

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087760	<b>2</b> Total pages filed: 37				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST E. Chevo	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Pastrano	SUFFIX Jr.		Date Received <b>ELECTRONICALLY FILED</b> 07/17/2023		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 2587  Kyle, TX 78640		ZIP CODE	Date Hand-delivered or Date Postmarked			
				Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Shea Seale	MI				
	NICKNAME	LAST Jones	SUFFIX				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2587  Kyle, TX 78640						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(512)	468-4279					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	06/16/2023				06/30/2023		
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General
	03/05/2024						
<b>11</b> OFFICE	OFFICE HELD (if any) None District 45 Hays			<b>12</b> OFFICE SOUGHT (if known) State Representative District 45			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Pastrano Jr., E. Chevo (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00087760
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC		
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50,740.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	332.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50,407.52
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

\_\_\_\_\_  
Mr. E. Chevo Pastrano Jr.  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Pastrano Jr., E. Chevo (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00087760
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,740.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 332.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/18 Rpt: 4/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Abraham, Reni <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Pharmacist		<b>9</b> Employer (See Instructions) Walgreens
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Gary <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Foreman/Powerline		Employer (See Instructions) PIKE ELECTRIC
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Jennifer <hr/> Contributor address; City; State; Zip Code  San marcos, TX 78666	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Law Office Manager		Employer (See Instructions) DNRBZ
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Kristan <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) KnDs Boutique
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Charles <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78667	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Md		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/18 Rpt: 5/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arredondo, Albert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Project manager		<b>9</b> Employer (See Instructions) C&D Utility
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aultman, William <hr/> Contributor address; City; State; Zip Code  Martindale, TX 78655	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Skiles & Associates
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avalos, Chris <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avalos, Michael <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) A.R.A. Transportation
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baird, Charles <hr/> Contributor address; City; State; Zip Code  Austin, TX 78739	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/18 Rpt: 6/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Balderrama, Ricardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78202	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banda, David <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barba, Zulema <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Biersdorfer, Justin <hr/> Contributor address; City; State; Zip Code  San marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) Come And Plumb It
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Borrego, Henry <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/18 Rpt: 7/37
2 FILER NAME Pastrano Jr., E. Chevo (Mr.)		3 Filer ID (Ethics Commission Filers) 00087760
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campos, Atanacio	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  New Braunfels, TX 78131	
8 Principal occupation / Job title (See Instructions) Trial Lawyers		9 Employer (See Instructions) Self-Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carbajal, Guadalupe	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cragle, John	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78737	
Principal occupation / Job title (See Instructions) Engineer Cloud Architect		Employer (See Instructions) Gainwelltechnologies
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cruz, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Gonzales, TX 78629	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) JCruz Enterprises
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeLeon-Espinoza, Cynthia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Buda, TX 78610	
Principal occupation / Job title (See Instructions) Building Permits Coordinator		Employer (See Instructions) City of Kyle

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/18 Rpt: 8/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dobbins, Liz <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eakin, Elizabeth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Harris County
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erwin, Amanda <hr/> Contributor address; City; State; Zip Code  Wimberley, TX 78676	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Trial Lawyers		Employer (See Instructions) Self-Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fennell, Larry <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78254	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) Shavano Park Fire Department
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flores, Sylvia <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/18 Rpt: 9/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foos, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Davis, CA 95616	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Foos Gavin Law Firm
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fuentes, Frank <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Chairman for Workplace		Employer (See Instructions) US Hispanic Contractors Assn
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Abel <hr/> Contributor address; City; State; Zip Code  Maxwell, TX 78656	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Caldwell County Constable, Pct. 4
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Shirley <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Court clerk II		Employer (See Instructions) Hays County
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glick Law Office <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/18 Rpt: 10/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guerrero, Ruben <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kyle, TX 78640	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Ronda <hr/> Contributor address; City; State; Zip Code  Houston, TX 77047	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Law School Administrator		Employer (See Instructions) Texas Southern University
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harvey, Melissa <hr/> Contributor address; City; State; Zip Code  The Colony, TX 75056	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Akerman LLP
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Henderson, Clint <hr/> Contributor address; City; State; Zip Code  Thrall, TX 76578	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Superintendent		Employer (See Instructions) Dynamic Systems
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hendricks, Diana <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/18 Rpt: 11/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Rose <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77092	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Medical coordinator		<b>9</b> Employer (See Instructions) Buzbee law firm
<b>Date</b> 06/27/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Horowitz, Daniel <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77002	<b>Amount of Contribution (\$)</b>  \$250.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Daniel D. Horowitz III PC
<b>Date</b> 06/26/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Shea <hr/> <b>Contributor address; City; State; Zip Code</b>  Driftwood, TX 78619	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Supporting Strategies
<b>Date</b> 06/28/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Junkin, David <hr/> <b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666	<b>Amount of Contribution (\$)</b>  \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Trial Lawyer		<b>Employer (See Instructions)</b> McGlothlin, Junkin & Wilde, PC
<b>Date</b> 06/26/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karowalia, Asifali <hr/> <b>Contributor address; City; State; Zip Code</b>  Kyle, TX 78640	<b>Amount of Contribution (\$)</b>  \$2,500.00
<b>Principal occupation / Job title (See Instructions)</b> Small Business Owner		<b>Employer (See Instructions)</b> Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/18 Rpt: 12/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kersey, Robbin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Client Services		<b>9</b> Employer (See Instructions) KSA
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Office of Brent Delapaz <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liles White PLLC <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luna, John <hr/> Contributor address; City; State; Zip Code  TEMPLE, TX 76504	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mann, Brandy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas HHSC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/37
2 FILER NAME Pastrano Jr., E. Chevo (Mr.)		3 Filer ID (Ethics Commission Filers) 00087760
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manzanares, Rebecca	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  San Marcos, TX 78666	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self-Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion M. Reilly PLLC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78260	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Enrique P	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hays CISD
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John	Amount of Contribution (\$) \$2,100.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martinez Reilly PLLC
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, John	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) Martinez Reilly PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/18 Rpt: 14/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGowan, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Banker		<b>9</b> Employer (See Instructions) First Citizens Bank
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNabb & Co Real Estate Services, LLC <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medina, David <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chamberlain Hrdlicka
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Maria <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Monty, Jacob <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) Monty & Ramirez, LLP

