name | Office sou | ught | | | Office he | əld |
| | | | | | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| Sch: 2/43 Rpt: 5/46 | Herrero, Abel (The Honorable) 00054318 | | | | | | | |
| | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 01/04/2023 | Amazon.com LLC | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| \$108.24 | 1200 12th Street | | | | | | | |
| | Suite 1200 | | | | | | | |
| | Seattle, WA 98414 | | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF | Office Overhead/Rental Expense | | | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Office supplies | | | | | | | |
| | | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | |
| Date | Payee name | | | | | | | |
| 03/09/2023 | Amazon.com LLC | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$70.10 | 1200 12th Street | | | | | | | |
| ÷: •:=• | Suite 1200 | | | | | | | |
| | | | | | | | | |
| | Seattle, WA 98414 | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | Office supplies | | | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/O | | | | | | | | |
| | | | | | | | | |
| Date | Payee name | | | | | | | |
| 03/10/2023 | Amazon.com LLC | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$97.41 | 1200 12th Street | | | | | | | |
| | Suite 1200 | | | | | | | |
| | Seattle, WA 98414 | | | | | | | |
| PURPOSE | | | | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Description (c) Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| EXPENDITURE | | | | | | | | |
| | Office supplies | | | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gitt/Awards/Memorials Expense Printing Expense T | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
|---|---|-----|---|---|-----------------|------|--|---|--|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| - | Sch: 3/43 Rpt: 6/46 | - | Herrero, Abel (The Honorable) | | | ľ | 00054318 | (, | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 04/04/2023 | | Amazon.com LLC | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | | | | |
| | \$161.70 | | 1200 12th Street | | | | | | | |
| | | | Suite 1200 | | | | | | | |
| | | | Seattle, WA 98414 | | | | | | | |
| | DUDDOCE | (0) | | | (b) D | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | oute | ide of Texas. Com | nlete Schedule T | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | , officeholder living | | | |
| | | | | | Office suppli | | , | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name C | Office sou | ght | | Office he | eld | | |
| | Date | | Payee name | | | | | | | |
| | 04/19/2023 | | Amazon.com LLC | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | |
| | \$89.19 | | 1200 12th Street | | | | | | | |
| | \$00.10 | | | | | | | | | |
| | | | Suite 1200 | | | | | | | |
| | | | Seattle, WA 98414 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | ide of Texas. Com | | | |
| | - | | | | | | , officeholder living | expense | | |
| | | | | | Office suppli | 85 | | | | |
| | | | | | - | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name C | office sou | ght | | Office he | eld | | |
| | | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 05/02/2023 | | Amazon.com LLC | | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | | |
| | \$142.07 | | 1200 12th Street | | | | | | | |
| | | | Suite 1200 | | | | | | | |
| | | | | | | | | | | |
| | | | Seattle, WA 98414 | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | alata Oshadula T | | |
| | EXPENDITURE | | Gift/Awards/Memorials Expense | | | | ide of Texas. Com , officeholder living | | | |
| | | | | | Gifts for cons | | | expense | | |
| | | | | | | Juit | | | | |
| _ | Operation ON States | L | | | | | 0 | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | office sou | gnt | | Office he | eia | | |
| | | • | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | | | |
|-------------------------------------|---|----------|---|---------------|-----------------------------|--------------------|---|-----|-----------------|-------|-----------------|-------|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | nmittee | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | | = | | | | | | 2 | Filer ID | | (Ethics Commission Filers) |
| 1 | Sch: 4/43 Rpt: 7/46 | | Herrero, At | | lonorable) | | | | | ľ | 0005431 | 18 | (|
| 4 | Date | | Payee name | - | | | | | | | | | |
| - | 05/24/2023 | | B by the Ba | | S | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; Cit | y; | State; | Zip Co | de | | | | | |
| | \$134.70 | | 4307 S Por | t Ave | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Corpus Ch | risti . TX 7 | '8415 | | | | | | | | |
| 8 | PURPOSE | <u> </u> | - | | | | | (h) | Description | | | | |
| ° | OF | | | | listed at the top o | | dule) | (D) | Description | outsi | de of Texas (| Comn | lete Schedule T. |
| | EXPENDITURE | | | | ons Made B ler/Political | | ttee | | Check if Austin | | | | |
| | | | Canuluale/ | Onicentit | | Commu | liee | | Beach-to-Bay | | | | |
| | | | | | | | | | 2040 to 24, | , | ormite op o | | h |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholder r | amo | Of | ffice sou | thr | | | Office | a ho | Id |
| 9 | expenditure to benefit C/OF | | canuluale/On | icenoider i | laine | 0 | nice sou | JII | | | Onice | e ne | iu |
| | Date | | Payee name | • | | | | | | | | | |
| | 06/15/2023 | | B.C.P. Bea | umont Ra | inbow Roor | m | | | | | | | |
| | Amount (\$) | | Payee addre | ess; Cit | y; | State; | Zip Co | de | | | | | |
| | \$150.00 | | P.O. Box 5 | 974 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | Beaumont | , TX 7772 | 6 | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories | listed at the top o | of this scher | dule) | (b) | Description | | | | |
| | OF | | | | ons Made B | | uuio) | | | outsi | de of Texas. C | Comp | lete Schedule T. |
| | EXPENDITURE | | | | ler/Political | | ttee | | Check if Austin | , TX, | officeholder li | iving | expense |
| | | | | | | | | | Donation | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | <u> </u> | Candidate/Off | iceholder r | ame | Of | ffice sou | ght | | | Office | e he | ld |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| | Date | | Payee name | • | | | | | | | | | |
| | 06/09/2023 | | Banquete I | | | | | | | | | | |
| | Amount (\$) | | Payee addre | | W. | State [.] | Zip Co | de | | | | | |
| | | | 5519 TX-44 | | -у, | State, | Zip Cu | ue | | | | | |
| | \$150.00 | | 5519 17-44 | + | | | | | | | | | |
| | | | _ | | | | | | | | | | |
| | | | Banquete, | TX 78339 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories | listed at the top o | of this sched | dule) | (b) | Description | _ | | | |
| | OF EXPENDITURE | | | | ons Made B | | | | | | | | lete Schedule T. |
| | LAFENDITORE | | Candidate/ | Officehold | ler/Political | Commit | ttee | | Check if Austin | | | iving | expense |
| | | | | | | | | | Event sponso | orsł | nip | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Off | iceholder r | name | Of | ffice sou | ght | | | Office | e he | ld |
| | expenditure to benefit C/OI | Н | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|-----------------------|-----------------|--|------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense Printing Expense | | | Transportation Equipment & R Travel in District Travel Out of District | | | | |
| 1 | Total pages Schedule F1: | LER NAME | | | 3 Filer ID (Ethics Co | mmission Filers) | | | |
| | Sch: 5/43 Rpt: 8/46 | errero, Abel (The Honorabl | e) | | 00054318 | | | | |
| 4 | Date | ayee name | | | | | | | |
| | 03/29/2023 | shop Youth Baseball | | | | | | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Cod | 9 | | | | | |
| | \$400.00 | O. Box 4 | | | | | | | |
| | | | | | | | | | |
| | | shop , TX 78343 | | | | | | | |
| _ | DUDDOOD | - | i. | N | | | | | |
| 8 | PURPOSE OF | ategory (See Categories listed at the | . , | b) Description | autoida of Tayloa, Complete Cebedul | • T | | | |
| | EXPENDITURE | ontributions/Donations Mac andidate/Officeholder/Politi | | | outside of Texas. Complete Schedul | e 1. | | | |
| | | | carcommittee | Team sponso | | | | | |
| | | | | | b | | | | |
| 9 | Complete ONLY if direct | ndidate/Officeholder name | Office soug | at | Office held | | | | |
| 9 | expenditure to benefit C/OF | | Office soug | n | Onice neid | | | | |
| | Date | ayee name | | | | | | | |
| | 04/21/2023 | shop-Driscoll Little League | | | | | | | |
| _ | Amount (\$) | ayee address; City; | State; Zip Cod | 9 | | | | | |
| | \$100.00 | O. Box 4 | ,p | - | | | | | |
| | \$100.00 | | | | | | | | |
| | | shop , TX 78343 | | | | | | | |
| | PURPOSE | ategory (See Categories listed at the | top of this schedule) | b) Description | | | | | |
| | OF EXPENDITURE | ontributions/Donations Mac | | | outside of Texas. Complete Schedul | е Т. | | | |
| | | andidate/Officeholder/Politi | cal Committee | | , TX, officeholder living expense | | | | |
| | | | | Team sponse | orsnip | | | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office soug | nt | Office held | | | | |
| | | | | | | | | | |
| | Date | ayee name | | | | | | | |
| | 02/15/2023 | alallen Education Foundatio | on | | | | | | |
| | Amount (\$) | ayee address; City; | State; Zip Cod | 9 | | | | | |
| | \$200.00 | 602 Cornett Drive | | | | | | | |
| | | | | | | | | | |
