CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commission F 00087760		2 Total pages fil 3	ed: 7
3 CANDIDATE /	MS / MRS / MR	FIRST	1 00001100	MI		
OFFICEHOLDER				IVII	OFFICE U	JSE ONLY
NAME	Mr.	E. Chevo			Date Received	
						V
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Pastrano		Jr.		
				•		
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER	PO Box 2587					
MAILING	1 6 Box 200.				Receipt #	Amount
ADDRESS						
Change of Address	Kyle, TX 78640				D . D	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	IVIS / IVIIXS / IVIIX			IVII		
NAME		Shea Seale				
	NICKNAME	LAST		SUFFIX		
	NICKNAME			SUFFIX		
		Jones				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOY DI EVSE).	APT / SI	UITE#; CITY;	STA	TE; ZIP CODE
TREASURER	•	O BOX FLEASE),	AFT/30	OITE#, CITT,	317	TE, ZIF CODE
ADDRESS	PO Box 2587					
(Residence or Business)	Kyle, TX 78640					
	Kyle, 17 78040					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(512) 468-4279					
PHONE						
8 REPORT						
TYPE		2045	alastian D D		1 4545 45645	
''' =	January 15	30th day before	e election Runo	DIT	15th day after car appointment (office	
	1.1.45	Oth slave basicana				
	X July 15	8th day before		eeded modified rting limit	Final Report (Atta	ich C/OH-FR)
			.000	· ting iii ii		
9 PERIOD	Month Day Year	r		Month Day	Year	
COVERED	06/16/2023	TH	IROUGH	06/30/2023	}	
	00/10/2020			00/00/2020	,	
		т				
10 ELECTION	ELECTION DATE			LECTION TYPE		
	Month Day Year	Y X P	rimary	Runoff	Other	
	03/05/2024			- 	_	
		∐ ^G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	L	12	OFFICE SOUGHT	(if known)	
II OFFICE			12			
	None District 45 Hays			State Representa	tive district 45	
		വ	O PAGE 2			
		30 1	O I AGE Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	14 Filer ID 00087760	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou officeholders are required to report this information	t the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00	
	IS)	\$ 50,740.00			
EXPENDITURE TOTALS					
	4. TOTAL POLITIC		\$ 332.48		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 50,407.52	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required t		
		Mr. E	. Chevo Pastrano Jr.		
		Signature o	of Candidate or Officehol	lder	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath	

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 37 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087760 Pastrano Jr., E. Chevo (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 50,740.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 332.48 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	1 Total pages Schedule A1: Sch: 1/18 Rpt: 4/37	
2	FILER NAME	, E. Chevo (Mr.)		3	Filer ID (Ethics Commission 00087760	n Filers)
4	Date 06/24/2023	 Full name of contributor out-of-state PAC (ID#: Abraham, Reni Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_		Houston, TX 77096	I = 1 (0 1 1 1	<u></u>		
8	Principal occu Pharmacist	pation / Job title (See Instructions)	9 Employer (See Instructions Walgreens	5)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#: Alvarez, Gary Contributor address; City; State; Zip Code Kyle, TX 78640		-	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Foreman/Po	werline	PIKE ELECTRIC			
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#: Alvarez, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		San marcos, TX 78666	<u> </u>			
	Principal occu Law Office N	pation / Job title (See Instructions) Nanager	Employer (See Instructions DNRBZ	s)		
	Date 06/24/2023	Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Business ow	,	KnDs Boutique	-,		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#: Anderson, Charles Contributor address; City; State; Zip Code San Marcos, TX 78667			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Self	<u>(</u>		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/37	
2	FILER NAME Pastrano Jr.,	, E. Chevo (Mr.)			3	Filer ID (Ethics Commission 00087760	on Filers)
4	Date 06/30/2023	5 Full name of contributor Arredondo, Albert	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Kyle, TX 78640 pation / Job title (See Instructions)	اوا	Employer (See Instructions	رد 		
	Project mana			C&D Utility	,,		
	Date 06/24/2023	Full name of contributor Aultman, William Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Deinstead	Martindale, TX 78655		Foundation (October 1997)	<u></u>		
	Office Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Skiles & Associates	5)		
	Date 06/16/2023	Full name of contributor Avalos, Chris Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	رد ا		
	Small Busine			Self-Employed	,,		
	Date 06/26/2023	Full name of contributor Avalos, Michael Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Truck Driver	pation / Job title (See Instructions)		Employer (See Instructions A.R.A. Transportation	5)		
	Date 06/17/2023	Full name of contributor Baird, Charles Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Trial Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
				1. 9.55			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	1 Total pages Schedule A1: Sch: 3/18 Rpt: 6/37	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Pastrano Jr.,	, E. Chevo (Mr.)		L	00087760	