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/18 Rpt: 15/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Najera, Israel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Najera, Raquel <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Jana <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortega, Randy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78758	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palacios, Antonio <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/18 Rpt: 16/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pass, Danielle <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrative Assistant		<b>9</b> Employer (See Instructions) A&J Electric Cable
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pastrano, Adam <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) AML Compliance Analyst		Employer (See Instructions) USAA
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pastrano, Dora <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pastrano Sr., Eusebio <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Pastrano Trucking
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Payne, Rosalia <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Centro Cultural Hispano de San Marcos



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/18 Rpt: 17/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pigg, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Buzbee law firm
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Gerald <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) A&J Electric Cable
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Gerald <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) A&J Electric Cable
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reilly, Magdalene <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) A&J Electric Cable
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rivera, Carol <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) First Citizens Bank

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/18 Rpt: 18/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Cynthia <hr/> <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Office Manager		<b>9</b> Employer (See Instructions) Redbird Flight Simulations
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, John <hr/> Contributor address; City; State; Zip Code  Kyle, TX 78640	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Romo, Yolanda <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Media		Employer (See Instructions) Nielsen
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Patrick & Anna <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Small Business Owners		Employer (See Instructions) Corridor Title Company
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Roberto <hr/> Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/18 Rpt: 19/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schawe, Amanda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hutto, TX 78634	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Practice Manager		<b>9</b> Employer (See Instructions) Georgetown Plastic Surgery
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sergi, David <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shaw, Carl D. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Trial Lawyer		Employer (See Instructions) Shaw Law
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelton, Ryan <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Edmundson Shelton Weiss PLLC
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sorrels, Randall <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sorrels Law

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/18 Rpt: 20/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strother, Mina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Strother & Co
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tenorio, Sandra <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Rural Communities, Inc.
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Pastrano Law Firm, PC <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) The Sparks Law Firm PC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Todd A. Hunter Jr., PC <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/18 Rpt: 21/37
<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Joseph <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Trial Lawyer		<b>9</b> Employer (See Instructions) Self-Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weaver, Sean <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Minerva <hr/> Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Le Creuset
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) smith, brandi <hr/> Contributor address; City; State; Zip Code  Austin, TX 78724	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) seton

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/16 Rpt: 22/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
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<b>4</b> Date 06/23/2023	<b>5</b> Payee name ACTBLUE TEXAS
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<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/16 Rpt: 23/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
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<b>4</b> Date 06/24/2023	<b>5</b> Payee name ACTBLUE TEXAS
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<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/24/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/16 Rpt: 24/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$9.88	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$7.90	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/16 Rpt: 25/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$1.98	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2023	Candidate/Officeholder name ACTBLUE TEXAS	
Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2023	Candidate/Officeholder name ACTBLUE TEXAS	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2023	Candidate/Officeholder name ACTBLUE TEXAS	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/16 Rpt: 26/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/24/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$0.79	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$19.75	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/16 Rpt: 27/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/25/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$0.79	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$9.88	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 7/16 Rpt: 28/37	<b>2</b>	FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087760
<b>4</b>	Date 06/25/2023	<b>5</b>	Payee name ACTBLUE TEXAS		
<b>6</b>	Amount (\$) \$19.75	<b>7</b>	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 06/26/2023		Candidate/Officeholder name ACTBLUE TEXAS		
	Amount (\$) \$0.99		Office sought P.O. BOX 441146  SOMERVILLE, MA 02144		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 06/26/2023		Candidate/Officeholder name ACTBLUE TEXAS		
	Amount (\$) \$19.75		Office sought P.O. BOX 441146  SOMERVILLE, MA 02144		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/16 Rpt: 29/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
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<b>4</b> Date 06/26/2023	<b>5</b> Payee name ACTBLUE TEXAS
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<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 06/26/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/16 Rpt: 30/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/26/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$9.88	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$9.88	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/16 Rpt: 31/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/28/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/16 Rpt: 32/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/28/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$9.88	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/16 Rpt: 33/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/29/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$9.88	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$1.98	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/29/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/16 Rpt: 34/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$9.88	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2023	Candidate/Officeholder name ACTBLUE TEXAS	
Amount (\$) \$9.88	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2023	Candidate/Officeholder name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/16 Rpt: 35/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$1.98	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$19.75	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/16 Rpt: 36/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
<b>4</b> Date 06/30/2023	<b>5</b> Payee name ACTBLUE TEXAS	
<b>6</b> Amount (\$) \$3.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name ACTBLUE TEXAS	
Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/16 Rpt: 37/37	<b>2</b> FILER NAME Pastrano Jr., E. Chevo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087760
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<b>4</b> Date 06/30/2023	<b>5</b> Payee name ACTBLUE TEXAS
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<b>6</b> Amount (\$) \$82.95	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name ACTBLUE TEXAS
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Amount (\$) \$0.99	Payee address; City; State; Zip Code P.O. BOX 441146  SOMERVILLE, MA 02144
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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