| | | orpus Christi, TX 78410 | | | | | | | |
| | PURPOSE | ategory (See Categories listed at the | top of this schedule) | b) Description | | | | | |
| | OF EXPENDITURE | ontributions/Donations Mac | | Check if travel | outside of Texas. Complete Schedul | е Т. | | | |
| | EXPENDITORE | andidate/Officeholder/Politi | cal Committee | | , TX, officeholder living expense | | | | |
| | | | | Event sponse | orship | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | ndidate/Officeholder name | Office soug | nt | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|----------|---|-----------------|-----|---|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 6/43 Rpt: 9/46 | | Herrero, Abel (The Honorable) | | | | | 00054318 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 04/26/2023 | | Calk Wilson Elementary School | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | e; Zip Co | de | | | | |
| | \$300.00 | | 3925 Fort Worth | | | | | | |
| | | | | | | | | | |
| | | | Corpus Christi , TX 78411 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sc | hodulo) | (b) | Description | | | |
| - | OF | | Contributions/Donations Made By | neuule) | () | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | Candidate/Officeholder/Political Comr | nittee | | Check if Austin | , TX, | officeholder living | expense |
| | | | | | | Event sponse | orsł | nip | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ght | | | Office he | ld |
| | expenditure to benefit C/OI | Н | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 01/23/2023 | | Caller-Times | | | | | | |
| | Amount (\$) | ⊢ | Payee address; City; State | e; Zip Co | de | | | | |
| | \$12.78 | | 820 N. Lower Broadway | · • | | | | | |
| | | | | | | | | | |
| | | | Corpus Christi, TX 78401 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sc | hedule) | (b) | Description | | | |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Com officeholder living | |
| | | | | | | Newspaper s | | | expense |
| | | | | | | Newspaper 5 | ub. | Scription | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | aht | | | Office he | ld |
| | expenditure to benefit C/OI | | | 0 | 9 | | | 0.1100.110 | |
| | Date | | Payee name | | | | | | |
| | 02/22/2023 | | Caller-Times | | | | | | |
| | Amount (\$) | \vdash | Payee address; City; State | e; Zip Co | de | | | | |
| | \$12.78 | | 820 N. Lower Broadway | , <u>—</u> р сс | | | | | |
| | +== | | | | | | | | |
| | | | Corpus Christi, TX 78401 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sc | hedule) | (b) | Description | _ | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Com | |
| | | | | | | Newspaper s | | officeholder living | expense |
| | | | | | | i ve vi spapel s | aus | Seription | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | aht | | | Office he | ald |
| | expenditure to benefit C/OF | | | Since Sou | ynt | | | Unite fie | iu - |
| - | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E Legal Services Salaries/ | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | LER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 7/43 Rpt: 10/46 | errero, Abel (The Honorable) | | 00054318 | | | | | |
| 4 | Date 03/22/2023 | ayee name aller-Times | | | | | | | |
| 6 | Amount (\$) \$12.78 | ayee address; City; State; Zip C 20 N. Lower Broadway orpus Christi, TX 78401 | ode | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | OF Office Overhead/Rental Expense | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | ndidate/Officeholder name Office so | ught | Office held | | | | | |
| | Date | ayee name | | | | | | | |
| | 04/24/2023 | aller-Times | | | | | | | |
| | Amount (\$) \$12.78 | ayee address; City; State; Zip C 20 N. Lower Broadway orpus Christi, TX 78401 | ode | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of this schedule) ffice Overhead/Rental Expense | | outside of Texas. Complete Schedule T. .TX, officeholder living expense ubscription | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name Office so | ught | Office held | | | | | |
| | Date | ayee name | | | | | | | |
| | 05/22/2023 | aller-Times | | | | | | | |
| | Amount (\$) \$12.78 | ayee address; City; State; Zip C 20 N. Lower Broadway | ode | | | | | | |
| | | orpus Christi, TX 78401 | | | | | | | |
| | PURPOSE OF EXPENDITURE | ategory (See Categories listed at the top of this schedule) ffice Overhead/Rental Expense | | outside of Texas. Complete Schedule T. TX, officeholder living expense ubscription | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name Office so | ught | Office held | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 8/43 Rpt: 11/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | | |
| 4 | Date 06/22/2023 | Payee name Caller-Times | | | | | | | |
| 6 | Amount (\$) \$12.78 | Payee address; City; State; Zip Code 820 N. Lower Broadway Corpus Christi, TX 78401 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | OF Office Overhead/Rental Expense | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/10/2023 | Camacho, Jose (Mr.) | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$2,000.00 346 S. Clarkwood Rd. | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 06/26/2023 | Canva | | | | | | | |
| | Amount (\$) \$12.99 | Payee address;City;State;Zip Code2/2 Lacey St.Surrey Hills, NSW 2010Sydney Australia | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense aphic design service | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|-----|--|------------|-----------------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 9/43 Rpt: 12/46 | | Herrero, Abel (The Honorable) | | | | 00054318 | |
| 4 | Date 05/26/2023 | 5 | Payee name Canva | | | | | |
| | Amount (\$) \$12.99 | 7 | Payee address; City; State; 2/2 Lacey St. Surrey Hills, NSW 2010 Sydney Australia | Zip Co | le | | | |
| 8 | B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign graphic design service | | | | | officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | Office sou | ht | | Office held | |
| | Date | | Payee name | | | | | |
| | 04/26/2023 | | Canva | | | | | |
| | Amount (\$) \$12.99 | | Payee address; City; State; 2/2 Lacey St. Surrey Hills, NSW 2010 Sydney Australia | Zip Co | le | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | Check if Austin | , TX, | de of Texas. Complete Schedule T. officeholder living expense hic design service | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O | office sou | ht | | Office held | |
| | Date | | Payee name | | | | | |
| | 03/27/2023 | | Canva | | | | | |
| | Amount (\$) \$12.99 | | Payee address; City; State; 2/2 Lacey St. Surrey Hills, NSW 2010 Sydney Australia | Zip Co | le | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | Check if Austin | I, TX | de of Texas. Complete Schedule T. officeholder living expense hic design service | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name O |)ffice sou | ht | | Office held | |
| | | | | | | | | |

| | | | EXPENDITURE CATEGOR | RIES FOR | BOX 8(a) | | | | |
|---|---|-----------------------|---|--|--|------|---|-----------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 10/43 Rpt: 13/46 | | Herrero, Abel (The Honorable) | | | | 00054318 | | |
| 4 | Date | 5 | Payee name | | | I | | - | |
| | 02/27/2023 | | Canva | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | le | | | — | |
| - | () | \$12.99 2/2 Lacey St. | | | | | | | |
| | | | Surrey Hills, NSW 2010 | | | | | | |
| | Sydney Australia | | | | | | | | |
| 8 | PURPOSE | | | | | | | | |
| ð | OF | (a) | Category (See Categories listed at the top of this sche Office Overhead/Rental Expense | edule) | (b) Description Check if travel | outs | side of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Office Overfiead/Refital Expense | | | | K, officeholder living expense | | |
| | | | | | Campaign gr | apl | hic design service | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name O | office sou | Jht | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 01/26/2023 | | Canva | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | _ | |
| | \$12.99 | | 2/2 Lacey St. | | | | | | |
| | | | Surrey Hills, NSW 2010 | | | | | | |
| | | | Sydney Australia | | | | | | |
| _ | PURPOSE | (a) | Category (See Categories listed at the top of this sche | odulo) | (b) Description | | | \dashv | |
| | | | Office Overhead/Rental Expense | cuuic) | | outs | side of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | | Campaign gr | apl | hic design service | | |
| | | | | | | | | \square | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name O | office sou | jht | | Office held | | |
| | | _ | | | | | | _ | |
| | Date | | Payee name | | | | | | |
| | 05/10/2023 | | Capitol Gift Shop | | | | | | |
| | Amount (\$) | | | Zip Co | de | | | | |
| | \$14.61 | | 1400 Congress Ave. | | | | | | |
| | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Gift/Awards/Memorials Expense | | | | side of Texas. Complete Schedule T. K, officeholder living expense | | |
| | | | | | Gifts for cons | | | | |
| | | | | | | | | | |
| - | Complete ONLY if direct | L(| Candidate/Officeholder name O | office sou | t | | Office held | — | |
| | expenditure to benefit C/Oł | | | | y | | | | |