4	Date 06/24/2023	5 Full name of contributor out-of-state PAC (ID# Balderrama, Ricardo		7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78202				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>L</u> S)		
	Not Employe		Not Employed			
_	Date	Full name of contributor out-of-state PAC (ID#	<u> </u> #:)	Т	Amount of Contribution (\$)	
	06/30/2023	Banda, David			(.,	\$200.00
		Contributor address; City; State; Zip Code		1		
		San Marcos, TX 78666				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Small Busine	ess Owner	Self-Employed			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	06/26/2023	Barba, Zulema				\$100.00
		Contributor address; City; State; Zip Code				
		Buda, TX 78610				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	06/26/2023	Biersdorfer, Justin				\$100.00
		Contributor address; City; State; Zip Code		1		
		San margae TV 70666				
	Principal occu	San marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions	, 		
	Plumber	pation / Job title (See instructions)	Come And Plumb It	>)		
				_	A	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	\$100.00
	00/29/2023			ł		Φ100.00
		Contributor address; City; State; Zip Code				
		Kyle, TX 78640				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Small Busine	ess Owner	Self-Employed			
_			1			

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/37	
2	FILER NAME	5 Ol (11)			3	Filer ID (Ethics Commission	n Filers)
		E. Chevo (Mr.)				00087760	
4	Date 06/26/2023	5 Full name of contributor Campos, Atanacio6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$250.00
	Drive in all account	New Braunfels, TX 78131	lo.	Finalcus (Cool batustica			
8	Trial Lawyers	pation / Job title (See Instructions) S	9	Employer (See Instructions Self-Employed)		
	Date 06/23/2023	Full name of contributor Carbajal, Guadalupe Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions			
	Small Busine			Self-Employed	,		
	Date 06/17/2023	Full name of contributor Cragle, John Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78737					
		pation / Job title (See Instructions) oud Architect		Employer (See Instructions Gainwelltechnologies)		
			out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Small Busine	pation / Job title (See Instructions) ess Owner		Employer (See Instructions JCruz Enterprises)		
	Date 06/29/2023	Full name of contributor DeLeon-Espinoza, Cynthia Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) mits Coordinator		Employer (See Instructions City of Kyle)		
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/37	
2	FILER NAME Pastrano Jr	, E. Chevo (Mr.)			3	Filer ID (Ethics Commission 00087760	on Filers)
4	Date 06/24/2023	5 Full name of contributorDobbins, Liz6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu Not Employe	San Marcos, TX 78666 pation / Job title (See Instructions	s)	9 Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/24/2023	Full name of contributor Eakin, Elizabeth Contributor address; City; S Houston, TX 77092	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Harris County	<u> </u> S)		
	Date 06/16/2023	Full name of contributor Erwin, Amanda Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	•	Wimberley, TX 78676 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> S)		
	Date 06/23/2023	Full name of contributor Fennell, Larry Contributor address; City; S San Antonio, TX 78254	out-of-state PAC (ID#:	Self-Employed)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Firefighter	pation / Job title (See Instructions	s)	Employer (See Instructions Shavano Park Fire Dep		ment	
	Date 06/26/2023	Full name of contributor Flores, Sylvia Contributor address; City; S Buda, TX 78610	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	·m.	1	otal pages Schedule A1: Sch: 6/18 Rpt: 9/37	
2	FILER NAME				1	Filer ID (Ethics Commission	on Filers)
	Pastrano Jr.,	, E. Chevo (Mr.)			_	00087760	
4	Date 06/24/2023	5 Full name of contributorFoos, David6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$200.00
		Davis, CA 95616					
8		pation / Job title (See Instructions)) 9	Employer (See Instructions	s)		
	Attorney			Foos Gavin Law Firm			
	Date 06/30/2023	Full name of contributor Fuentes, Frank Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78759					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Chairman foi	r Workplace		US Hispanic Contractor	s Ass	sn	
	Date 06/28/2023	Full name of contributor Garza, Abel Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Maxwell, TX 78656					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>I </u>		
	Law Enforce	ment		Caldwell County Consta	able,	Pct. 4	
	Date 06/24/2023	Full name of contributor Garza, Shirley Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Court clerk II	pation / Job title (See Instructions)		Employer (See Instructions Hays County	s)		
	Date 06/20/2023	Full name of contributor Glick Law Office Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	1 Total pages Schedule A1: Sch: 7/18 Rpt: 10/37	
2	FILER NAME	E Chava (Mr.)		3	Filer ID (Ethics Commission 00087760	n Filers)
