FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083777 75 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jose A. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Joe Ramirez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Veronica Selpulveda NAME NICKNAME LAST **SUFFIX** Martinez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 341-4193 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 464 Hidalgo

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 75

13 C / OH NAME	Ramirez, Jose A. (Tr	ne Honorable)	14 Filer ID (I 00083777	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	IZED DOLITICAL CONTRIBUTIONS/OTHER THAN	LDIEDOES LOANS	
16 CONTRIBUTION TOTALS	OR GUARANTE	IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 85,300.00
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES	<i>⊆</i> ,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 125,403.24
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 98,181.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS XTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Jose A. Ramire	PZ
		Signature of	Candidate or Officehold	der
AFFIX NOT	ГARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			С	OVER SH	EET PG 3 3 of 75
	ER NAM	ME Jose A. (The Honorable)	19 Filer ID 00083777	(Ethics Comn	nission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	84,600.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	700.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	125,403.24
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	ı	Total pages Schedule A(J)1: Sch: 1/21 Rpt: 4/75
2	FILER NAME Ramirez. Jos	se A. (The Honorable)			ı	Filer ID (Ethics Commission Filers)
4	Date 11/30/2023				Amount of Contribution (\$) \$1,000.00	
		PHARR, TX 78577		·		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	11/08/2023	AARON DANIEL RIVERA Contributor address; City; S MCALLEN, TX 78504	A, ACCIDENT & INJUF	RY LAW		\$500.00
	Cantuila utaula I	l		Contributorio Joh Titlo		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	11/16/2023	BARBOSA, ALBERTO Contributor address; City; S	state; Zip Code			\$600.00
		EDINBURG, TX 78539				
		Principal Occupation		Contributor's Job Title		
	ATTORNEY			ATTORNEY		
		employer/law firm	A\A/	Law firm of contributor's sp	ouse	e (if any)
		SARBOSA, ATTORNEY AT LA s a child, law firm of parent(s) (if				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/21 Rpt: 5/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	Date 11/03/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$1,250.00	
		SAN JUAN, TX 78589				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title ATTORNEY		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
		BERNAL, ATTONREY				
12	If contributor is	s a child, law firm of parent(s) (i	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	11/20/2023	BISHOP, BRENT Contributor address; City;	State; Zip Code			\$1,250.00
		MCALLEN, TX 78501				
		Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		ATTORNEY Law firm of contributor's sp	าดแร	se (if any)
		L & RODRIGUEZ		Law min or contains ator 5 of	Jour	o (ii aiiy)
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/29/2023	BRASURE, CHRIS Contributor address; City;	State; Zip Code			\$1,000.00
		MCALLEN, TX 78504				
	Contributor's F	Principal Occupation		Contributor's Job Title	-	
	attorney			ATTONREY		
		employer/law firm SURE, ATTORNEY		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 3/21 Rpt: 6/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	Date 10/31/2023	5 Full name of contributorBarrera Sanchez & Asso6 Contributor address; City; S)	7	Amount of Contribution (\$) \$1,500.00
		McAllen, TX 78504		·		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	11/02/2023	Border Health PAC Contributor address; City; S	<u> </u>			\$5,000.00
		McAllen, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/03/2023	CASTELLANOS, JR., RI Contributor address; City; S				\$2,500.00
		EDINBURG, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title ATTORNEY		
		employer/law firm		Law firm of contributor's sp	יוחו	se (if any)
		ELLANOS, JR, ATTORNEY		Law iiiii or contributor 5 Sp	,ou	se (ii ariy)
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 4/21 Rpt: 7/75
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ramirez, Jos	se A. (The Honorable)		00083777
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
11/21/2023	CONSTRUYENDO		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	MCALLEN, TX 78504		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	١	Amount of Contribution (\$)
11/08/2023	DE LA GARZA LAW FIRM		\$2,500.00
11/00/2020	Contributor address; City; State; Zip Code		
Contributor's F	EDINBURG, TX 78539 Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2023	DE LA GARZA LAW FIRM		\$2,500.00
	Contributor address; City; State; Zip Code		·-
	EDINBURG, TX 78539		
Contributor's P	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1 '	ages Schedule A(J)1 /21 Rpt: 8/75	:
2	FILER NAME				3 Filer ID	(Ethics Commission	on Filers)
	Ramirez, Jo	se A. (The Honorable)			00083	777	
4	Date 11/06/2023			7 Amoun	t of Contribution (\$)	\$1,500.00	
		RANCHO VIEJO, TX 78	575				
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	10/12/2023	DUBERNEY LAW FIRM	—		, anoan	cor continuation (φ)	\$1,000.00
		Contributor address; City; \$	State; Zip Code				
		EDINBURG, TX 78539					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)	L			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	11/27/2023	Dale and Klein, LLP	_				\$1,000.00
		Contributor address; City; \$	State; Zip Code				
		McAllen, TX 78501					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>			

	MONET	ARY POLITICAL CONTR	RIBUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to comp	olete this f	orm.	1	Total pages Schedule A(J)1: Sch: 6/21 Rpt: 9/75
2	FILER NAME Ramirez. Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	Date 10/17/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$1,500.00	
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-si	tate PAC (ID#:_)	Π	Amount of Contribution (\$)
	10/31/2023	FLORES, ROEL J. Contributor address; City; State; Zip Cod	de			\$500.00
		PALMHURST, TX 78573				
		Principal Occupation		Contributor's Job Title		
	ATTORNEY			ATTORNEY		<i>(1)</i>
		employer/law firm DRES, ATTORNEY AT LAW		Law firm of contributor's sp	ous	se (II any)
		s a child, law firm of parent(s) (if any)				
H	Date	Full name of contributor out-of-si	tate PAC (ID#:_)	Г	Amount of Contribution (\$)
	11/14/2023	Frank Guerra Law Firm PLLC Contributor address; City; State; Zip Cod				\$1,000.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u>. </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		