| | | | | | | | | \dashv | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|---|--------------------------------------|---------------------|-------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ee Legal Services The Instruction Guide exp | Office Ov Polling E> Printing E Salaries/V | erhead kpense xpense Nages/ | e Contract Labor | | Travel in District Travel Out of Dist | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FIL | ER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 11/43 Rpt: 14/46 | | rrero, Abel (The Honorable) | | | | | 00054318 | · · · · · |
| 4 | Date 04/13/2023 | | yee name .rroll High School | | | | | | |
| 6 | Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 200.00 5909 Grassmere Dr. Corpus Christi , TX 78415 | | | | | | | |
| 8 | 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 Team sponsorship | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | Office sou | ight | | | Office he | ld |
| | Date | Pa | yee name | | | | | | |
| | 03/29/2023 | Cla | ayton Spangler Photographic D | esign | | | | | |
| | Amount (\$) \$511.00 | | yee address; City; 5 Point Lick Drive | State; Zip Co | ode | | | | |
| | | Ch | arleston , WV 25306 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tegory (See Categories listed at the top of fice Overhead/Rental Expense | this schedule) | | | , TX, | le of Texas. Comp officeholder living panoramic p | expense |
| | Complete ONLY if direct expenditure to benefit C/OF | | didate/Officeholder name | Office sou | ıght | | | Office he | ld |
| | Date | Pa | yee name | | | | | | |
| | 03/06/2023 | | astal Bend Women Lawyers A | ssociation | | | | | |
| | Amount (\$) \$190.00 | | yee address; City; D Box 2176 | State; Zip Co | ode | | | | |
| | | Со | rpus Christi , TX 78403 | | | | | | |
| | PURPOSE OF EXPENDITURE | Co | tegory (See Categories listed at the top of ntributions/Donations Made By ndidate/Officeholder/Political C | / | | | , TX, | le of Texas. Comp officeholder living İp | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | Office sou | ught | | | Office he | ld |
| | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-------------------------------------|---|--|-------------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h | Office Ove Polling Exp Printing Ex Salaries/W | pense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 12/43 Rpt: 15/46 | | Herrero, Abel (The Honorable) | | | | 00054318 | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 06/16/2023 | | Corpus Christi Black Chamber | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Co | de | | | | |
| | \$200.00 | | P.O. Box 60574 | | | | | | |
| | | | | | | | | | |
| | Corpus Christi, TX 78466 | | | | | | | | |
| 8 | PURPOSE | <u> </u> | Category (See Categories listed at the top of this sche | | (b) Description | | | | |
| - | OF | | Contributions/Donations Made By | edule) | | outsi | de of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Candidate/Officeholder/Political Commi | ittee | Check if Austin | , тх, | officeholder living expense | | |
| | | | | | Event sponso | orsł | nip | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 04/18/2023 | | Corpus Christi Retired Teachers Assoc | iation | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | |
| | \$100.00 | | 518 Peerman Place | | | | | | |
| | | | | | | | | | |
| | | | Corpus Christi, TX 78411 | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | EXPENDITURE | | Advertising Expense | | | | de of Texas. Complete Schedule T. officeholder living expense | | |
| | | | | | Directory ad | , 17, | Unicerioider inving expense | | |
| | | | | | Directory du | | | | |
| _ | Complete <u>ONLY</u> if direct | | andidate/Officeholder name O |)ffice sou | nht | | Office held | | |
| | expenditure to benefit C/OF | | | | 9.10 | | | | |
| - | Date | <u> </u> | Payee name | | | | | | |
| | 04/26/2023 | | Cotton Community Partnership | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Co | de | | | | |
| | \$500.00 | | 101 E. Main Ave | p 00 | | | | | |
| | + | | | | | | | | |
| | | | Robstown, TX 78380 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sche | edule) | (b) Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | | | de of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Commi | ittee | | | officeholder living expense | | |
| | | | | | Event sponso | JISI | пh | | |
| | 0 | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name O | office sou | gnt | | Office held | | |
| | · | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|----------|--|---|-----------------------------|-------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Office Over Polling Exp Printing Exp Salaries/Wa | ense Iges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 13/43 Rpt: 16/46 | | Herrero, Abel (The Honorable) | | | | 00054318 | | |
| 4 | Date | 5 | Payee name | | | 1 | | | |
| | 04/27/2023 | | Education is Our Freedom GED Scholar | rship sp | onsorship | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | Zip Coo | e | | | | |
| | \$1,000.00 | | P.O. Box 10307 | | | | | | |
| | | | | | | | | | |
| | | | Corpus Christi, TX 78460 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sched | dule) | b) Description | | | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | | Check if travel | | de of Texas. Complete Schedule T. | | |
| | | | Candidate/Officeholder/Political Commit | tee | | | officeholder living expense | | |
| | | | | | Event sponse | orsi | קור | | |
| 9 | Complete ONIL V if direct | | Condidate/Officebolder.neme | fice souc | ht. | | Office hold | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Off | lice soug | m | | Office held | | |
| ╞ | Data | | | | | | | | |
| | Date 03/01/2023 | | Payee name | | | | | | |
| | | | | | | | | | |
| | Amount (\$) | | | Zip Coo | е | | | | |
| | \$2,385.00 27 Hull Circle Drive | | | | | | | | |
| | | | Westlake Hills, TX 78746 | | | | | | |
| _ | DUDDOCE | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sched Office Overhead/Rental Expense | dule) | b) Description | outsi | de of Texas. Complete Schedule T. | | |
| | EXPENDITURE | | Once Overnead/Rental Expense | | | | officeholder living expense | | |
| | | | | | Rent for sess | sion | Austin apartment | | |
| | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name Off | fice soug | ht | | Office held | | |
| | expenditure to benefit C/OI | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 04/01/2023 | | Failia , Jennifer | | | | | | |
| | Amount (\$) | | Payee address; City; State; | Zip Coo | е | | | | |
| | \$2,385.00 | | 27 Hull Circle Drive | | | | | | |
| | | | | | | | | | |
| | | | Westlake Hills, TX 78746 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sched | dule) | b) Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | de of Texas. Complete Schedule T. | | |
| | | | | | | | officeholder living expense Austin apartment | | |
| | | | | | | .01 | | | |
| - | Complete ONLY if direct | <u>ر</u> | Candidate/Officeholder name Off | fice soug | ht | | Office held | | |
| | expenditure to benefit C/Oł | | | | | | | | |
| ⊢ | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--------------------------------------|--|--------------------------------|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - | e Office Ove Polling Ex Expense Printing E | kpense /ages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | ILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 14/43 Rpt: 17/46 | lerrero, Abel (The Honorab | le) | | 00054318 | | | | |
| 4 | Date | ayee name | | | | | | | |
| | 02/01/2023 | Failia , Jennifer | | | | | | | |
| 6 | Amount (\$) | ayee address; City; | State; Zip Co | de | | | | | |
| | \$2,385.00 | 7 Hull Circle Drive | | | | | | | |
| | | Westlake Hills, TX 78746 | | | | | | | |
| 8 | PURPOSE OF | ategory (See Categories listed at th | | (b) Description | | | | | |
| | EXPENDITURE | Office Overhead/Rental Exp | ense | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | |
| | | | | | sion Austin apartment | | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | ndidate/Officeholder name | Office sou | ght | Office held | | | | |
| | Date | ayee name | | | | | | | |
| | 05/01/2023 | ailia , Jennifer | | | | | | | |
| | Amount (\$) | ayee address; City; | State; Zip Co | de | | | | | |
| | \$2,385.00 | 7 Hull Circle Drive | | | | | | | |
| | PUPPopp | Vestlake Hills, TX 78746 | | /h) _ | | | | | |
| | PURPOSE OF | ategory (See Categories listed at th | | (b) Description | outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | Office Overhead/Rental Exp | Dense | | , TX, officeholder living expense | | | | |
| | | | | | sion Austin apartment | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | ndidate/Officeholder name | Office sou | ght | Office held | | | | |
| | Date | ayee name | | | | | | | |
| | 06/01/2023 | ailia , Jennifer | | | | | | | |
| | Amount (\$) | ayee address; City; | State; Zip Co | de | | | | | |
| | \$2,385.00 | 7 Hull Circle Drive | | | | | | | |
| | | Vestlake Hills, TX 78746 | | | | | | | |
| | PURPOSE OF | ategory (See Categories listed at th | | (b) Description | | | | | |
| | EXPENDITURE | Office Overhead/Rental Exp | bense | | outside of Texas. Complete Schedule T. | | | | |
| | | | | | , TX, officeholder living expense sion Austin apartment | | | | |
| | | | | Nention 3633 | | | | | |