_		, E. Chevo (Mr.)		<u> </u>		
4	Date 06/29/2023	5 Full name of contributor out-of-state PAC (ID#: Guerrero, Ruben			Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; State; Zip Code Kyle, TX 78640				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
_	Not Employe		Not Employed	·)		
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/25/2023	Harrison, Ronda				\$20.00
		Contributor address; City; State; Zip Code]		
		Houston TV 77047				
	Principal occu	Houston, TX 77047 pation / Job title (See Instructions)	Employer (See Instructions	, 		
		Administrator	Texas Southern Univers			
				T	Amount of Contribution (f)	
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#: Harvey, Melissa)		Amount of Contribution (\$)	\$100.00
	00/23/2023			ł		Φ100.00
		Contributor address; City; State; Zip Code				
		The Colony, TX 75056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Akerman LLP			
	Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/24/2023	Henderson, Clint				\$25.00
		Contributor address; City; State; Zip Code		1		
		Throll TV 76570				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	-, 		
	Superintende		Dynamic Systems	>)		
	•			_	Amount of Contribution (f)	
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#: Hendricks, Diana)		Amount of Contribution (\$)	\$100.00
	00/24/2023			ł		Ψ100.00
		Contributor address; City; State; Zip Code				
		San Marcos, TX 78666				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Writer		Self			
_			1			

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/37	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		, E. Chevo (Mr.)	_		L	00087760	
4	Date 06/30/2023	5 Full name of contributor Hernandez, Rose6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
Ω	Principal occu	Houston, TX 77092 pation / Job title (See Instructions) la	Employer (See Instructions			
0	Medical coor		١	Buzbee law firn	P)		
	Date 06/27/2023	Full name of contributor Horowitz, Daniel Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77002 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	;) 		
	Attorney	pation / 300 title (See mandellons	,	Daniel D. Horowitz III Po			
	Date 06/26/2023	Full name of contributor Jones, Shea Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Driftwood, TX 78619					
	Principal occu Accountant	pation / Job title (See Instructions)	Employer (See Instructions Supporting Strategies	s)		
	Date 06/28/2023	Full name of contributor Junkin, David Contributor address; City; St San Marcos, TX 78666	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Trial Lawyer	pation / Job title (See Instructions		Employer (See Instructions McGlothlin, Junkin & Wi	•	, PC	
	Date 06/26/2023	Full name of contributor Karowalia, Asifali Contributor address; City; St Kyle, TX 78640	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Small Busine	pation / Job title (See Instructions ess Owner)	Employer (See Instructions Self-Employed	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 9/18 Rpt: 12/37
2	FILER NAME Pastrano Jr.	, E. Chevo (Mr.)		3 Filer ID (Ethics Commission Filers) 00087760
4	Date 06/25/2023	 5 Full name of contributor out-of-state PAC (Kersey, Robbin 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
8	Principal occu	Austin, TX 78751 pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Client Service		KSA	-,
	Date 06/30/2023	Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$500.00
	Dringinal occu	San Antonio, TX 78261	Employor (Soo Instructions	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 06/21/2023	Full name of contributor	(ID#:)	Amount of Contribution (\$) \$10,000.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	Employer (See Instructions	(2)
	i iliopai occa	pation 7 oob tale (See Institutions)	Employer (See instructions	5)
	Date 06/30/2023	Full name of contributor out-of-state PAC (Luna, John Contributor address; City; State; Zip Code TEMPLE, TX 76504	(ID#:)	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Not Employe	ed	Not Employed	
	Date 06/29/2023	Full name of contributor out-of-state PAC (Mann, Brandy Contributor address; City; State; Zip Code Austin, TX 78749	(ID#:)	Amount of Contribution (\$) \$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Texas HHSC	55)

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/37	
2	FILER NAME Pastrano Jr.	, E. Chevo (Mr.)		3	Filer ID (Ethics Commission 00087760	on Filers)
4	Date 06/29/2023	 Full name of contributor out-of-state PAC (ID#:_Manzanares, Rebecca Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Daine in all a con-	San Marcos, TX 78666	10 Fundam (0 days 1			
8	Realtor	pation / Job title (See Instructions)	9 Employer (See Instructions) Self-Employed)		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_ Marion M. Reilly PLLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Timolpai occa	pation 7 oob tale (eee motadolone)	Employer (eee medacione			
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Martinez, Enrique P Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Kyle, TX 78640				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Hays CISD)		