	MONET	'ARY POLITICAL CONTRIBU'	TIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A(J)1: Sch: 7/21 Rpt: 10/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083777
4	Date 11/28/2023	5 Full name of contributor out-of-state PAC GARCIA, ORLANDO 6 Contributor address; City; State; Zip Code	(ID#:)	7 Amount of Contribution (\$) \$500.00
		MCALLEN, TX 78504		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title ATTORNEY	
10	Contributor's	employer/law firm E OF RAMON GARCIA PC	11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (if any)		
	Date 11/28/2023	Full name of contributor out-of-state PAC GARCIA, RAMON Contributor address; City; State; Zip Code	(ID#:)	Amount of Contribution (\$) \$500.00
		EDINBURG, TX 78539		
		Principal Occupation	Contributor's Job Title	
	LAW OFFIC	employer/law firm E OF RAMON GARCIA	ATTORNEY Law firm of contributor's s	pouse (if any)
	if contributor is	s a child, law firm of parent(s) (if any)		
	Date 10/17/2023	Full name of contributor	(ID#:)	Amount of Contribution (\$) \$500.00
		EDINBURG, TX 78539		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 8/21 Rpt: 11/75
2 FILER NAME Ramirez. Jos	se A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083777
4 Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#:) HENRICHSON LAW 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00
	EDINBURG, TX 78539		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)
11/30/2023	J Michael Moore Law Firm PC Contributor address; City; State; Zip Code		\$1,500.00
	McAllen, TX 78504	1	
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
11/22/2023	Juan Ramos Law Group		\$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504		
Contributor's F	I Principal Occupation	Contributor's Job Title	I
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	L	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/21 Rpt: 12/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083777
4	Date 11/15/2023			7	Amount of Contribution (\$) \$500.00
		PALMHURST , TX 78573			
8		Principal Occupation	9 Contributor's Job Title		
	chiropractor		chiropractor		
10		employer/law firm actic & Wellness	11 Law firm of contributor's sp	pous	e (if any)
12		s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor ut-of-state PAC (ID#	:)		Amount of Contribution (\$)
	11/14/2023	LAW OFFICE OF ALFRED T. DENHAM Contributor address; City; State; Zip Code			\$2,500.00
		MCALLEN, TX 78501	_		
	Contributor's I	Principal Occupation	Contributor's Job Title		
	Contributor's	employer/law firm	Law firm of contributor's sp	pous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)
	11/29/2023	LAW OFFICE OF CHRIS SANCHEZ			\$500.00
		Contributor address; City; State; Zip Code MCALLEN, TX 78501			
	Contributor's F	I Principal Occupation	Contributor's Job Title	1	
	Contributor's	employer/law firm	Law firm of contributor's sp	pous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	.		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 10/21 Rpt: 13/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083777
4	Date 11/08/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$) \$1,000.00
		MCALLEN, TX 78504		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)	1	
F	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	11/14/2023	LAW OFFICE OF MICHAEL E. FLANAGAN Contributor address; City; State; Zip Code		\$1,500.00
		MCALLEN, TX 78501		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
	10/20/2023	Law Office of Andre Maldonado		\$500.00
		Contributor address; City; State; Zip Code Edinburg, TX 78539		
	Contributor's I	Principal Occupation	Contributor's Job Title	1
	Contributor's	employer/law firm	Law firm of contributor's sp	nouse (if any)
	Contributors	ыпрюуетам IIIII	Law IIIII of Contributor 3 sp	pouse (ii airy)
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIE	BUTIC	DNS		SCHE	DULE A	A(J)1
	The Instru	ction Guide explains how to comple	te this f	orm.	1	Total pages Sched Sch: 11/21 Rpt: 2		<u>l</u> :
2	FILER NAME				3	Filer ID (Ethics C	ommissi	on Filers)
	Ramirez, Jos	amirez, Jose A. (The Honorable)			00083777			
4	Date	5 Full name of contributor ut-of-state	PAC (ID#:_)	7	Amount of Contribu	ıtion (\$)	
	12/06/2023	Law Office of Bobby Garcia, PC						\$1,000.00
		6 Contributor address; City; State; Zip Code						
		Edinburg, TX 78539						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if any)						
H	Date	Full name of contributor out-of-state	PAC (ID#:	1	Т	Amount of Contribu	ıtion (\$)	
	11/14/2023	Law Office of Raul Medina, PC	, 1 AC (ID#			, and and or continue	πιοπ (Φ)	\$1,000.00
		Contributor address; City; State; Zip Code						+=,000.00
	Contributor's I	McAllen, TX 78501 Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state	PAC (ID#:_)	T	Amount of Contribu	ıtion (\$)	
	11/14/2023	Law Office of Ruben Medina, PC		_				\$1,000.00
		Contributor address; City; State; Zip Code						
		McAllen, TX 78501						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>				
\vdash								

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to complete this	form.		ages Schedule A(J)1 2/21 Rpt: 15/75	l:
2	FILER NAME Ramirez, Jos	se A. (The Honorable)		3 Filer ID 00083	(Ethics Commission 777	on Filers)
4	Date 11/28/2023	11/28/2023 Law Offices of Mario Davila 6 Contributor address; City; State; Zip Code		7 Amount	t of Contribution (\$)	\$2,500.00
8	Contributor's	McAllen, TX 78502-7850 Principal Occupation	9 Contributor's Job Title	<u> </u>		
	Continuate. 2	ппора Обосраноп	O Contributor C C C T. I.C			
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amoun	t of Contribution (\$)	
	11/28/2023 Law Offices of Richard Garza Edinburg Law Center Contributor address; City; State; Zip Code Edinburg, TX 78539				\$1,000.00	
_	Contributor's I	Principal Occupation	Contributor's Job Title			
		employer/law firm	Law firm of contributor's sp	pouse (if any)	
	If contributor is	is a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount	t of Contribution (\$)	
	11/28/2023	MINIDOKA LANDCO				\$500.00
		Contributor address; City; State; Zip Code EDINBURG, TX 78539				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	pouse (if any)	
	If contributor is	is a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 13/21 Rpt: 16/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	07/31/2023 ORTEGON, CARLOS E. 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00		
		MISSION, TX 78574				
8		Principal Occupation		9 Contributor's Job Title		
10	ATTORNEY	employer/law firm		ATTORNEY 11 Law firm of contributor's sp	20110	on (if any)
10		RTEGON, ATTORNEY		Law iiiiii oi continutioi s s	Jous	e (ii ariy)
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	11/27/2023	ORTIZ, REYNALDO Contributor address; City; S MCALLEN , TX 78504	tate; Zip Code		·	\$1,500.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	ATTORNEY			ATTORNEY		
		employer/law firm E OF REYNALDO ORTIZ		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	11/07/2023	OSCAR O. GOMEZ PC Contributor address; City; S	tate; Zip Code			\$500.00
		MCALLEN, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)	l		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 14/21 Rpt: 17/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	11/06/2023 Orendain & Dominguez Attorneys & Counselors at Law 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		McAllen, TX 78501				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	11/08/2023	POPE, ANA L. Contributor address; City; HARLINGEN, TX 78550				\$2,500.00
_	Contributor's I	Principal Occupation	<u> </u>	Contributor's Job Title	<u> </u>	
	ATTONREY			ATTORNEY		
		employer/law firm WILLIAM L. POPE		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	11/03/2023	POPE , WILLIAM Contributor address; City;	State; Zip Code			\$2,500.00
		RANCHO VIEJO, TX 78	572			
		Principal Occupation		Contributor's Job Title		
L	ATTORNEY			ATTORNEY		(it are A
		employer/law firm POPE, ATTORNEY		Law firm of contributor's sp	oous	se (IT any)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		so	CHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages S Sch: 15/21	Schedule A(J)1 Rpt: 18/75	:
2	FILER NAME				3	Filer ID (Eth	nics Commissio	on Filers)
	Ramirez, Jo	Jose A. (The Honorable)			00083777			
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Co	ontribution (\$)	
	11/27/2023	Patino & Associates						\$2,500.00
		6 Contributor address; City;	State; Zip Code					
		McAllen, TX 78504						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pous	e (if any)		
12	If contributor i	s a child, law firm of parent(s) (i	f anv)					
	. II continuation	o a orma, raw mm or parome(o) (r						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	T	Amount of Co	ontribution (\$)	
	11/28/2023	RODRIGUEZ, JULIAN	U dut of state 1 Ac (ID#.	<i></i>		, another of oc	oritination (4)	\$500.00
	,,	Contributor address; City;	State: Zin Code					+000.00
		Continuator address, City,	State, Zip Code					
		EDINIDUDO TV 70500						
		EDINBURG, TX 78539		T				
		Principal Occupation		Contributor's Job Title				
	ATTORNEY			ATTORNEY				
		employer/law firm		Law firm of contributor's s	pous	e (if any)		
		DRIGUEZ & ASSOC.						
	If contributor i	s a child, law firm of parent(s) (i	f any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Co	ontribution (\$)	
	11/28/2023	ROEL ESQUIVEL ATTO						\$500.00
		Contributor address; City;						
		, ,,	, I					
		EDINBURG, TX 78540						
	Contributor's	I Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	e (if any)		
	If contributor i	s a child, law firm of parent(s) (i	f any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 16/21 Rpt: 19/75
2	FILER NAME	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Ramirez, Jo	se A. (The Honorable)			00083777
4	Date 11/07/2023			7 Amount of Contribution (\$) \$1,000.00	
		McAllen, TX 78501			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	ı
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/07/2023	SAHADI LAW	out of state 1710 (IBII.		\$2,500.00
		Contributor address; City; \$	State; Zip Code		
		MCALLEN, TX 78504			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/20/2023	South Texas Bail Bond	_		\$1,500.00
		Contributor address; City; S	State; Zip Code		
		Edinburg, TX 78539			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>	