| - | Complete ONLY if direct | ndidate/Officeholder name | Office sou | abt | Office held | | | | |
| | expenditure to benefit C/OI | | Once sou | gin | | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|--|--|--|-------------------------|--|----------------------------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Gift/Award Legal Serv | rage Expense s/Memorials Expense | Office Overhea Polling Expens Printing Expens Salaries/Wage | ise s/Contract Labor | Transportation Travel in Distric Travel Out of D | | | | |
| 1 | Total pages Schedule F1: | ILER NAME | | | | 3 Filer ID | (Ethics Commission Filers) | | | |
| | Sch: 15/43 Rpt: 18/46 | Herrero, Abel (The | Honorable) | | | 00054318 | | | | |
| 4 | Date | Payee name | | | | I | | | | |
| | 05/12/2023 | Fleet Feet Sports | | | | | | | | |
| 6 | Amount (\$) | Payee address; C | City; State | ; Zip Code | | | | | | |
| | \$162.38 512 Everhart Rd. | | | | | | | | | |
| | | | | | | | | | | |
| | | Corpus Christi , TX | 78411 | | | | | | | |
| 8 | PURPOSE | | es listed at the top of this sch | hodulo) (b) | Description | | | | | |
| | OF | Contributions/Dona | | | | outside of Texas. Cor | nplete Schedule T. | | | |
| | EXPENDITURE | | Ider/Political Comn | nittee | | n, TX, officeholder livin | | | | |
| | | | | | Beach-to-Bay | y t-shirt sponso | orship | | | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder | name | Office sought | | Office h | eld | | | |
| | Date | Payee name | | | | | | | | |
| | 01/30/2023 | Gloria Hicks Eleme | ntary | | | | | | | |
| | Amount (\$) | Payee address; C | City; State | ; Zip Code | | | | | | |
| | \$150.00 3602 McArdle Road | | | | | | | | | |
| | | Corpus Christi , TX | 78415 | | | | | | | |
| | PURPOSE OF EXPENDITURE | Contributions/Dona | es listed at the top of this sch tions Made By Ider/Political Comn | | | outside of Texas. Cor n, TX, officeholder livin orship | | | | |
| | | | | | · | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder | name o | Office sought | | Office h | eld | | | |
| | Date | Payee name | | | | | | | | |
| | 01/10/2023 | Gonzalez, Cindie (I | Ms.) | | | | | | | |
| | Amount (\$) | Payee address; 0 | City; State | ; Zip Code | | | | | | |
| | \$1,000.00 | 3706 Castle Forest | <i>.</i> | , _p | | | | | | |
| | | Corpus Christi , TX | 78410 | i | | | | | | |
| | PURPOSE OF EXPENDITURE | Category _{(See Categori} Salaries/Wages/Co | es listed at the top of this sch ntract Labor | hedule) (b) | | outside of Texas. Cor n, TX, officeholder livin | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | andidate/Officeholder | name (| Office sought | | Office h | eld | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 16/43 Rpt: 19/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | | |
| 4 | Date 05/02/2023 | Payee name H-E-B | | | | | | | |
| 6 | Amount (\$) \$144.43 | | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 06/25/2023 | HEB | | | | | | | |
| | Amount (\$) \$45.10 | Payee address; City; State; Zip Code 11100 Leopard St. Corpus Christi , TX 78410 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date 06/02/2023 | Payee name HEB | | | | | | | |
| | Amount (\$) \$50.00 | Payee address;City;State;Zip Code11100 Leopard St. | | | | | | | |
| | | Corpus Christi , TX 78410 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense mmittee Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 17/43 Rpt: 20/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | | |
| 4 | Date 05/28/2023 | Payee name HEB | | | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$50.00 11100 Leopard St. Corpus Christi , TX 78410 Corpus Christi , TX 78410 | | | | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Gas for staff | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/12/2023 | HEB | | | | | | | |
| | Amount (\$) \$40.04 | Payee address; City; State; Zip Code 11100 Leopard St. Corpus Christi , TX 78410 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| ⊨ | Date | Payee name | | | | | | | |
| | 02/07/2023 | HEB | | | | | | | |
| | Amount (\$) \$50.00 | Payee address; City; State; Zip Code 11100 Leopard St. | | | | | | | |
| | | Corpus Christi , TX 78410 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|--|--------------------------------|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing E Salaries/W | kpense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | | |
| - | Sch: 18/43 Rpt: 21/46 | | Herrero, Abel (The Honorable) | | | | 00054318 | | |
| 4 | Date 02/03/2023 | 5 | Payee name HEB | | | | | | |
| 6 | Amount (\$) \$50.00 | 7 | Payee address; City; State; Zip Code 11100 Leopard St. Corpus Christi , TX 78410 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for staff | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 01/26/2023 | | HEB | | | | | | |
| | Amount (\$) \$50.00 | | Payee address; City; State 11100 Leopard St. Corpus Christi , TX 78410 | e; Zip Co | de | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this so Transportation Equipment & Related Expense | chedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held | | |
| | Date | | Payee name | | | | | | |
| | 06/25/2023 | | HEB | | | | | | |
| | Amount (\$) \$45.10 | | Payee address; City; State 11100 Leopard St. | e; Zip Co | de | | | | |
| | | | Corpus Christi , TX 78410 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this so Transportation Equipment & Related Expense | shedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 19/43 Rpt: 22/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | | |
| 4 | Date 05/28/2023 | Payee name HEB | | | | | | | |
| 6 | Amount (\$) \$50.00 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for staff | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/03/2023 | Hill County Springs | | | | | | | |
| | Amount (\$) \$8.66 | Payee address; City; State; Zip Code 10019 S. Interstate 35 Austin, TX 78747 | | | | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if travel of the complexity of the co | outside of Texas. Complete Schedule T. TX, officeholder living expense Ditol office | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date 02/03/2023 | Payee name Hill County Springs | | | | | | | |
| | Amount (\$) \$31.15 | Payee address; City; State; Zip Code 10019 S. Interstate 35 | | | | | | | |
| | | Austin, TX 78747 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense Ditol office | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITURE | CATEGOR | RIES FOR | BOX 8(a) | | | |
|--------------------------------|---|---|--|---------|---|------------------------------|--------|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui | xpense | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Distri | upment & Related Expense |
| 1 | Total pages Schedule F1: | 2 F | ILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 20/43 Rpt: 23/46 | F | errero, Abel (The Honorabl | e) | | | | 00054318 | |
| 4 | Date | 5 P | avee name | | | | | | |
| | 03/02/2023 | | ill County Springs | | | | | | |
| 6 | Amount (\$) | 7 P | ayee address; City; | State; | ; Zip Coo | le | | | |
| | \$39.90 | | | | | | | | |
| | | | ustin, TX 78747 | | | | | | |
| 8 | B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Water for Capitol office | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | C | Office soug | ht | | Office held | d |
| | Date | P | ayee name | | | | | | |
| 04/04/2023 Hill County Springs | | | | | | | | | |
| | Amount (\$) | P | ayee address; City; | State; | ; Zip Coo | le | | | |
| | \$140.95 | \$140.95 10019 S. Interstate 35 Austin, TX 78747 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories listed at the ffice Overhead/Rental Expe | | nedule) | | n, TX, | ide of Texas. Comple , officeholder living e DI OffiCE | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | C | Office soug | ht | | Office held | b |
| | Date | P | ayee name | | | | | | |
| | 05/02/2023 | | ill County Springs | | | | | | |
| | Amount (\$) \$47.55 | | ayee address; City; 0019 S. Interstate 35 | State; | ; Zip Coo | le | | | |
| | | A | ustin, TX 78747 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories listed at the ffice Overhead/Rental Expe | | iedule) | | n, TX | ide of Texas. Comple , officeholder living e DI OffiCE | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ndidate/Officeholder name | С | Office soug | ht | | Office held | d |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|---|--|---|---|-------------------------------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Rep Office Ove Polling Ex Printing E Salaries/V | aymei erhead pense xpens Xpens Vages | nt/Reimbursement d/Rental Expense e e /Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 21/43 Rpt: 24/46 | | Herrero, Abel (The Honorable) | | | | | 00054318 | |
| 4 | Date 06/02/2023 | 5 | Payee name Hill County Springs | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Sta | te; Zip Co | ode | | | | |
| | \$56.30 | | 10019 S. Interstate 35 Austin, TX 78747 | | | | | | |
| • | DUDDOSE | | | | (h) | Description | | | |
| 8 | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Water for Capitol office Water for Capitol office | | | | | | , officeholder living expense | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ıght | | | Office held | |
| | Date | | Payee name | | | | | | |