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#:_ Martinez, John Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$2,100.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Martinez Reilly PLLC)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Martinez, John Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$500.00
	Principal occu Trial Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Martinez Reilly PLLC)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
The	e Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/37		
	ER NAME			3	Filer ID (Ethics Commission	n Filers)	
		, E. Chevo (Mr.)		L	00087760		
4 Date 06/3	e 30/2023	5 Full name of contributor out-of-state PAC (ID#:_ McGowan, Ryan	_	7	Amount of Contribution (\$)	\$100.00	
		6 Contributor address; City; State; Zip Code San Marcos, TX 78666					
8 Prin	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;) 			
	nker	parent out and (eee measure)	First Citizens Bank	-,			
Date	e	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)		
06/2	26/2023	McNabb & Co Real Estate Services, LLC				\$100.00	
		Contributor address; City; State; Zip Code		1			
		San Marcos, TV 79666					
Drin	ocinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·/ 			
F11111	icipai occu	pation / 30b title (See Instructions)	Employer (See instructions	P)			
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
06/3	30/2023	Medina, David				\$500.00	
		Contributor address; City; State; Zip Code					
		Houston, TX 77030					
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	orney	,	Chamberlain Hrdlicka	,			
Date	e	Full name of contributor ut-of-state PAC (ID#:)	Г	Amount of Contribution (\$)		
06/2	29/2023	Mendez, Maria	,			\$100.00	
		Contributor address; City; State; Zip Code					
		Can Margae, TV 79666					
Prin	ncinal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 			
	tired	pation / 305 title (See Instructions)	N/A	"			
Date	e	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)		
	29/2023	Monty, Jacob			γ αποαπί οι σοπαπραμοίτ (ψ)	\$500.00	
		Contributor address; City; State; Zip Code		1			
		Houston, TX 77024	1	Ĺ			
		pation / Job title (See Instructions)	Employer (See Instructions	S)			
ırıa	al Lawyer		Monty & Ramirez, LLP				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 15/37		
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)	
	Pastrano Jr.,	, E. Chevo (Mr.)			00087760		
4	Date 06/25/2023	5 Full name of contributor out-of-state PAC (ID Najera, Israel		7	Amount of Contribution (\$)	\$250.00	
		6 Contributor address; City; State; Zip Code Austin, TX 78739					
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)			
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)		
	06/16/2023	Najera, Raquel				\$1,000.00	
		Contributor address; City; State; Zip Code					
		Buda, TX 78610					
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
Small Business Owner		ess Owner	Self-Employed				
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)		
	06/29/2023	Ortega, Jana				\$250.00	
		Contributor address; City; State; Zip Code Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Attorney		Self				
	Date	Full name of contributor ut-of-state PAC (ID	#:)	T	Amount of Contribution (\$)		
	06/30/2023	Ortega, Randy				\$50.00	
		Contributor address; City; State; Zip Code					
		Austin, TX 78758					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Attorney		Travis County				
	Date	Full name of contributor ut-of-state PAC (ID	#:)	T	Amount of Contribution (\$)		
	06/24/2023	Palacios, Antonio				\$100.00	
		Contributor address; City; State; Zip Code					
		San Marcos, TX 78666					
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Small Busine	ess Owner	Self-Employed				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 16/37		
2	FILER NAME	Chave (Mr.)		3	Filer ID (Ethics Commission	on Filers)	
		, E. Chevo (Mr.)		┸	00087760		
4	Date 06/23/2023	 Full name of contributor		7 	Amount of Contribution (\$)	\$50.00	
		San Antonio, TX 78258					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Administrativ	ve Assistant	A&J Electric Cable				
	Date 06/28/2023	Full name of contributor out-of-state P Pastrano, Adam	PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
				-		,=00.00	
		Communication address, City, State, 21p Code					
		New Braunfels, TX 78130					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	s)				
	AML Compli	ance Analyst	USAA				
Date		Full name of contributor out-of-state P	PAC (ID#:)		Amount of Contribution (\$)		
	06/29/2023	Pastrano, Dora				\$1,000.00	
		Contributor address; City; State; Zip Code		1			
		, , , , , , , , , , , , , , , , , , , 					
		Kyle, TX 78640		<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	S)			
	Not Employe		Not Employed				
	Date	Full name of contributor ut-of-state P	PAC (ID#:)		Amount of Contribution (\$)		
	06/17/2023	Pastrano Sr., Eusebio		.		\$1,500.00	
		Contributor address; City; State; Zip Code					
		Kyle, TX 78640					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Truck Driver		Pastrano Trucking				
	Date Full name of contributor out-of-state PAC (ID#:)		Т	Amount of Contribution (\$)			