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this t	orm.	1 Total pages Schedule A(J)1: Sch: 17/21 Rpt: 20/75
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Ramirez, Jo	Ramirez, Jose A. (The Honorable)		00083777
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	10/09/2023	THE LAW OFFICE OF JORGE MUNOZ, PLLC		\$1,000.00
		6 Contributor address; City; State; Zip Code		
		EDINBURG, TX 78539		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of Contribution (\$)
	10/31/2023	THE LAW OFFICE OF PAMELA S. ALEXANDE		\$2,500.00
	10/01/2020	Contributor address; City; State; Zip Code		Ψ2,300.00
	Contributor's	EDINBURG, TX 78539 Principal Occupation	Contributor's Job Title	
	Continuators	Fillicipal Occupation	Contributor's 30b Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
-	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/10/2023	THE YZAGUIRRE LAW FIRM		\$1,000.00
		Contributor address; City; State; Zip Code		···
		, , , , , , , , , , , , , , , , , , , ,		
		MCALLEN , TX 78504		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CO	ONTRIBUTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A(J)1: Sch: 18/21 Rpt: 21/75
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	11/05/2023 TREVINO, FRANCISCO 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00		
		EDINBURG, TX 78541				
8		Principal Occupation		9 Contributor's Job Title		
L	self-employe			self		
10	SELF	employer/law firm		11 Law firm of contributor's sp	ous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if any	<i>'</i>)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	11/22/2023	TROYO CONSTRUCTION Contributor address; City; State	e; Zip Code		•	\$1,000.00
		MCALLEN, TX 78504				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any	<i>y</i>)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	11/17/2023	Tamez & Ortegon PLLC Contributor address; City; State	e; Zip Code		•	\$1,000.00
L	Contributor's	Pharr, TX 78577		Contributor's Job Title		
	Continuators	Principal Occupation		Continuator 5 Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any	()			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 19/21 Rpt: 22/75	_
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Ramirez, Jos	se A. (The Honorable)			00083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	_
	10/19/2023	The Christopher P Cava			\$1,500.	00
		6 Contributor address; City;	State; Zip Code			
		McAllen, TX 78504				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:	,	Amount of Contribution (\$)	
	11/28/2023	The Lopez Law Group	U dui-oi-state FAC (ID#.	J	\$1,500.	าก
	11/20/2020	Contributor address; City;	State: 7in Code			,,
	Contributor's I	Weslaco, TX 78596 Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	11/27/2023	Tijerina Law Firm PC	_		\$1,000.	00
		Contributor address; City;	State; Zip Code			
		Austin, TX 78748		•		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)	1
	The Instru	ction Guide explains how to complete this	form.	1	otal pages Schedule A(J)1: Sch: 20/21 Rpt: 23/75	
2	FILER NAME Ramirez, Jos	se A. (The Honorable)		1	iler ID (Ethics Commission Filers)	5)
4	Date 11/28/2023	11/28/2023 Villalobos & Villalobos, PC 6 Contributor address; City; State; Zip Code		7 A	mount of Contribution (\$) \$1,00	0.00
		McAllen, TX 78504				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse	(if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#	··)	ΙΑ	mount of Contribution (\$)	
	11/01/2023	WEBSTER, JASON Contributor address; City; State; Zip Code			\$2,50	0.00
		THE WOODLANDS, TX 77380				
	Contributor's I	Principal Occupation	Contributor's Job Title			
	ATTORNEY		ATTORNEY			
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse	(if any)	
	Jason Charle	es Webster, Attorney				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#	:)	Α	mount of Contribution (\$)	
	10/18/2023	WELDON BEAU NIXON PC			\$2,50	0.00
		Contributor address; City; State; Zip Code				
		EDINBURG, TX 78539	1			
	Contributor's I	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if any)	-1			

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	uction Guide explains how to complete this 1	form.	1 Total pages Schedule A(J)1: Sch: 21/21 Rpt: 24/75
2 FILER NAME Ramirez, Jo	E ose A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083777
4 Date 10/18/2023	Date 10/18/2023 5 Full name of contributor out-of-state PAC (ID#:) Walsh McGurk Cordova Nixon PLLC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,500.00
	EDINBURG, TX 78539		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 25/75		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Ramirez, Jo	se A. (The Honorable)	00083777		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
12/06/2023	LAW OFFICE OF A. RICARDO FLORES		contribution (\$) description \$300.00 toy donation	
	7 Contributor address; City; State; Zip Code		I	
			i i	
	MCALLEN TV 70501		_	
10 Principal coo	MCALLEN , TX 78501 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (EOD NO	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)	
10 Principal occi	upation / Job title (FOR NON-JODICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
40 11				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description	
12/06/2023	THE LAW OFFICE OF JORGE MUNOZ, PLLC		\$200.00 I toy donation	
	Contributor address; City; State; Zip Code			
			į į	
	EDINBURG, TX 78539		Constitution of Town Complete Schoolship T	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, .	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description	
12/06/2023	The Law Office of Alejandro Munoz, PLLC		\$200.00 toy donation	
	Contributor address; City; State; Zip Code			
			į į	
	Edinburg, TX 78539		Constitution of The Consti	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)	
l · · · · · · · · · · · · · · · · · · ·	,		,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 1/50 Rpt: 26/75	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	09/11/2023	Marriott Marquis Houston			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$576.75	1777 Walker St			
		Houston , TX 77010			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense 2023 Annual Judicial Education Conference			
		2023 / Wilder Sadicial Education Conference			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
-	Date	Payee name			
	09/11/2023	Marriott Marquis Houston			
		·			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$952.12	1777 Walker St			
		Houston, TX 77010			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense 2023 Annual Judicial Education Conference			
		2023 Affilia Judicial Education Conference			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O				
	Data				
	Date	Payee name			
	07/03/2023	492 BBQ			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$106.33	1703 W. Trenton Rd, St 112			
		Edinburg, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		campaign meeting expense			
	Commission ONU Wife allows	Condidate/Officeholder name Office county			
	Complete <u>ONLY</u> 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 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			OTHER (enter a	category not listed above)
L		The Instruction Guide explains how to complete this form.	_		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
L	Sch: 2/50 Rpt: 27/75	Ramirez, Jose A. (The Honorable)		00083777	
4	Date	5 Payee name			
	11/30/2023	5 Star Embroidery			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$1,001.25	1201 W. University Dr			
		Edinburg, TX 78539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense		ide of Texas. Com	
				, officeholder living	
		campaign ad	vei	using expen	Se
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
L					
	Date	Payee name			
	10/23/2023	7 ELEVEN			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$61.51	814 S. CLOSNER BLVD			
		EDINBURG, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel		ide of Texas. Com	
	EXI ENDITORE			, officeholder living	
		campaign tra	.ns	portation exp	ense
L					
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
l	Date	Payee name			
	12/11/2023	7 ELEVEN			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$67.03	814 S. CLOSNER BLVD			
		EDINBURG, TX 78539			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		, TX	, officeholder living	expense
		campaign tra	ns	portation gas	s expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	1			
Г					
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 3/50 Rpt: 28/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	10/31/2023	A & E Sports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$287.37	1106 S Closner Blvd
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign advertising expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	11/09/2023	A & E Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.07	1106 S Closner Blvd
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign advertising expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	11/17/2023	A & E Sports
_		Payee address; City; State; Zip Code
	Amount (\$) \$148.29	1106 S Closner Blvd
	Ф148.29	TTOO 2 CIONING DIVU
		Edinburg, TX 78539
<u> </u>	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	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: 4/50 Rpt: 29/75	Ramirez, Jose A. (The Honorable) 00083777				
4	Date	5 Payee name				
	11/30/2023	A & E Sports				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$45.16	1106 S Closner Blvd				
		Edinburg, TX 78539				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		campaign advertising expense				
		campaign davertising expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
H	Date	Payee name				
	12/11/2023	AUTOZONE				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$28.12	1127 W. BUSINESS 83				
	Ψ20.12	1127 W. DOSINESS 03				
		ALAMO, TV 70540				
		ALAMO, TX 78516				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		campaign supplies expense				
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI					
F	Date	Payee name				
	10/27/2023	Academy Sporting Goods				
┝	Amount (\$)	Payee address; City; State; Zip Code				
	\$432.95	651 E. Trenton Rd				
	¥ .02.00					
		Edinburg, TX 78539				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		campaign advertising expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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)