| | 05/17/2023 | | Home Wet Bar | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip Co | ode | | | | |
| | \$730.22 | | 425 E Hill Street Oklahoma City, OK 73105 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this Gift/Awards/Memorials Expense | schedule) | (b) | | , TX, | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ight | | | Office held | |
| | Date | | Payee name | | | | | | |
| | 06/15/2023 | | Instituto De Cultura Hispanica de Co | rpus Chris | sti | | | | |
| | Amount (\$) \$200.00 | | Payee address; City; Sta 1617 N. Chaparal | te; Zip Co | ode | | | | |
| | | | Corpus Christi, TX 78401 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this Contributions/Donations Made By Candidate/Officeholder/Political Con | | (b) | | , тх, | ide of Texas. Complete Schedule T. , officeholder living expense hip | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ight | | | Office held | |
| | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 22/43 Rpt: 25/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | | |
| 4 | Date 01/04/2023 | Payee name Integrity Storage | | | | | | | |
| 6 | Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 14229 Northwest Blvd Corpus Christi, TX 78410 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign storage unit | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/03/2023 | Integrity Storage | | | | | | | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 14229 Northwest Blvd | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense Prage unit | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 03/03/2023 | Integrity Storage | | | | | | | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 14229 Northwest Blvd | | | | | | | |
| | | Corpus Christi, TX 78410 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | uutside of Texas. Complete Schedule T. TX, officeholder living expense prage unit | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 23/43 Rpt: 26/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 04/03/2023 | Integrity Storage | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$100.00 | 14229 Northwest Blvd | | | | | | | |
| | | | | | | | | | |
| | | Corpus Christi, TX 78410 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF | | utside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | | TX, officeholder living expense | | | | | | |
| | | Campaign sto | rage unit | | | | | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/02/2023 | Integrity Storage | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$100.00 14229 Northwest Blvd | | | | | | | | |
| | | | | | | | | | |
| | | Corpus Christi, TX 78410 | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | | Campaign sto | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | expenditure to benefit C/OI | 5 | | | | | | | |
| - | Date | Payee name | | | | | | | |
| | 06/02/2023 | Integrity Storage | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$100.00 | 14229 Northwest Blvd | | | | | | | |
| | φ100.00 | | | | | | | | |
| | | Corpus Christi, TX 78410 | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF | | utside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | Check if Austin, | TX, officeholder living expense | | | | | | |
| | | Campaign sto | rage unit | | | | | | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|--|-------------------|------|---|--------|-------------------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 24/43 Rpt: 27/46 | | Herrero, Abel (The Honorable) | | | | | 00054318 |
| 4 | Date | 5 | Payee name | | | | | |
| | 01/06/2023 | | Jenkins, Mo (Ms.) | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Zip | Cod | e | | |
| | \$200.00 | | 2006 Airline Road | | | | | |
| | | | #312 | | | | | |
| | | | Corpus Christi , TX 78412 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this sehedule) | 1 | b) Description | | |
| - | OF | | Salaries/Wages/Contract Labo | | ľ | | outsi | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | | | n, TX, | , officeholder living expense |
| | | | | | | Staff salary | | |
| _ | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Office | soug | ht | | Office held |
| | Date | | Payee name | | | | | |
| | 06/15/2023 | | Joe Benavides Campaign | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Cod | e | | |
| | \$300.00 410 Atlantic St. | | | | | | | |
| | | | Corpus Christi, TX 78404 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top | | (| b) Description | outoi | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | Contributions/Donations Made Candidate/Officeholder/Politica | | | | | , officeholder living expense |
| | | | | | | Event spons | orsł | hip |
| | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office | soug | ht | | Office held |
| _ | Date | | Payee name | | | | | |
| | 01/18/2023 | | Legislative Study Group | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Cod | e | | |
| | \$1,000.00 | | PO Box 12943 Capitol Station | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78711 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top | | (| b) Description | outoi | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | Contributions/Donations Made Candidate/Officeholder/Politica | | | | | , officeholder living expense |
| | | | | | | LSG dues | | |
| | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office | soug | ht | | Office held |
| | expenditure to benefit C/OI | Н | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---------------|--|---|------------------|---|----------------------------|------------------------------|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - al Cor | Event Expense Fees Food/Beverage Gift/Awards/Me hmittee Legal Services | Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | Travel in District Travel Out of Dis | quipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 25/43 Rpt: 28/46 | | Herrero, Abel (The Ho | norable) | | | | 00054318 | |
| 4 | Date | 5 | Payee name | | | | 1 | | |
| | 03/10/2023 | | Lulac Council #1 | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Cod | e | | | |
| | \$700.00 | | P.O. Box 10807 | | | | | | |
| | | | | | | | | | |
| | | | Corpus Christi, TX 784 | 160 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories lis | tod at the top of this ash | odulo) (| b) Description | | | |
| | OF | ľ | Contributions/Donation | | (equie) | | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | Candidate/Officeholde | | nittee | | | , officeholder living | expense |
| | | | | | | Event table s | por | nsorship | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder na | me C | Office soug | nt | | Office he | eld |
| _ | Date | | | | | | | | |
| | 04/10/2023 | | Payee name Lulac Council #1 | | | | | | |
| | | | | Otata | 71.0.0.1 | _ | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Cod | e | | | |
| | \$500.00 | | P.O. Box 10807 | | | | | | |
| | | | Corpus Christi, TX 784 | 460 | | | | | |
| | PURPOSE | (a) | Category (See Categories lis | ted at the top of this sch | nedule) (| b) Description | | | |
| | OF EXPENDITURE | | Contributions/Donation | | | | | ide of Texas. Comp | |
| | | | Candidate/Officeholde | r/Political Comm | nittee | Event sponse | | , officeholder living hin | expense |
| | | | | | | | 0101 | ΠP | |
| _ | Complete ONLY if direct | | andidate/Officeholder na | me C | Office sougl | nt | | Office he | eld |
| | expenditure to benefit C/OI | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 06/15/2023 | | MailChimp | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Cod | e | | | |
| | \$58.63 | | 512 Means St. | | | | | | |
| | | | Suite 404 | | | | | | |
| | | | Atlanta, GA 30318 | | | | | | |
| | PURPOSE | (a) | - | 4 | (| b) Description | | | |
| | OF | (" | Category (See Categories liss Office Overhead/Renta | | ieauie) | | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | Check if Austin | n, TX, | , officeholder living | expense |
| | | | | | | Campaign er | nai | l service | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder na | me C | Office soug | nt | | Office he | eld |
| ⊢ | | | | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITURE | E CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|------------|--|-----------|--|------------------------------|--------|--|---------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E e Legal Services The Instruction Gui | Expense | Office Ove Polling Exp Printing Ex Salaries/W | oense ages/Contract Labor | | Travel in District Travel Out of Distric | ipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FIL | ER NAME | | | | 3 | Filer ID (| Ethics Commission Filers) |
| | Sch: 26/43 Rpt: 29/46 | | rrero, Abel (The Honorab | le) | | | | 00054318 | , , |
| 4 | Date 05/15/2023 | - | ree name ilChimp | | | | | | |
| 6 | Amount (\$) \$58.63 | 512 Sui | ee address; City; 2 Means St. te 404 anta, GA 30318 | State; | ; Zip Co | le | | | |
| 8 | PURPOSE OF EXPENDITURE | | egory (See Categories listed at th ice Overhead/Rental Exp | | iedule) | | n, TX, | ide of Texas. Comple , officeholder living ex I Service | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | lidate/Officeholder name | C | Office sou | ht | | Office held | I |
| | Date | Pay | ree name | | | | | | |
| | 04/17/2023 | Ma | ilChimp | | | | | | |