	06/29/2023	Payne, Rosalia				\$50.00	
	Contributor address; City; State; Zip Code		1				
		16.15 TV 70040					
	Dringing age:	Kyle, TX 78640	Employer (Coo Instruction	c)			
	Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions Centro Cultural Hispano		San Marcos		
	Dookkeehel		Ceniro Culturai Hispani	o ut	San Marcus		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/37		
2	FILER NAME	Chave (Mr.)			3	Filer ID (Ethics Commission	n Filers)
		, E. Chevo (Mr.)			L	00087760	
4	Date 06/30/2023	5 Full name of contributor Pigg, Ryan6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Houston, TX 77006 pation / Job title (See Instructions	-) lo	Employer (See Instructions			
0	Lawyer	pation / Job title (See instructions	5)	Buzbee law firm	o)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2023 Reilly, Gerald Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		San Antonio, TX 78258	,		Ĺ		
	Small Busine	pation / Job title (See Instructions	5)	Employer (See Instructions A&J Electric Cable	5)		
				Add Electric Cable			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00		
		San Antonio, TX 78260					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>L</u> S)		
	Small Busine		´	A&J Electric Cable	,		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00		
Principal occupation / Job title (See Instructions) Small Business Owner Employer (See Instruction A&J Electric Cable		Employer (See Instructions A&J Electric Cable	s)				
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2023 Rivera, Carol Contributor address; City; State; Zip Code Kyle, TX 78640		•	Amount of Contribution (\$)	\$100.00			
	Principal occu Manager	pation / Job title (See Instructions	5)	Employer (See Instructions First Citizens Bank	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/37	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Pastrano Jr.,	, E. Chevo (Mr.)			L	00087760	
4	Date 06/28/2023	5 Full name of contributor Rodriguez, Cynthia6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions		Employer (See Instructions	 s)		
_	Office Manag		,	Redbird Flight Simulation			
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2023 Rodriguez, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	D	Kyle, TX 78640	, I		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	S)		
Small Business Owner		Seli-Employed	_				
Date Full name of contributor out-of-state PAC (ID#:_ 06/26/2023 Romo, Yolanda Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00		
		Buda, TX 78610					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Media		,	Nielsen	,		
		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00	
		Employer (See Instructions Corridor Title Company					
Date Full name of contributor out-of-state PAC (ID#:) Sanchez, Roberto Contributor address; City; State; Zip Code Lockhart, TX 78644			Amount of Contribution (\$)	\$100.00			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions N/A	s)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 16/18 Rpt: 19/37	
2	FILER NAME	E Ohave (Ata)		3 Filer ID (Ethics Commission Filers)	
		, E. Chevo (Mr.)		00087760	
4	Date 06/25/2023	5 Full name of contributor out-of-state PAC (ID# Schawe, Amanda		7 Amount of Contribution (\$) \$100.00	
		6 Contributor address; City; State; Zip Code Hutto, TX 78634			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
•	Practice Mar		Georgetown Plastic Sur		
	Date	Full name of contributor uut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	06/29/2023	Sergi, David		\$25.00	
		Contributor address; City; State; Zip Code			
		Con Marian TV 70000			
		San Marcos, TX 78666	Employer (See Instructions	<u></u>	
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self)	
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)	
	06/16/2023			\$100.00	
00/10/2020		Contributor address; City; State; Zip Code		, , , , , , , , , , , , , , , , , , , ,	
		Communication and room, City, Carlo, Esp Cours			
		Houston, TX 77096			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Trial Lawyer		Shaw Law		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	06/25/2023	Shelton, Ryan		\$500.00	
		Contributor address; City; State; Zip Code			
		Buda, TX 78610			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Lawyer			Edmundson Shelton We	eiss PLLC	
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	06/27/2023	Sorrels, Randall		\$250.00	
		Contributor address; City; State; Zip Code			
		Houston TV 77007			
	Principal occur	Houston, TX 77007 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>	
	Lawyer	panon / Job line (See Instructions)	Employer (See Instructions Sorrels Law	·)	
	Lawyei		Jones Law		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/37		
2	FILER NAME	, E. Chevo (Mr.)			3	Filer ID (Ethics Commission 00087760	on Filers)	
4		 5 Full name of contributor			7	Amount of Contribution (\$)	\$25.00	
_	District	Buda, TX 78610	_	Faralagae (Octobration				
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Strother & Co	S)			
Date Full name of contributor out-of-state PAC (ID#:) 06/18/2023 Tenorio, Sandra Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00				