	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: 5/50 Rpt: 30/75	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	
L	11/17/2023	Academy Sporting Goods	
6	Amount (\$) \$183.98	7 Payee address; City; State; Zip Code651 E. Trenton Rd	
	φ103.90	031 E. Henton Ru	
		Edinburg, TX 78539	
8	PURPOSE		Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL		Check if Austin, TX, officeholder living expense ampaign advertising expense
			ampaign advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
Г	Date	Payee name	
	12/05/2023	Academy Sporting Goods	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.10	651 E. Trenton Rd	
		F 15 L TV 70500	
L		Edinburg, TX 78539	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		C	ampaign advertising expense
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	•	Office field
F	Date	Payee name	
	12/13/2023	BJS RESTAURANTS	
r	Amount (\$)	Payee address; City; State; Zip Code	
	\$507.59	3200 W. EXPRESSWAY 83	
L		MCALLEN , TX 78501	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			ampaign meeting expense
L	Operation ON IV. II.		Office half
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 6/50 Rpt: 31/75	Ramirez, Jose A. (The Honorable) 00083777					
4	Date	5 Payee name					
	10/24/2023	BRAND BOOSTERS					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$11,056.40	3607 S. L LN					
		MCALLEN, TX 78503					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	-	Check if Austin, TX, officeholder living expense					
		campaign advertising expense					
_	Opening ONLY if allowed	Open Highest (Office health and a second to the second to					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	11/06/2023	BRAND BOOSTERS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$108.25 3607 S. L LN						
		MCALLEN, TX 78503					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		campaign advertising expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	11/10/2023	BRAND BOOSTERS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$7,361.00	3607 S. L LN					
		MCALLEN, TX 78503					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense campaign advertising expense					
		campaign advertising expense					
	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 Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			
1	Total pages Schedule F1: Sch: 7/50 Rpt: 32/75	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777	
4	Date	5 Payee name	_
•	12/13/2023	BRAND BOOSTERS	
6	Amount (\$) \$2,629.39	7 Payee address; City; State; Zip Code 3607 S. L LN	
		MCALLEN, TX 78503	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign advertising expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	12/14/2023	BRAND BOOSTERS	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$6,902.02	3607 S. L LN	
		MCALLEN, TX 78503	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign advertising expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	11/01/2023	CANTU, JAVIER	
	Amount (\$) \$1,140.00	Payee address; City; State; Zip Code 1307 W. DURANTA AVE	
		ALAMO, TX 78516	
_	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign sign advertising expense	
	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 M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
با	Tatalana O. I. I. T.	
1	Total pages Schedule F1:	
L	Sch: 8/50 Rpt: 33/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/13/2023	CANTU, JAVIER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,600.00	1307 W. DURANTA AVE
	40,000.00	
		ALAMO, TV 70510
		ALAMO, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign advertising expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/61	•
	Date	Payee name
	08/10/2023	CARRERA COMMUNICATIONS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	135 PASEO DEL PRADO AVE
	φο,σσσ.σσ	100 1 7 02 0 02 2 1 1 1 1 1 1 0 7 1 1 2
		EDINIDUDO TV 70500
		EDINBURG, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense consulting expense
		Consulting expense
	Operation ONE Wife disease	Occadidate (Office health a group of the constitution of the const
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/22/2023	CARRERA COMMUNICATIONS
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	135 PASEO DEL PRADO AVE
	•	
		EDINBURG, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign advertising expense
		ouripaign advertising expense
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	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 E Accounting/Banking F Consulting Expense F

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

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

Candidate/Officeholder/Politic Credit Card Payment	al 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: 9/50 Rpt: 34/75	Ramirez, Jose A. (The Honorable) 00083777	
4 Date 12/06/2023	5 Payee name CARRERA COMMUNICATIONS	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign advertising expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH	
Date 10/17/2023	Payee name CARRERA, MIGUEL	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense political campaign consulting expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH	
Date 10/20/2023	Payee name CARRERA, MIGUEL	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE	
	EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense consulting campaign expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH	
Forms provided by Tayas I	Ethics Commission Waww athics state by us Version V2.5.1.0hfcfh	.0=

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter	a category not listed ab	ove)
The Instruction Guide explains how to complete this form.												
1	Total pages Schedule F1:	al pages Schedule F1: 2 FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)			
	Sch: 10/50 Rpt: 35/75		Ramirez, Jose A. (The Honorable)							00083777		
4	Date	5	Payee name									
	08/04/2023		CASA MADI	RE								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$377.45		2200 S. 10T	H ST., STES0	5							
				•								
			MCALLEN,	TX 78503								
8	PURPOSE	⊢		e Categories listed at	the ten of this cal	hodulo)	(b)	Description				
	OF			e Calegories listed at age Expense	the top of this sci	nedule)	()		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 OOG/Dever	ige Expense				=		officeholder livin		
								campaign me	etii	ng expense)	
9	Complete ONLY if direct	C	Candidate/Offic	ceholder name		Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н					•					
H	Date		Payee name									
	12/06/2023	ı	•	E STAR NATIO	NAL BANK	<						
	Amount (\$)	<u> </u>	Payee addres			; Zip Co	de					
	\$120.00	ı	117 S. 10TH		June	, <u>-</u> .p 00						
	Ψ120.00		117 3. 1011	IAVL								
			EDINBURG,	, TX 78539								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex				Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	LAFENDITORE									officeholder livin		
								campaign su	ppli	es expense	9	
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/03/2023		CASH-LONE	E STAR NATIO	NAL BANK	(
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$300.00		117 S. 10TH	-		•						

			EDINBURG,	TV 70520								
		 										
	PURPOSE OF		•	e Categories listed at		hedule)	(b)	Description	outoi.	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		oittoo		므		officeholder livin	•	
			Carididate/C	micenoluei/Po	illicai Comii	iiillee		donation	, 17,	onicendidei iiviii	ig expense	
								aonation				
\vdash	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		a iuiual e /OIII	CHOIGEI HAIHE	,	onice sou	grit			Office I	iciu	

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 Loan Repayment/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Office Pholling Expense Offit/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract L	xpense Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	;	3 Filer ID (Ethics Commission Filers)			
	Sch: 11/50 Rpt: 36/75	Ramirez, Jose A. (The Honorable)		00083777			
4	Date	Payee name					
L	11/07/2023	CHURCH'S CHICKEN					
6		Payee address; City; State; Zip Code					
	\$73.57	820 E. UNIVERISTY					
		EDINBURG, TX 78539					
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descrip		stride of Tours Consulate Col. 1 1 7			
	EXPENDITURE	1 God/Deverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense			
		donatio		- ·			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held			
	Date	Payee name					
	11/07/2023	CHURCH'S CHICKEN					
	Amount (\$) Payee address; City; State; Zip Code						
	\$90.89 820 E. UNIVERISTY						
		EDINBURG, TX 78539					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descrip		tutaida of Tayan Complete Calastinis T			
	EXPENDITURE	RE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		donatio		•			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held			
	experience to belief C/O						
	Date	Payee name					
	12/12/2023	CITY OF DONNA					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$150.00	307 S. 12TH ST					
		DONNA, TX 78537					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descrip		tutoido of Toyas, Completo Sobodulo T			
	EXPENDITURE	Contributions/Bondtons Wade By		utside of Texas. Complete Schedule T. TX, officeholder living expense			
		donatio		•			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held			
	expenditure to benefit C/OH						