| | Amount (\$) \$58.63 | 512 Sui | ree address; City; 2 Means St. te 404 anta, GA 30318 | State; | ; Zip Co | le | | | |
| | PURPOSE OF EXPENDITURE | | egory (See Categories listed at th ice Overhead/Rental Exp | | edule) | | n, TX, | ide of Texas. Comple , officeholder living ex I Service | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | lidate/Officeholder name | C | Office sou | ht | | Office held | l |
| | Date | Pay | ree name | | | | | | |
| | 03/15/2023 | Ma | ilChimp | | | | | | |
| | Amount (\$) \$58.63 | 512 Sui | ree address; City; 2 Means St. te 404 anta, GA 30318 | State; | ; Zip Co | le | | | |
| | PURPOSE OF EXPENDITURE | | egory (See Categories listed at th ice Overhead/Rental Exp | | edule) | | n, TX, | ide of Texas. Comple , officeholder living ex I SERVICE | |
| | Complete ONLY if direct expenditure to benefit C/OF | | lidate/Officeholder name | C | Dffice sou | ht | | Office held | I |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|---|--|--|--|-----------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Re Office C Polling Printing Salaries | epaym Overhe Expen Expei XWage | ent/Reimbursement ad/Rental Expense se nse es/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 27/43 Rpt: 30/46 | | Herrero, Abel (The Honorable) | | | | | 00054318 |
| 4 | Date | 5 | Payee name | | | | | |
| | 02/15/2023 | | MailChimp | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Zip C | Code | | | |
| | \$58.63 | | 512 Means St. | | | | | |
| | | | Suite 404 | | | | | |
| | | | Atlanta, GA 30318 | | | | | |
| _ | DUDDOCC | | | | 14 | N – 1 – 1 | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of Office Overhead/Rental Expense | | (D | Description | outsi | de of Texas. Complete Schedule T. |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | officeholder living expense |
| | | | | | | Campaign er | nail | service |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office so | bugh | t | | Office held |
| | Date | | Payee name | | | | | |
| | 01/17/2023 | | MailChimp | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip C | Code | | | |
| | \$58.63 | | 512 Means St. | , p | | | | |
| | 400100 | | Suite 404 | | | | | |
| | | | | | | | | |
| | | | Atlanta, GA 30318 | | | _ | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of | | (b | Description | outoi | de ef Touce, Complete Cebedule T |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | | Campaign er | | |
| | | | | | | 1 0 | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office so | ugh [:] | t | | Office held |
| | expenditure to benefit C/OF | Η | | | | | | |
| | Date | | Payee name | | | | | |
| | 05/19/2023 | | Majic 104.9 | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip C | Code | | | |
| | \$300.00 | | 116 Mesa Dr. | | | | | |
| | | | | | | | | |
| | | | Robstown, TX 78380 | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of | this schedule) | (b | Description | | |
| | EXPENDITURE | | Advertising Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | | Radio ads | I, I <i>N</i> , | |
| | | | | | | | | |
| | Complete ONLY if direct | Ľ | Candidate/Officeholder name | Office so | | | | Office held |
| | expenditure to benefit C/OF | | | Unice St | Juyn | ı | | Unice neid |
| - | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|---------------|--|---|----------------------------|-------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | / - Il Com | Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri | ffice Overh olling Expe rinting Expe alaries/Wag | ense jes/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 28/43 Rpt: 31/46 | | Herrero, Abel (The Honorable) | | | | 00054318 |
| 4 | Date 06/28/2023 | | Payee name Majic 104.9 | | | | |
| 6 | Amount (\$) \$1,500.00 | | Payee address; City; State; Z 116 Mesa Dr. Robstown, TX 78380 | Zip Code | 2 | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule Advertising Expense | le) (I | | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Offic | ce sough | it | | Office held |
| | Date | | Payee name | | | | |
| | 01/05/2023 | | Moreno, Jesus (Mr.) | | | | |
| | Amount (\$) | | Payee address; City; State; Z | Zip Code | 9 | | |
| | \$7,500.00 | | 1710 Miriam | | | | |
| | | | Unit 1 Austin, TX 78702 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor | le) (I | | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Offic | ce sough | nt | | Office held |
| | Date | | Payee name | | | | |
| | 06/01/2023 | | NAMI Greater Corpus Christi | | | | |
| | Amount (\$) \$500.00 | | Payee address; City; State; Z 6537 S. Staples St. Suite 125 Corpus Christi , TX 78413 | Zip Code | 3 | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committe | , | | , тх, | de of Texas. Complete Schedule T. officeholder living expense hip |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Offic | ce sough | nt | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 29/43 Rpt: 32/46 | Herrero, Abel (The Honorable) | 00054318 | | | | |
| 4 | Date | Payee name | | | | | |
| | 03/27/2023 | Nueces County Community Services | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| Ĩ | \$250.00 | 415 Mainer Rd. | | | | | |
| | | | | | | | |
| | | Robstown, TX 78380 | | | | | |
| 8 | PURPOSE | | | | | | |
| ľ | OF | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel of Check if travel of Chec | utside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | TX, officeholder living expense | | | | |
| | | Easter event s | sponsorship | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | |
| | Date | Payee name | | | | | |
| | 03/08/2023 | Nueces County Democratic Party | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| | \$600.00 P.O. Box 853 | | | | | | |
| | | | | | | | |
| | | Corpus Christi, TX 78403 | | | | | |
| | PURPOSE OF | b) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | | Event table sp | | | | | |
| | | | | | | | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | |
| ⊨ | Date | Payee name | | | | | |
| | 03/13/2023 | Nueces County Junior Livestock Show | | | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$250.00 | P.O. Box 260968 | | | | | |
| | | | | | | | |
| | | Corpus Christi, TX 78426 | | | | | |
| | PURPOSE | b) Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. | | | | |
| | | Candidate/Officeholder/Political Committee | TX, officeholder living expense | | | | |
| | | | | | | | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OH | | | | | | |
| ⊢ | | | | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---------------|---|------------|-----------------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - al Con | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor | | ense bor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 30/43 Rpt: 33/46 | | Herrero, Abel (The Honorable) | | | | 00054318 |
| 4 | Date | 5 | Payee name | | | - | |
| | 03/13/2023 | | Nueces County Junior Livestock Show | V | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | ode | | |
| | \$500.00 | | P.O. Box 260968 | | | | |
| | | | | | | | |
| | | | Corpus Christi, TX 78426 | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) Description | on | |
| | OF EXPENDITURE | | Contributions/Donations Made By | icuaic) | | | utside of Texas. Complete Schedule T. |
| | EXPENDITORE | | Candidate/Officeholder/Political Comn | nittee | | | TX, officeholder living expense |
| | | | | | NCJLS | Carcas | ss competition add-on |
| _ | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ight | | Office held |
| _ | Date | | | | | | |
| | 04/13/2023 | | Payee name Robstown ISD Education Foundation | | | | |
| | | <u> </u> | | ~ 0 | | | |
| | Amount (\$) | 1 | | ; Zip Co | ode | | |
| | \$375.00 801 North First Street | | | | | | |
| | | | Robstown , TX 78380 | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | |
| | OF EXPENDITURE | | Contributions/Donations Made By | -: | | | utside of Texas. Complete Schedule T. TX, officeholder living expense |
| | | | Candidate/Officeholder/Political Comn | nittee | Event sp | | |
| | | | | | | ponsor | i sinh |
| | Complete <u>ONLY</u> if direct | | Candidate/Officeholder name | Office sou | l iaht | | Office held |
| | expenditure to benefit C/OF | | | 011100 222 | gin | | |
| - | Date | Γ | Payee name | | | | |
| | 02/09/2023 | | Robstown ISD | | | | |
| | Amount (\$) | ┢ | Payee address; City; State | ; Zip Co | ode | | |
| | \$500.00 | I | 801 N. 1st Street | | | | |
| | | | | | | | |
| | | | Robstown , TX 78380 | | i | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | utside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Advertising Expense | | | | TX, officeholder living expense |
| | | | | | Banner | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | l Ight | | Office held |
| | expenditure to benefit C/OF | н | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 31/43 Rpt: 34/46 | Herrero, Abel (The Honorable) | 00054318 |
| 4 | Date 02/27/2023 | Payee name Robstown Little League | |
| 6 | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 528 Huisache Robstown, TX 78380 Robstown, TX 78380 | |
| 8 | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/12/2023 | Robstown Little League | |