	Buda, TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions)			s)				
		Texas Rural Communiti						
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00			
	5	San Marcos, TX 78666			<u></u>			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)			
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_ The Sparks Law Firm PC Contributor address; City; State; Zip Code Houston, TX 77004)	•	Amount of Contribution (\$)	\$1,500.00	
Principal occupation / Job title (See Instructions) Employer (See Instruction		<u> </u>						
Date Full name of contributor out-of-state PAC (ID#:) Todd A. Hunter Jr., PC Contributor address; City; State; Zip Code Corpus Christi, TX 78401			Amount of Contribution (\$)	\$1,000.00				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/37		
2	FILER NAME Pastrano Jr.,	, E. Chevo (Mr.)		3	Filer ID (Ethics Commission 00087760	on Filers)	
4	Date 06/16/2023	 Full name of contributor out-of-state PAC (ID#:_ Turner, Joseph Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00	
_	Duinning Langu	Austin, TX 78701	O Familia de Constituição				
8	Trial Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/22/2023 Weaver, Sean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions)	Employer (See Instructions)			
Small Business Owner Self-Employed		,					
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2023 Williams, Minerva Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00		
		San Marcos, TX 78666					
	Principal occu Retail	pation / Job title (See Instructions)	Employer (See Instructions Le Creuset)			
Date Full name of contributor out-of-state PAC (ID#:_ 06/28/2023 smith, brandi 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)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 22/37	Pastrano Jr., E. Chevo (Mr.)	00087760
4	Date	5 Payee name	·
	06/23/2023	ACTBLUE TEXAS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$3.95	P.O. BOX 441146	
l			
l		SOMERVILLE, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Processing Fees
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	06/24/2023	ACTBLUE TEXAS	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$0.99	P.O. BOX 441146	
l			
l		SOMERVILLE, MA 02144	
⊢	PURPOSE		Description
l	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Processing Fees
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
⊨	D-1-		
l	Date 06/24/2023	Payee name ACTBLUE TEXAS	
┡			
l	Amount (\$) \$3.95	Payee address; City; State; Zip Code P.O. BOX 441146	
l	φ3.93	F.O. BOX 441140	
l		COMEDVILLE MA 02144	
┡	DUDDOOF.	SOMERVILLE, MA 02144	
l	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
l			Processing Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 23/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/24/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		1 Toccssing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Development
		Payee name
L	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Frocessing rees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
1		i rocessing rees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 24/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/24/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
		1 Toocssing 1 ccs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨	Data	
	Date	Payee name
	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.90	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/16 Rpt: 25/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/24/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Frocessing rees
Ļ	Operation ONLY if dispert	Overfield to 100% or holder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fees
⊢	Complete ONLY if direct	Condidate Office halder some
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Flocessing rees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash	•	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Expense Travel in Dis
Expense Travel Out o

Wages/Contract Labor OTHER (ent

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/16 Rpt: 26/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/24/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/6	
	Date	Payee name
	06/24/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Frocessing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 06/25/2023	Payee name ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.75	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fees
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/16 Rpt: 27/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/25/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fees
_	Operation ONLY if dispert	Occadidate (Office health are reserved)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/25/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	06/25/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Flocessing Fees
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Food/Beverage Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction C			/ages	/Contract Labor		OTHER (enter	a category not listed	above)
Ŀ		_						1	_	F.1 1D	(Ed.)	