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 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: 12/50 Rpt: 37/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/01/2023	CITY OF HIDALGO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	704 E. RAMON AYALA DR
		HIDALGO, TX 78557
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign event expense
		Sampaigh Stone Superior
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/10/2023	COFFEE ZONE
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$146.57	1108 S. MCCOLL RD
	Ψ110101	1100 01 11100012 110
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign meeting expense
		Campaign meeting expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/14/2023	COPY PLUS
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.19	4500 N. 10TH ST. STE. 240
		MCALLEN, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign supplies expense
		campaign supplies expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

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

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

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 f	form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 13/50 Rpt: 38/75	Ramirez, Jose A. (The Honorable)		00083777	
4	Date	5 Payee name	•		
	11/17/2023	COSTA MESSA			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$286.89	5248 N. 10TH ST.			
		MCCALLEN, TX 78504			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	iption		
	OF EXPENDITURE	Food/Beverage Expense			plete Schedule T.
			eck if Austin, TX, aign meetir		expense
		Campe	aign meetii	ig experise	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
	expenditure to benefit C/O			Omoo ne	, i.e.
-	Date	Payee name			
	11/14/2023	COUNTRY OMELETTE			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$92.19	3420 N. 10TH			
	Ψ32.19	3420 N. 10111			
		MCALLEN, TX 78501			
	PURPOSE		! #!		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description:		de of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000/Develage Expense	eck if Austin, TX,		
		campa	aign meetir	ng expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	experientare to benefit eroi				
	Date	Payee name			
	12/08/2023	Circle K			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.45	1500 E. FERGUSON ST			
		PHARR, TX 78577			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip			
	OF EXPENDITURE	Traver in District			plete Schedule T.
			eck if Austin, TX, aign transp		
		Campe	agn dansp	ortation gas	, схропос
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·		J00 110	- -
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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: Sch: 14/50 Rpt: 39/75	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777	
4	<u> </u>	5 Payee name DECIBEL COMMUNICATIONS	_
6	Amount (\$) \$4,999.50	7 Payee address; City; State; Zip Code 2016 ORCHID AVE	
8	PURPOSE OF EXPENDITURE	MCALLEN, TX 78504 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign advertising expense	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 12/18/2023	Payee name DENNYS	
	Amount (\$) \$63.78	Payee address; City; State; Zip Code 1815 E. EXPRESSWAY 83 PENITAS, TX 78576	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meeting expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/22/2023	Payee name DILLARDS	
	Amount (\$) \$75.78	Payee address; City; State; Zip Code 2200 SOUTH TENTH ST	
		MCALLEN, TX 78501	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation	
	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 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: 15/50 Rpt: 40/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	10/20/2023	Don Pepe's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.67	306 N. McColl
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign lunch meeting expense
		cumpaign unen meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
F	Date	Payee name
	11/03/2023	Don Pepe's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	306 N. McColl
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/31/2023	EDINBURG CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	602 W. UNIVERSITY DR
	Ψ100.00	002 W. ONIVERSITI BIX
		EDINBURG, TX 78539
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign event expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services 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 File	ers)
	Sch: 16/50 Rpt: 41/75	Ramirez, Jose A. (The Honorable) 00083777	
4	Date	5 Payee name	
	11/28/2023	EL DIVINO	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,789.28	5001 N. 10TH ST	
		MCALLEN, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense campaign event expense	
		Campaign event expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Davies warms	
	12/26/2023	Payee name FELDMANS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.16	100 N. 10TH	
		MCALLEN, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	08/22/2023	FISHING FOR HOPE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	118 PASEO DEL PRADO	
	Ψ000.00	TIOTAGEO DEL TANDO	
		EDINBURG, TX 78539	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		donation	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	n	

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 17/50 Rpt: 42/75	Ramirez, Jose A. (The Honorable) 00083777	
4	Date	5 Payee name	
	11/16/2023	FIVE BELOW	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.13	339 E. TRENTON RD	
		EDINBURG, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		donation	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	·		
	Date	Payee name	
	12/18/2023	FIVE BELOW	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.60	339 E. TRENTON RD	
		EDINBURG, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		toy donation	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			
	Date	Payee name	
	11/14/2023	FLORES, ALFREDO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	711 SHERRY AVE	
L		PHARR, TX 78577	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		uonation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/50 Rpt: 43/75	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	•
	12/15/2023	FLORES, ALFREDO	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 711 SHERRY AVE	
		PHARR, TX 78577	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held
	Date	Payee name	
	11/30/2023	FLORES, ROMAN	
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 112 W. 8TH ST SAN JUAN, TX 78589	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign event expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held
	Date	Payee name	
	12/07/2023	FLORES, STEPHANIE	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 440 CRIPPLE CREEK	
		ALAMO, TX 78516	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement of campaign supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 19/50 Rpt: 44/75	Ramirez, Jose A. (The Honorable)
4	Date	5 Payee name
	12/03/2023	FUENTES, JACOB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	400 E. MINNESOTA RD
		SAN JUAN, TX 78589
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
T	Date	Payee name
	12/16/2023	Fuentes, Jesus
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	5478 Mile 1 1/2
	•	
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense campaign trailer rental expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
	Date	Payee name
	10/31/2023	GoodTimes Printing
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,478.93	847 S Alamo Rd
	• •	
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign advertising expense
		Campaign advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/50 Rpt: 45/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/29/2023	GoodTimes Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$270.63	847 S Alamo Rd
		Alamo, TX 78516
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	11/14/2023	Gorilla Prints
	Amount (\$)	Payee address; City; State; Zip Code
	\$267.92	104 Monica St.
		Mission, TX 78573
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/27/2023	Gorilla Prints
	Amount (\$)	Payee address; City; State; Zip Code
	\$267.92	104 Monica St.
		Mission, TX 78573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign advertising expense
		Campaigh advertising expense
	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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/50 Rpt: 46/75	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	
	10/24/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.88	1212 S. Closner	
L		Edinburg, TX 78589	
8	PURPOSE OF	, -	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			campaign supplies expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/O	1	
	Date	Payee name	
	11/01/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.30	1212 S. Closner	
		Edinburg, TX 78589	
	PURPOSE OF	2 (Description Chask if traval subside of Tourse Complete Schoolule T
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			campaign supplies expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI	1	
	Date	Payee name	
	12/11/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.55	1212 S. Closner	
		Ediahura TV 70500	
L		Edinburg, TX 78589	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Haver in District	Check if Austin, TX, officeholder living expense
			campaign transportation gas expense
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 22/50 Rpt: 47/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	10/24/2023	HIDALGO COUNTY RED MASS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	216 W. 1ST ST
		SAN JUAN , TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	Data	
	Date 10/27/2023	Payee name HIDALGO COUNTY YOUNG LAWYER ASSOCIATION
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 323 W. CANO STE. 100
	Ψ250.00	020 W. O. WO OTE. 100
		MCALLEN, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_	Dato	Davise name
	Date 10/24/2023	Payee name HOUSE WINE
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.46	1117 US BUSINESS
	Ψ110.40	
		MCALLEN , TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign meeting expense
	Complete ONLY if direct expenditure to benefit C/O	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 Co

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/50 Rpt: 48/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	10/25/2023	Hidalgo County Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	323 W. Cano, 1st Fl.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/11/2023	Hidalgo County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1111 W. Nolana
	, ,	
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		filing fee expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Payee name
	12/06/2023	Hidalgo County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1111 W. Nolana
	7_00.00	
		McAllen, TX 78504
	PURPOSE	To.
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		sponsorship-2023 HCDP Ballot Bash
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