| | Amount (\$) \$250.00 | Payee address;City;State;Zip Code528 Huisache | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense sorship |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 03/28/2023 | Robstown Power Lifting Team | |
| | Amount (\$) \$250.00 | Payee address;City;State;Zip Code3681 County Road 50 | |
| | | Robstown, TX 78380 | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense corship |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|-----|--|--|------------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 32/43 Rpt: 35/46 | | Herrero, Abel (The Honorable) | | | | 00054318 |
| 4 | Date 04/03/2023 | | Payee name Rod N Rolls | | | | |
| 6 | Amount (\$) \$50.00 | : | Payee address; City; State 324 W Avenue J Robstown, TX 78380 | e; Zip Co | de | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this so Food/Beverage Expense | chedule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held |
| | Date | | Payee name | | | | |
| | 03/31/2023 | | Sam's Club | | | | |
| | Amount (\$) \$260.80 | | Payee address; City; State 4833 SPID Corpus Christi, TX 78411 | e; Zip Co | de | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this so Event Expense | shedule) | Check if Austin | , TX, | de of Texas. Complete Schedule T. . officeholder living expense munity event |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held |
| | Date | | Payee name | | | | |
| | 04/21/2023 | | Sam's Club | | | | |
| | Amount (\$) \$97.30 | | Payee address; City; State 4833 SPID | e; Zip Co | de | | |
| | | | Corpus Christi, TX 78411 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this so Gift/Awards/Memorials Expense | chedule) | | , тх, | de of Texas. Complete Schedule T. , officeholder living expense lent event |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ght | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete th | tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 1 | Sch: 33/43 Rpt: 36/46 | Herrero, Abel (The Honorable) | 00054318 | | | | | |
| 4 | Date 01/02/2023 | Payee name Serrano, Florencio (Mr.) | | | | | | |
| 6 | Amount (\$) \$275.00 | Payee address; City; State; Zip Code P.O. Box 187 Robstown, TX 78380 | | | | | | |
| 8 | 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 T-shirt sponsorship | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 01/20/2023 | Squarespace | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$31.39 | 225 Varick Street | | | | | | |
| | | 12th Floor New York, NY 10014 | | | | | | |
| | PURPOSE OF EXPENDITURE | | scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign website | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 02/21/2023 | Squarespace | | | | | | |
| | Amount (\$) \$31.39 | Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign website | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | | | EXPENDITURE CATEG | ORIES FOR | R BC | DX 8(a) | | | |
|---|---|-----|---|--|--|---|-------|--|---------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Rep Office Ove Polling Ex Printing E Salaries/W | aymei erhead pense xpens Vages | nt/Reimbursement d/Rental Expense e se //Contract Labor | | Travel in District Travel Out of District | pment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (E | Ethics Commission Filers) |
| | Sch: 34/43 Rpt: 37/46 | | Herrero, Abel (The Honorable) | | | | | 00054318 | |
| 4 | Date 03/20/2023 | 5 | Payee name Squarespace | | | | | | |
| 6 | | 7 | | te; Zip Co | | | | | |
| 0 | Amount (\$) \$31.39 | ľ | Payee address; City; Sta 225 Varick Street | ie, zip co | Jue | | | | |
| | \$31.39 | | | | | | | | |
| | | | 12th Floor | | | | | | |
| | | | New York, NY 10014 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this s | schedule) | (b) | Description | | | |
| | | | Office Overhead/Rental Expense | , | | Check if travel | outsi | de of Texas. Complete | e Schedule T. |
| | EXPENDITURE | | | | | Check if Austin | , TX, | officeholder living exp | pense |
| | | | | | | Campaign we | ebs | ite | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Officeholder name | Office sou | ight | | | Office held | |
| | Date | | Payee name | | | | | | |
| | 04/20/2023 | | Squarespace | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip Co | ode | | | | |
| | \$31.39 | | 225 Varick Street | | | | | | |
| | ψ01.00 | | | | | | | | |
| | | | 12th Floor | | | | | | |
| | | | New York, NY 10014 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this s | schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | | de of Texas. Complete | |
| | | | | | | | | officeholder living exp | pense |
| | | | | | | Campaign we | eds | ite | |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ight | | | Office held | |
| | Date | 1 | Payee name | | | | | | |
| | 05/22/2023 | | Squarespace | | | | | | |
| | | | · · · | ta: Zin Ca | , do | | | | |
| | Amount (\$) | | | te; Zip Co | Jue | | | | |
| | \$31.39 | | 225 Varick Street | | | | | | |
| | | | 12th Floor | | | | | | |
| | | | New York, NY 10014 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this s | schedule) | (b) | Description | | | |
| | OF | | Office Overhead/Rental Expense | , | | | | de of Texas. Complete | |
| | EXPENDITURE | | | | | | | officeholder living exp | pense |
| | | | | | | Campaign we | ebs | ite | |
| | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ight | | | Office held | |
| | expenditure to benefit C/OI | Н | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|-----|--|--|-----------------|---|-------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mittee Legal Services | Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra Gift/Awards/Memorials Expense Printing Expense Tra | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 35/43 Rpt: 38/46 | | Herrero, Abel (The Honorable | e) | | | | 00054318 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 06/20/2023 | | Squarespace | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | de | | | |
| | \$31.39 | | 225 Varick Street | | | | | | |
| | | | 12th Floor | | | | | | |
| | | | New York, NY 10014 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the | | | (b) Description | | | |
| - | OF | | Office Overhead/Rental Expe | | iedule) | | outsi | ide of Texas. Complete Schedule T. | |
| | EXPENDITORE | | | | | | | , officeholder living expense | |
| | | | | | | Campaign we | ebs | site | |
| _ | Complete ONIL V if direct | | andidate/Officeholder name | | Office cour | ~h+ | | Office hold | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Onicenoider name | | Office sou | JIIL | | Office held | |
| | Date | | Payee name | | | | | | |
| | 05/09/2023 | | T-Shirt Express | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | |
| | \$1,689.30 | | 10717 Leopard | | | | | | |
| | | | · | | | | | | |
| | | | Corpus Christi , TX 78410 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the | top of this sch | nedule) | (b) Description | | | |
| | OF EXPENDITURE | | Contributions/Donations Mad | | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | Candidate/Officeholder/Politic | al Comm | nittee | | | ass shirt sponsorship | |
| | | | | | | | CIC | | |
| | Complete ONLY if direct | | andidate/Officeholder name | (|) Office sou | aht | | Office held | |
| | expenditure to benefit C/OI | | | · | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| | Date | | Payee name | | | | | | |
| | 04/07/2023 | | TMISD Education Foundation | Ì | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | |
| | \$250.00 | | 9760 Le Branch | | | | | | |
| | | | | | | | | | |
| | | | Corpus Christi, TX 78410 | | | | | | |
| | PURPOSE OF | | Category (See Categories listed at the | | nedule) | (b) Description | | | |
| | EXPENDITURE | | Contributions/Donations Made | | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | Candidate/Officeholder/Politic | arComm | iiilee | Event sponso | | | |
| | | | | | | | וטיי | | |
| - | Complete ONLY if direct | L | andidate/Officeholder name | (| Office sou | aht | | Office held | |
| | expenditure to benefit C/OI | | | | | , · | | | |
| - | | | | | | | | | |
| | | | | | | | | | |

| | | | EXPENDITU | RE CATEGOR | RIES FOR | BOX 8(a) | | | |
|---|---|-------------|---|---------------------|---|------------------------------|--------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial tee Legal Services The Instruction G | s Expense | Office Over Polling Exp Printing Exp Salaries/Wa | oense ages/Contract Labor | | Travel in District Travel Out of Dist | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FI | LER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 36/43 Rpt: 39/46 | | errero, Abel (The Honora | ble) | | | | 00054318 | |
| 4 | Date | 5 Pá | ayee name | | | | | | |
| | 06/02/2023 | Та | arget | | | | | | |
| 6 | Amount (\$) \$64.89 | | ayee address; City; 621N. IH 35 | State; | ; Zip Coo | le | | | |
| | | | ustin, TX 78723 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | ategory _{(See Categories listed at} ffice Overhead/Rental Ex | | iedule) | | ı, ТХ, | de of Texas. Comp officeholder living | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | C | Office soug | ht | | Office he | ld |
| | Date | Pa | ayee name | | | | | | |
| | 04/11/2023 | Τe | exas House of Represent | atives | | | | | |
| | Amount (\$) | Pá | ayee address; City; | State; | ; Zip Coo | le | | | |