$ ^1$	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	ssion Filers)
L	Sch: 7/16 Rpt: 28/37	L		r., E. Chevo (Mi	r.)					00087760		
4	Date	5	Payee name									
	06/25/2023		ACTBLUE	TEXAS								
6	Amount (\$)	7	Payee addre	ess; City;	State:	; Zip Co	de					
	\$19.75		P.O. BOX 4	141146								
			SOMERVII	LE, MA 02144								
8	PURPOSE	(2)					(h)	D inti-				
ľ	OF	(a)	,	ee Categories listed at	the top of this sch	edule)	(0)	Description Check if travel of	nutsi	de of Texas, Cor	nplete Schedule T.	
	EXPENDITURE		Fees					=		officeholder livir		
								Processing F	ees	5		
9	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI	Н					•					
⊨	Date	Т	D									
	06/26/2023		Payee name									
L												
	Amount (\$)		Payee addre	-	State;	; Zip Co	de					
	\$0.99		P.O. BOX 4	141146								
			SOMERVIL	LE, MA 02144								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees			,		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXI ENDITORE							—		officeholder livir	ig expense	
								Processing F	ees	5		
L												
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office h	ield	
	Date		Payee name									
	06/26/2023		ACTBLUE	TEXAS								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$19.75		P.O. BOX 4	141146								
			SOMERVIL	LE, MA 02144								
L	PURPOSE	(2)					(h)	Description				
	OF	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(D)	`	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 663					므		officeholder livir		
								Processing F	ees	6		
Г	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
1	expenditure to benefit C/OI											
\vdash												
I												

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 29/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/26/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		1 Toccssing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	the state of the s
	Date	Payee name
	06/26/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
	Ψ3.33	1.0. BOX 441140
		SOMERVILLE, MA 02144
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Processing Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/26/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		1 Toccssing rees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 30/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
	06/26/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Frocessing rees
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Flocessing rees
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	06/27/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Processing Fees
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 31/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
l	06/28/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$0.99	P.O. BOX 441146
l		
		SOMERVILLE, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Processing Fees
l		1 Toolsoning I ces
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
F	Date	Payee name
	06/28/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
l		
		SOMERVILLE, MA 02144
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Processing Fees
l		Trocessing rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┡		
	Date	Payee name
	06/28/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
l		
l		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fees
	Complete ONU V # stills	Candidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 32/37	Pastrano Jr., E. Chevo (Mr.) 00087760
4	Date	5 Payee name
L	06/28/2023	ACTBLUE TEXAS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	P.O. BOX 441146
		SOMERVILLE, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fees
		Flocessing Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/29/2023	ACTBLUE TEXAS
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. BOX 441146
	Ψ3.00	1.0. BOX 441140
		SOMERVILLE, MA 02144
L	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Processing Fees
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/29/2023	ACTBLUE TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	P.O. BOX 441146
		SOMERVILLE, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 12/16 Rpt: 33/37	Pastrano Jr., E. Chevo (Mr.) 00087760	
4	Date	5 Payee name	
	06/29/2023	ACTBLUE TEXAS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.88	P.O. BOX 441146	
		SOMERVILLE, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Processing Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/29/2023	ACTBLUE TEXAS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	P.O. BOX 441146	
		SOMERVILLE, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Processing Fees	
		T TOOCSSING T CCS	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
⊨	Data	David and the second se	=
	Date	Payee name	
	06/29/2023	ACTBLUE TEXAS	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	P.O. BOX 441146	
		SOMERVILLE, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Processing Fees	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash	•		_
L			

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contribution/ Department Mode By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G			/ages	/Contract Labor		OTHER (enter a	strict a category not listed a	bove)
⊢		_				now to co	шріс	te tills form.	_			
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commiss	sion Filers)
l	Sch: 13/16 Rpt: 34/37		Pastrano J	r., E. Chevo (Mr.	.)					00087760		
4	Date	5	Payee name	<u> </u>								
	06/30/2023		ACTBLUE									
Ļ		<u> </u>										
l٥	Amount (\$)	'	Payee addre		State;	Zip Co	ae					
	\$9.88		P.O. BOX	441146								
l												
l			SOMERVIL	LE, MA 02144								
8	PURPOSE	(a)	Catagon				(h)	Description				
ľ	OF	اسا	,	See Categories listed at t	the top of this sch	edule)	(5)	:	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Fees					=		officeholder livin		
								Processing F				
								3				
Ļ	Onesalata ONII V if alicent	<u> </u>	0	: I - I - I - I		N.C	14			O#: I-	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sou	gnt			Office h	eia	
L	onponditure to benefit of e.	_										
	Date		Payee name)								
	06/30/2023		ACTBLUE	TEXAS								
H	Amount (\$)		Payee addre	ess; City;	State:	Zip Co	de					
	\$9.88		P.O. BOX 4	-	,							
	Ψ3.00		1 .O. DOX -	441140								
			SOMERVIL	LE, MA 02144								
	PURPOSE	(a)	Category (S	See Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees			·		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							ш		officeholder livin	g expense	
								Processing F	ees	5		
Г	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н										
H	Date		Daysa nama									
l			Payee name									
	06/30/2023		ACTBLUE	TEXAS								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
l	\$3.95		P.O. BOX 4	441146								
l			SOMERVII	LE, MA 02144								
L	DUDDOCE	(0)	\ - .				(b)	Description				
	PURPOSE OF	(a)	,	See Categories listed at t	the top of this sch	edule)	(D)	Description	outei	do of Toyas Con	nplete Schedule T.	
	EXPENDITURE		Fees					브		officeholder livin	•	
								Processing F			g expense	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sou	ght			Office h	eia	
L	Superiorder to beliefft 6/01	•										
		_							_			
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 35/37	Pastrano Jr., E. Chevo (Mr.)		00087760
4	Date	5 Payee name		•
	06/30/2023	ACTBLUE TEXAS		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$1.98	P.O. BOX 441146		
		SOMERVILLE, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Processing Fees
_			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	06/30/2023	ACTBLUE TEXAS		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$19.75	P.O. BOX 441146		
		SOMERVILLE, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	_/			Check if Austin, TX, officeholder living expense Processing Fees
				Flocessing Fees
	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/OI		ugrit	Office field
	Data			
	Date	Payee name ACTBLUE TEXAS		
	06/30/2023			
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$3.95	P.O. BOX 441146		
		SOMERVILLE, MA 02144		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Processing Fees
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		- 9'''	555 Nota

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Fayinent	The Instruction Guid	de explains how to comp	olete this form.			
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)	
	Sch: 15/16 Rpt: 36/37	Pastrano Jr., E. Chevo (Mr.)			00087760		
4	Date	5 Payee name					
	06/30/2023	ACTBLUE TEXAS					
6	Amount (\$)	7 Payee address; City;	State; Zip Code				
	\$3.95	P.O. BOX 441146					
		SOMERVILLE, MA 02144					
8	PURPOSE OF	(a) Category (See Categories listed at the	top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·		
	EXPENDITURE	Fees		=	outside of Texas. Cor , TX, officeholder livin		
				Processing F		g Oxperies	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sough	t	Office h	eld	
_	Data	_					
	Date 06/30/2023	Payee name ACTBLUE TEXAS					
	Amount (\$)	Payee address; City;	State; Zip Code				
	\$0.99	P.O. BOX 441146					
		001455)/1115 144 00444					
		SOMERVILLE, MA 02144					
	PURPOSE OF	(a) Category (See Categories listed at the	top of this schedule)	Description	taide of Toyon Cor		
	EXPENDITURE	Fees		<u> </u>	outside of Texas. Cor , TX, officeholder livin		
				Processing F			
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office h	eld	
	expenditure to benefit C/OF	1					
	Date	Payee name					
	06/30/2023	ACTBLUE TEXAS					
	Amount (\$)	Payee address; City;	State; Zip Code	:			
	\$3.95	P.O. BOX 441146					
		SOMERVILLE, MA 02144					
	PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b) Description			
	OF EXPENDITURE	Fees			outside of Texas. Cor		
				Processing F	, TX, officeholder livin	ig expense	
				1 Toccssing i	003		
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office h	neld	
	expenditure to benefit C/O		Omice Sough		Onice	iciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/16 Rpt: 37/37	Pastrano Jr., E. Chevo (Mr.)		00087760
4	Date	5 Payee name		•
	06/30/2023	ACTBLUE TEXAS		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$82.95	P.O. BOX 441146		
l				
		SOMERVILLE, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Processing Fees
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L				
l	Date	Payee name		
l	06/30/2023	ACTBLUE TEXAS		
	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$0.99	P.O. BOX 441146		
		SOMERVILLE, MA 02144		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				Processing Fees
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l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugni	Office held
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