1 Total pages Schedule F1: Sch: 24/50 Rpt: 49/75 Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777 4 Date 10/25/2023 5 Payee name Home Depot 6 Amount (\$) \$37.87 7 Payee address; City; State; Zip Code 801 TRENTON RD MCALLEN, TX 78504 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Sought Campaign office expense Date 11/03/2023 Amount (\$) Payee name Home Depot Amount (\$) Payee address; City; State; Zip Code 801 TRENTON RD MCALLEN, TX 78504 Payee address; City; State; Zip Code 801 TRENTON RD MCALLEN, TX 78504 Payee address; City; State; Zip Code 801 TRENTON RD MCALLEN, TX 78504 Purpose Of EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Poeck if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense campaign supplies expense campaign supplies expense	Sch: 24/50 Rpt: 49/75 Ramirez, Jose A Date 10/25/2023 Amount (\$) \$37.87 Payee address; 801 TRENTON F MCALLEN, TX 7 Removed the provided of the provided	City; State; Zip CRD 8504 gories listed at the top of this schedule)	(b) Description Check if tra	00083777	hics Commission Filers)
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9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/03/2023 Home Depot Amount (\$) Payee address; City; State; Zip Code \$1,477.85 801 TRENTON RD MCALLEN, TX 78504 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ense
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expenditure to benefit C/OH			3		
Date Payee name	Date Payee name				
11/30/2023 Home Depot	1,				
Amount (\$) Payee address; City; State; Zip Code		City: State: 7in C	ode		
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MCALLEN, TX 78504	MCALLEN TX 7	8504			
WOALLIN, 17, 70304			(h) 5		
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/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: 25/50 Rpt: 50/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	10/30/2023	Home Depot
6	Amount (\$) \$37.87	7 Payee address; City; State; Zip Code 801 TRENTON RD MCALLEN, TX 78504
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign supplies expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	Home Depot
	Amount (\$) \$38.44	Payee address; City; State; Zip Code 801 TRENTON RD MCALLEN, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign supplies expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/26/2023	Payee name Home Depot
	Amount (\$) \$74.60	Payee address; City; State; Zip Code 801 TRENTON RD
		MCALLEN, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign supplies expense
	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 Co

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 26/50 Rpt: 51/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/21/2023	JOHNNY'S TRUE VALUE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.23	4209 E. CANO ST
		EDINBURG, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign supplies expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/08/2023	KFC
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.53	2411 SOUTH HWY 281
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	12/22/2023	Kendra Scott
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.81	2200 S. 10th St.
		McAllen, TX 78501
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation
\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 Committe

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

	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: 27/50 Rpt: 52/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	12/22/2023	Kendra Scott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$178.62	2200 S. 10th St.
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	11/07/2023	LA ESPIGA BAKERY
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.72	1020 E. CANO
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/04/2023	LA REYNERA BAKERY
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.64	3502 W. MAIN AVE
	,	
		MISSION, TX 78574
	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		donation
	0 1 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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: 28/50 Rpt: 53/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/06/2023	LEADERSHIP MISSION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO BOX 1425
		MISSION, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		sponsorship
_	Opening ONLY if allowed	Outside to 10 ff and held an arrange of the second to
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/25/2023	LOWES
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.35	2802 W. UNIVERSITY
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign supplies expense
	Complete ONL V if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2023	LOWES
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.28	2802 W. UNIVERSITY
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign supplies expense
	Operation ONE VIII II	Open districts (Office health as a second se
	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 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: 29/50 Rpt: 54/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/07/2023	Lucky 7
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	400 E. Minnesota Rd
		San Juan, TX 78589
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign meeting expense
		campaign meeting expense
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/08/2023	Lucky 7
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	400 E. Minnesota Rd
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
L	12/21/2023	Lucky 7
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	400 E. Minnesota Rd
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Total various Calcadala E4	· · · · · · · · · · · · · · · · · · ·	1_	File v ID (File of Commission File va)
1	Total pages Schedule F1: Sch: 30/50 Rpt: 55/75	Ramirez, Jose A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00083777
4	Date	Payee name	_	
	12/06/2023	MAGALLANES, JOE ANTONIO		
6	Amount (\$) \$150.00	Payee address; City; State; Zip Code 109 BEECH ST. DONNA, TX 78537		
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austi	n, TX	side of Texas. Complete Schedule T. K, officeholder living expense tion expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	12/22/2023	MARIPOZA BOUTIQUE		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$243.56	6500 N. 10TH ST MCALLEN, TX 78501		
	P. P. C.	·		
	PURPOSE OF EXPENDITURE	Continuations/Donations water By		side of Texas. Complete Schedule T. K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	Date 12/24/2023	Payee name MARIPOZA BOUTIQUE		
	Amount (\$) \$135.31	Payee address; City; State; Zip Code 6500 N. 10TH ST MCALLEN, TX 78501		
		. In.		
	PURPOSE OF EXPENDITURE	Continuations/Donations water by		side of Texas. Complete Schedule T. K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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1	Total pages Schedule F1: Sch: 31/50 Rpt: 56/75	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777
4	Date 10/20/2023	5 Payee name MCALLEN HOSPITALITY
	10/20/2023	MCALLEN HOSPITALITY
6	Amount (\$) \$541.25	7 Payee address; City; State; Zip Code 101 N. MAIN ST MCALLEN, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign event expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	MORENO, JAVIER
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	709 S. NEBRASKA AVE
	Φ130.00	709 S. NEDRASKA AVE
		SAN JUAN, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		sponsorship-2nd Annual Colonial Toy
		Giveaway/Mayor Mario Garza
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/24/2023	MORI JAPANESE GRILL
	Amount (\$)	
	\$313.73	2200 S. 10TH
		MCALLEN, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign meeting expense
	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 32/50 Rpt: 57/75	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777
4	Date	5 Payee name
	10/27/2023	Martinez, JESUS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1333 CELINDA AVE
		ALAMO, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign supplies expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2023	Moreno, ELIZABETH
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	5101 HAVEN LANE
		EDINBURG, TX 78542
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign advertising expense
		campaign advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/21/2023	PERFUME EXTRAOD
\vdash		
	Amount (\$) \$108.24	Payee address; City; State; Zip Code 2200 S. 10TH ST.
	Φ100.24	2200 S. 101H S1.
		MOALLEN, TV 70504
		MCALLEN, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation
\vdash	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 Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explain	Office Overl Polling Expo Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 33/50 Rpt: 58/75		Ramirez, Jose A. (The Honorable)				00083777
4	Date	5	Payee name			_	
	12/15/2023		PIZZA HUT				
6	Amount (\$) \$40.24		Payee address; City; Stat 1802 S. CLONSER EDINBURG, TX 78539	e; Zip Cod	е		
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chula)	b) Description		
	OF EXPENDITURE		Food/Beverage Expense	(Cinedule)	Check if travel	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense ng expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name	Office soug	ht		Office held
	Date		Payee name				
	08/25/2023		Pappadeux				
	Amount (\$)		Payee address; City; Stat	e; Zip Cod	е		
	\$168.10		1610 W. Exp 83 Pharr, TX 78577				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this see Food/Beverage Expense	chedule)	<u> </u>	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name	Office soug	ht		Office held
	Date 11/22/2023		Payee name Pappadeux				
	Amount (\$) \$702.50	ı	Payee address; City; Stat 1610 W. Exp 83	e; Zip Cod	e		
			Pharr, TX 78577				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this see Food/Beverage Expense	chedule)	□	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense ng expense
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name	Office soug	ht		Office held
-	rms provided by Tayas F	4l-:	Commission www.athics	otot - 1			Varsian V3 5 1 0hfcfh67

SCHEDULE F1

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

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: 34/50 Rpt: 59/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/25/2023	Pappadeux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$174.98	1610 W. Exp 83
		Pharr, TX 78577
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign meeting expense
		campaign meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/05/2023	Pappadeux
H	Amount (\$)	Payee address; City; State; Zip Code
	\$199.47	1610 W. Exp 83
	Ψ133.41	1010 W. Ελβ 00
		Dhorr TV 70577
L		Pharr, TX 78577
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign meeting expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/27/2023	Printex
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	401 E. Nolana Loop
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign advertising expense
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
l		

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	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/50 Rpt: 60/75	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	·
	11/02/2023	Printex	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$85.00	401 E. Nolana Loop	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			campaign advertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/17/2023	Printex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.00	401 E. Nolana Loop	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense campaign advertising expense
			oampaign autorioning expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/06/2023	Printex	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.00	401 E. Nolana Loop	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense campaign advertising expense
			oampaign autoritioning expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 36/50 Rpt: 61/75	Ramirez, Jose A. (The Honorable) 00083777	
4	Date	5 Payee name	
	11/30/2023	RADISSON HOTEL MCALLEN AIRPORT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,840.49	2721 S. TENTH ST.	
		MCALLEN , TX 78503	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense campaign event expense	
		cumpaign event expense	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
	Date	Payee name	=
	11/09/2023	REPUBLIC OF THE RIO	
_	Amount (\$)	Payee address; City; State; Zip Code	-
	\$119.59	1411 S. 10TH	
	Ψ113.33	1411 3. 10111	
		MCALLEN, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		campaign lunch meeting expense	
	0 1 0 0 1 1 1 1		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	12/18/2023	REYES, NORMA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	3457 PFC PEDRO MARTINEZ RD	
		MERCEDES, TX 78579	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LXI LINDITORL	Candidate/Officeholder/Political Committee	
		donation	
	Complete ONLY if alice of	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
_			_
			_

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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 37/50 Rpt: 62/75	Ramirez, Jose A. (The Honorable)		00083777
4	Date	5 Payee name		-
	10/13/2023	ROBLEDO, MIGUEL		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$10,000.00	914 S. 15TH ST., STE. A		
		MCALLEN, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				political campaign consulting expense
_	Operation ONLY if allowed	Overdidate/Office hadden as a second		Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held
_				
	Date	Payee name		
	12/16/2023	ROBLEDO, MIGUEL		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$10,000.00	914 S. 15TH ST., STE. A		
		MCALLEN, TX 78501		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				campaign consulting expense
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	07/18/2023	RVHS BAND BOOSTER		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$425.00	801 E. CANTON RD		
		EDINBURG, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Contributions/Donations Made By	``	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Ćommittee		Check if Austin, TX, officeholder living expense
				sponsorship
			Ļ	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Orange to bonom oron	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	T.1 21 11 -	
1	Total pages Schedule F1:	
	Sch: 38/50 Rpt: 63/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/02/2023	Ramirez, Jose
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$222.00	2203 FRESNO ST
		SAN JUAN, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign flag poles advertising expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/OI	
	Date	Payee name
	10/04/2023	Rio Grande Valley Diabetes Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4603 N. 6th St.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	12/06/2023	SABERCATE BASKETBALL BOOSTER CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	801 E. CANTON RD
		EDINBURG, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITURE	Candidate/Officeholder/Political Committee
		sponsorship 2023-2024 RVHS First Edition, Sabercat Program Book
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to beliefft 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 39/50 Rpt: 64/75	Ramirez, 3	Jose A. (The Honora	ble)				00083777		
4	Date	5 Payee nam	e							
	11/17/2023	SALINAS,	PETER							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$1,250.00	601 E. VA	N WEEK							
		EDINBUR	G, TX 78539							
8	PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisin	g Expense			므		ide of Texas. Com , officeholder living		
						campaign adv				
						oupa.g aa		og oxpo		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ught			Office he	eld	
L										
	Date	Payee nam	e							
	12/07/2023	SANCHEZ	Z, NORA H.							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$100.00	1916 EZE	KIEL ST							
		EDINBUR	G, TX 78542							
	PURPOSE		See Categories listed at the to		(b)	Description				
	OF EXPENDITURE		ons/Donations Made			_		ide of Texas. Com		
		Candidate	/Officeholder/Politica	al Committee		toy donation	, 12	, officeholder living	j expense	
						10) 4041.0				
Н	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н			•					
F	Date	Payee nam	e							
	12/05/2023	1 1	ANUEL JR							
H	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	1 1	ST 4TH STREET	, ,						
	•									
		WESLAC	O, TX 78596							
	PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE		ons/Donations Made			브		ide of Texas. Com		
		Candidate	/Officeholder/Politica	al Committee		Check if Austin,	, TX	, officeholder living	j expense	
						adriadon				
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> Jaht			Office he	eld	
	expenditure to benefit C/OI			S.1100 300				C.Moc He		
\vdash										
L										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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		mmittee	Legal Service	s			Vages	/Contract Labor		OTHER (enter	a category not listed a	bove)
				The Instru	ction Guide	e explains h	low to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 40/50 Rpt: 65/75		Ramirez, Jo	se A. (Th	e Honora	able)					00083777	,	
4	Date	5	Payee name										
	08/04/2023		ST. JOSEPI	H CATHO	LIC SCH	HOOL							
6	Amount (\$)	7	Payee addres	s; City	/ ;	State;	Zip Co	de					
	\$100.00		114 W. FAY	ST.									
			EDINBURG	. TX 7853	39								
8	PURPOSE	(2)						(h)	Description				
١	OF	رم) 	Category _{(Se}				dule)	(6)	Description Check if travel	outsi	de of Texas Co	mplete Schedule T.	
	EXPENDITURE		Candidate/C				ttee		=		officeholder livi	•	
					0.7. 00	o • • • • • • • • • • • • • • • • • •			donation				
9	Complete ONLY if direct		Candidate/Offic	ceholder n	ame	0	ffice sou	aht			Office	held	
	expenditure to benefit C/OI	Н						J					
-	Date	Π	Doves name										
	11/07/2023		Payee name ST. JOSEPI		NIC SCL	1001							
		L											
	Amount (\$)		Payee addres		/ ;	State;	Zip Co	ode					
	\$150.00		114 W. FAY	ST.									
			EDINBURG	, TX 7853	39								
	PURPOSE	(a)	Category (Se	e Categories	listed at the to	op of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donatio	ns Made	е Ву			=			mplete Schedule T.	
	LXI LINDITORL		Candidate/C	Officehold	er/Politic	al Commi	ttee		—	ı, TX,	officeholder livi	ng expense	
									donation				
								<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder n	ame	0	ffice sou	ght			Office	neld	
	experience to benefit Gree												
	Date		Payee name										
	11/29/2023		STARBUCK	S									
	Amount (\$)		Payee addres	s; City	y ;	State;	Zip Co	de					
	\$180.00		525 E. TRE	NTON RE)								
			EDINBURG	, TX 7853	39								
	PURPOSE	(a)	Category (Se					(h)	Description				
	OF	اس	Contribution	-		•	edule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Candidate/C				ttee		=		officeholder livi		
									donation				
	Complete ONLY if direct	(Candidate/Offic	ceholder n	ame	0	ffice sou	ght			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 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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)
Sch: 41/50 Rpt: 66/75	Ramirez, Jose A. (The Honorable)		00083777	
4 Date	5 Payee name			
11/06/2023	Smokin Moon			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$56.10	1617 W. Polk			
	Pharr, TX 78577			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	_	outside of Texas. Complete Schedule T.	
			, TX, officeholder living expense	
		campaign me	eeting expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht .	Office held	
expenditure to benefit C/Ol		jiit	Office field	
Data				
Date 10/25/2023	Payee name			
	Stripes			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$29.77	721 N. Closner			
	Edinburg, TX 78539			
PURPOSE OF	, , ,	(b) Description		
EXPENDITURE	Travel In District	ш	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
			Insportation gas expense	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	-1			
Date	Payee name			
10/25/2023	Stripes			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$15.00	721 N. Closner			
	Edinburg, TX 78539			
PURPOSE		(b) Description		
OF	Travel In District		outside of Texas. Complete Schedule T.	
EXPENDITURE	Traver in Biodiet	Check if Austin	, TX, officeholder living expense	
		campaign-ga	s transportation expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
experientitie to beliefft C/OI	·			

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 compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 42/50 Rpt: 67/75	Ramirez, Jose A. (The Honorable)			00083777	
4	Date	5 Payee name		•		
	10/25/2023	Stripes				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$29.77	721 N. Closner				
		Edinburg, TX 78539				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF	Travel In District		el outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE		_		(, officeholder living	
			campaign-ti	ans	portation gas	s expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	experience to benefit Gree					
	Date	Payee name				
	11/27/2023	Stripes				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$73.18	721 N. Closner				
		Edinburg, TX 78539				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Travel In District	—		side of Texas. Com	
	LAFLINDITORL				(, officeholder living	
			campaign g	as ı	ransportatior	i expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	nld
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·			Office file	eiu
_						
	Date	Payee name				
	11/27/2023	Stripes				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$21.59	721 N. Closner				
		Edinburg, TX 78539				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	EXPENDITURE	Travel In District	ш		side of Texas. Com (, officeholder living	•
			_		ransportatior	
			Jampaigirg	us t	a iopoitutioi	. experies
L	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	-jų
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·			Onice He	Jiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 43/50 Rpt: 68/75	Ramirez, Jose A. (The Honorable)		00083777
4	Date	5 Payee name		<u> </u>
	12/08/2023	Stripes		
6	Amount (\$)	7 Payee address; City; State; Zip Code	-	
	\$74.00	721 N. Closner		
		Edinburg, TX 78539		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	o)	Description
	OF	Travel In District	·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ĺ	Check if Austin, TX, officeholder living expense
				campaign transportation gas expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	- CAPCHARATO TO DOMONE GAO			
	Date	Payee name		
	12/15/2023	Stripes		
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$73.68	721 N. Closner		
		Edinburg, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	o)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				campaign transportation gas expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	•		Office field
	Data	Davisa sama		
	Date 12/27/2023	Payee name Stripes		
		•		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$73.36	721 N. Closner		
		- II		
		Edinburg, TX 78539		
	PURPOSE OF	,) '	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				campaign transportation gas expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	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 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: 44/50 Rpt: 69/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	12/11/2023	Sunoco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	2100 W. Trenton
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign transportation gas expense
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/29/2023	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.76	2100 W. Trenton
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign transportation gas expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
_	Date	Payee name
	07/10/2023	TEXAS CENTER OF THE JUDICIARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	1210 SAN ANTONIO ST. STE. 800
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		AUSTIN, TX 78701
	PURPOSE	Tax
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		continuing education
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction G	uide explains ho	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 45/50 Rpt: 70/75		Ramirez, Jo	se A. (The Hon	orable)					00083777		
4	Date	5	Payee name									
	11/01/2023			RESTAURANT	-							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coo	de					
	\$122.67		1506 N. CL	OSNER BLVD								
			EDINBURG	. TX 78539								
8	PURPOSE	(a)					(b)	Description				
ľ	OF	(۳)		ee Categories listed at t age Expense	he top of this sched	ule)	(5)		outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		1 OOG/Deven	age Expense				Check if Austin,	, TX,	officeholder livir	ng expense	
								campaign me	eti	ng expense)	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice souç	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/04/2023		VALLEY BA	KERY BREAD								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$25.50		169 N. TEX	AS AVE								
			MERCEDES	S, TX 78570								
	PURPOSE	(a)	Category (se	ee Categories listed at t	he ton of this sched	ule)	(b)	Description				
	OF			age Expense		(10)			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE			3 1				_	, TX,	officeholder livir	ng expense	
								donation				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Off	fice souç	ght			Office h	neld	
	experiantare to benefit Groi	_										
	Date		Payee name									
	12/04/2023		VALLEY BA	KERY BREAD								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$29.64		108 N. DAN	IEL SALINAS E	BLVD#A							
			DONNA, TX	78537								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sched	ule)	(b)	Description				
	OF EXPENDITURE			age Expense				브			mplete Schedule T.	
	LAI LINDITORE							_	, TX,	officeholder livir	ng expense	
								donation				
	Commission ON 11 V 11 11	L_	Opendidet 1000	l l-l			au le d			O#: '	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Off	fice souç	ynt			Office h	ieia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 46/50 Rpt: 71/75	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/03/2023	VERAS KING O MEATS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.56	2941 TEXAS BLVD
	,	
		WEST ACO. TV 7050C
		WESLACO, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		uonation expense
_	Operation Children	Openhidate (Office healther resource and the control of the contro
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/05/2023	WESLACO CHAMBER OF COMMERCE
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	275 S. KANSAS AVE, STE.B
		WESLACO, TX 78596
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes Complete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign event expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	11/21/2023	WINGSTOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.82	1801 N. CONWAY AVE, STE. F
		MISSION, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign meeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 47/50 Rpt: 72/75	Ramirez, Jose A. (The Honorable)		00083777
4	Date	5 Payee name		-
	10/17/2023	Wal-Mart		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$300.00	2812 S. Expressway		
		Edinburg, TX 78542		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense campaign supplies
				campaign supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/O		gc	Cco
_	Date	Payee name		
	10/24/2023	Wal-Mart		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$8.10	2812 S. Expressway		
		, , , , , , , , , , , , , , , , , , , ,		
		Edinburg, TX 78542		
	PURPOSE		(b)	Description
	OF	Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				campaign supplies expense
	0 1: 0:11:4:15			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	· 			
	Date	Payee name		
	11/30/2023	Wal-Mart		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$31.37	2812 S. Expressway		
		Edinburg, TX 78542		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Onicenoide//Folitical Committee		toy donation
				•
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	4		

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 48/50 Rpt: 73/75	Ramirez, Jose A. (The Honorable)			00083777	
4	Date	5 Payee name				
	12/06/2023	Wal-Mart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$219.11	2812 S. Expressway				
		Edinburg, TX 78542				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF	Contributions/Donations Made By		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	_	TX,	officeholder living	g expense
			toy donation			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office he	eld
L						
	Date	Payee name				
	12/08/2023	Wal-Mart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$219.11	2812 S. Expressway				
		Edinburg, TX 78542				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Contributions/Donations Made By	ш			plete Schedule T.
		Candidate/Officeholder/Political Committee	toy donation	TX,	officeholder living	g expense
			toy donation			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	elq
	expenditure to benefit C/OH					
	Date	Davias nama				
	12/29/2023	Payee name Wal-Mart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.51	2812 S. Expressway				
	Ψ14.51	2012 3. Expressway				
		Ediphura TV 70542				
		Edinburg, TX 78542				
	PURPOSE OF	,	Description Check if travel of	nutei	de of Teyes Com	plete Schedule T.
	EXPENDITURE	Travel In District	ш		officeholder living	
			campaign sup	pli	es expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/O	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Total manage Calculula E4.	C. File D. MANE				
1	Total pages Schedule F1: Sch: 49/50 Rpt: 74/75	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777				
4	Date	5 Payee name				
	12/29/2023	Wal-Mart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$242.43	2812 S. Expressway				
		Edinburg, TX 78542				
		Euliburg, 1 × 70342				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	-	Check if Austin, TX, officeholder living expense				
		campaign supplies expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	07/10/2023	Walgreens				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$700.00	1418 E. University Dr.				
	\$700.00	1410 E. Olliversity Dr.				
		Edinburg, TX 78539				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	EXPENDITORE	Candidate/Officeholder/Political Committee				
		donation				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
F	Date	Payee name				
	12/26/2023	Yard House				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$321.30	2200 S. 10th St.				
		McAllen, TX 78501				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Food/Beverage Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		campaign meeting expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

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	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: 50/50 Rpt: 75/75	Ramirez, Jose A. (The Honorable) 00083777				
4	Date	5 Payee name				
	10/20/2023	ebay.com				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$438.40	2145 Hamilton Ave.				
		San Jose, CA 95125				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense campaign supplies expense				
		campaign supplies expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Date	Dougo nomo				
	10/26/2023	Payee name				
		ebay.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$488.20	2145 Hamilton Ave.				
		San Jose, CA 95125				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense campaign supplies expense				
		campaign supplies expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
-	Data	Davies same				
	Date 07/03/2023	Payee name ebay.com				
		•				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$16.23	2145 Hamilton Ave.				
		San Jose, CA 95125				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense campaign advertising expense				
		campaign auventising expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					