| | \$24.00 | | O. Box 2910 ustin, TX 78757 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories listed at bod/Beverage Expense | the top of this sch | edule) | | ı, ТХ, | de of Texas. Comp officeholder living ctions Comn | expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | C | Office soug | ht | | Office he | ld |
| | Date | Pa | ayee name | | | | | | |
| | 05/12/2023 | Т | exas House of Represent | atives | | | | | |
| | Amount (\$) \$123.97 | | ayee address; City; O. Box 2910 | State; | ; Zip Coo | le | | | |
| | | A | ustin, TX 78757 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory _{(See Categories listed at ift/Awards/Memorials Exp} | | iedule) | | ı, ТХ, | de of Texas. Comp officeholder living U ents | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ndidate/Officeholder name | C | Office soug | ht | | Office he | ld |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----|--|---|-----|-------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 37/43 Rpt: 40/46 | | Herrero, Abel (The Honorable) | | | | 00054318 | |
| 4 | Date 05/18/2023 | 5 | Payee name Texas House of Representatives | | | | | |
| 6 | Amount (\$) \$17.71 | | Payee address; City; State; P.O. Box 2910 Austin, TX 78757 | Zip Co | le | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense | edule) | | , TX, | de of Texas. Complete Schedule T. officeholder living expense ent | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | yht | | Office held | |
| | Date | | Payee name | | | | | |
| | 06/14/2023 | | USPS | | | | | |
| | Amount (\$) \$29.70 | | Payee address; City; State; 313 E. Main Ave. Robstown, TX 78380 | Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Office Overhead/Rental Expense | edule) | | | de of Texas. Complete Schedule T. officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | Jht | | Office held | |
| | Date | | Payee name | | | | | |
| | 05/25/2023 | | USPS | | | | | |
| | Amount (\$) \$25.20 | | Payee address; City; State; 313 E. Main Ave. | Zip Co | de | | | |
| | | | Robstown, TX 78380 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Office Overhead/Rental Expense | edule) | | | de of Texas. Complete Schedule T. , officeholder living expense | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Dffice sou | jht | | Office held | |
| | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 38/43 Rpt: 41/46 | Herrero, Abel (The Honorable) | 00054318 |
| 4 | Date 01/25/2023 | Payee name USPS | |
| 6 | Amount (\$) \$9.96 | Payee address; City; State; Zip Code 313 E. Main Ave. Robstown, TX 78380 | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/14/2023 | USPS | |
| | Amount (\$) \$29.70 | Payee address; City; State; Zip Code 313 E. Main Ave. Robstown, TX 78380 | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/14/2023 | USPS | |
| | Amount (\$) \$25.20 | Payee address; City; State; Zip Code 313 E. Main Ave. | |
| | | Robstown, TX 78380 | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| _ | | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: Sch: 39/43 Rpt: 42/46 | 2 FILER NAME 3 Herrero, Abel (The Honorable) 3 | Filer ID (Ethics Commission Filers)00054318 |
| 4 | Date | 5 Payee name | |
| | 01/05/2023 | USPS | |
| 6 | Amount (\$) \$312.00 | 7 Payee address; City; State; Zip Code 313 E. Main Ave. | |
| | | Robstown, TX 78380 | |
| 8 | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/21/2023 | United Corpus Christi Chamber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$417.00 | 602 N. Staples | |
| | | Ste. 150 | |
| | | Corpus Christi, TX 78401 | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense Ship |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 05/09/2023 | Villarreal, Homer (Mr.) | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 301 Magee Lane #302 Robstown, TX 78380 | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|--|--|---|-----------------------------|---|---------------------|---|---|------------------------|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment | | | nmittee | Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services | ense als Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimburseme rhead/Rental Expens pense | nt e | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 40/43 Rpt: 43/46 | | | el (The Honor | able) | | | | 00054318 | `````````````````````````````````````` |
| 4 | Date 03/28/2023 | | Payee name Wal-Mart Si | upercenter | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Co | de | | | |
| | \$125.56 | | | de Island Driv | 'e | | | | | |
| | | | Corpus Chr | isti, TX 78416 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | | ee Categories listed a nead/Rental E | | nedule) | | ıstin, TX | ide of Texas. Com , officeholder livinç | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Offi | ceholder name | (| Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 03/27/2023 | | Wal-Mart Si | upercenter | | | | | | |
| | Amount (\$) \$86.54 | 1 | Payee addres 1821 S. Par | ss; City; de Island Driv | | ; Zip Co | de | | | |
| | | | Corpus Chr | isti, TX 78416 | | | | | | |
| | PURPOSE OF EXPENDITURE | | | ee Categories listed a nead/Rental E | | nedule) | | ıstin, TX | ide of Texas. Com | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offi | ceholder name | (| Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 05/12/2023 | | Wal-Mart Su | upercenter | | | | | | |
| | Amount (\$) \$40.88 | | Payee addres 1821 S. Par | ss; City; de Island Driv | | ; Zip Co | de | | | |
| | | | Corpus Chri | isti, TX 78416 | | | | | | |
| | PURPOSE OF EXPENDITURE | | | ee Categories listed a nead/Rental E | | nedule) | | ivel outs istin, TX | ide of Texas. Com | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | (| Dffice sou | ght | | Office he | eld |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|--|-----|------------------------------|---|--------------|---|---|----------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | F F C nmittee L | Event Expense Fees Food/Beverage Expense Sift/Awards/Memorials E Legal Services The Instruction Gu | e Expense | Loan Repa Office Ove Polling Exp Printing Ex Salaries/W | yment/Reimbursemer rhead/Rental Expense pense pense ages/Contract Labor | nt : | Transportation E Travel in District Travel Out of Dis | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 41/43 Rpt: 44/46 | | | l (The Honorab | le) | | | | 00054318 | |
| 4 | Date 06/26/2023 | | Payee name Wal-Mart Su | percenter | | | | | | |
| 6 | Amount (\$) | 7 | Payee address | s; City; | State | ; Zip Co | de | | | |
| | \$10.74 | | 1821 S. Parc Corpus Chris | te Island Drive | | | | | | |
| | | | | | | r | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | e Categories listed at th ead/Rental Exp | | iedule) | | stin, TX | ide of Texas. Com | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | (| Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 05/02/2023 | | Wal-Mart Su | percenter | | | | | | |
| | Amount (\$) | | Payee address | s; City; | State | ; Zip Co | de | | | |
| | \$46.90 | | | de Island Drive sti, TX 78416 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | e Categories listed at th ead/Rental Exp | | iedule) | | stin, TX | ide of Texas. Com | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | (| Office sou | ght | | Office he | eld |
| | Date | | Payee name | | | | | | | |
| | 03/09/2023 | | Walgreens | | | | | | | |
| - | Amount (\$) | | Payee addres | s; City; | State | ; Zip Co | de | | | |
| | \$100.00 | | 2101 Morgar | | Chato | ,p .c. | | | | |
| | | | Corpus Chris | sti, TX 78405 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | e Categories listed at th Memorials Expe | • | nedule) | | stin, TX | ide of Texas. Com , officeholder living Jent event | |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | (| Dffice sou | ght | | Office he | eld |
| | | | | | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
|---|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 42/43 Rpt: 45/46 | Herrero, Abel (The Honorable) | 00054318 |
| 4 | Date 03/28/2023 | Payee name Walgreens | |
| 6 | Amount (\$) \$200.00 | Payee address; City; State; Zip Code 2101 Morgan Ave. | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense ituent event |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/27/2023 | Westside Business Association | |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code P.O. Box 5485 Corpus Christi, TX 78465 | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense rShip |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/29/2023 | Worley Printing | |
| | Amount (\$) \$1,894.80 | Payee address;City;State; Zip Code3217 N. Interstate 35 | |
| | | Austin, TX 78722 | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense raduation certificates for constituents |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
|---|--|--|
| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
| 1 | Total pages Schedule F1: Sch: 43/43 Rpt: 46/46 | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Herrero, Abel (The Honorable) 00054318 |
| 4 | Date 01/09/2023 | 5 Payee name Zapata, Zulema (Ms.) |
| 6 | Amount (\$) \$2,000.00 | 7 Payee address; City; State; Zip Code 630 Huisache |
| | | Robstown, TX 78380 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff salary |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |