#### 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) 00062099 94 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jesus NAME Date Received **ELECTRONICALLY FILED** 01/17/2024 NICKNAME LAST **SUFFIX** Jesse Contreras CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5400 South Jackson Rd MAILING Amount Receipt # **ADDRESS** Change of Address Edinburg, TX 78539 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Clarissa NAME NICKNAME LAST **SUFFIX** De La Cruz Flores STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 5400 South Jackson Rd. **ADDRESS** (Residence or Business) Edinburg, TX 78539 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 502-5777 **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** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

**GO TO PAGE 2** 

District Judge

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 94

| 13 C / OH NAME   | Contreras, Jesus (Th             | e Honorable)          |  | 14 Filer ID<br>00062099                             | (Ethics Con                 | nmission Filers)        |
|--|----------------------------------|-----------------------|--|---|-----------------------------|-------------------------|
| This box is for notice of political contributions accepted or political expenditures made by political contributions accepted or political expenditures made by political condidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive notice for the consent. Candidates and officeholders are required to report this information only if they receive notice for the consent. |                                  |                       |  |   |                             | owledge or              |
| Additional Pages   | COMMITTEE TYPE                   | COMMITTEE NAM         | ΛΕ   |   |                             |                         |
|  | GENERAL                          |                       |  |   |                             |                         |
|  |                                  | COMMITTEE ADD         | DRESS  |   |                             |                         |
|  | SPECIFIC                         |                       |  |   |                             |                         |
|  |                                  | COMMITTEE CAN         | MPAIGN TREASURER NAME  |   |                             |                         |
|  |                                  | COMMITTEE CAN         | IPAIGN TREASURER ADDRES  | SS  |                             |                         |
|  |                                  |                       |  |   |                             |                         |
| <b>16</b> CONTRIBUTION TOTALS  |                                  |                       | ONTRIBUTIONS(OTHER THAN<br>CONTRIBUTIONS MADE ELE  |   | \$                          | 0.00                    |
|  |                                  | ICAL CONTRIBU         | <b>ITIONS</b><br>, OR GUARANTEES OF LOAN:  | S)  | \$                          | 24,050.00               |
| EXPENDITURE<br>TOTALS  | <del></del>                      | IZED POLITICAL E      | •  | <u>υ</u>  | \$                          | 0.00                    |
|  | 4. TOTAL POLIT                   | ICAL EXPENDIT         | URES   |   | \$                          | 279,828.21              |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITIC REPORTING PE    |                       | NS MAINTAINED AS OF THE L  | AST DAY OF THE                                      | \$                          | 14,239.82               |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIF<br>OF THE REPOR |                       | LL OUTSTANDING LOANS AS  | OF THE LAST DAY                                     | \$                          | 0.00                    |
| 17 AFFIDAVIT   |                                  |                       |  |   |                             |                         |
|  |                                  |                       | I swear, or affirm, under penalty<br>true and correct and includes a<br>under Title 15, Election Code. | y of perjury, that the a<br>Il information required | ccompanyinç<br>to be report | g report is<br>ed by me |
|  |                                  |                       | The Hono   | rable Jesus Contre                                  | ras                         |                         |
|  |                                  |                       | Signature of   | Candidate or Officeho                               | older                       |                         |
| AFFIX NO   | TARY STAMP / SEAL AB             | OVE                   |  |   |                             |                         |
| Sworn to and subs  | cribed before me, by the s       | aid                   |  | , this the  |                             | day                     |
| of   | , 20, to co                      | ertify which, witness | my hand and seal of office.  |   |                             |                         |
|  |                                  |                       |  |   |                             |                         |
| Signature of office  | cer administering oath           | Printed name          | of officer administering oath  | Title of office                                     | er administe                | ring oath               |

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

|   |   |  |                    | JVLK .     | 3 of 94       |
|---|---|--|--------------------|------------|---------------|
|   | ER NAN  | (Ethics C  | Commission Filers) |            |               |
| 20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE |   |  |                    |            | BTOTAL AMOUNT |
| 1.                                      | X   | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                  |                    | \$         | 24,050.00     |
| 2.                                      |   | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                  |                    | \$         |               |
| 3.                                      |   | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                              |                    | \$         |               |
| 4.                                      |   | SCHEDULE E(J): LOANS (JUDICIAL)  |                    | \$         |               |
| 5.                                      | X   | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS             | S                  | \$         | 9,810.18      |
| 6.                                      |   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     |                    | \$         |               |
| 7.                                      |   | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION             | ONS                | \$         |               |
| 8.                                      |   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                |                    | \$         |               |
| 9.                                      | 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS |  | \$                 | 270,018.03 |               |
| 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 IT TO FILER | RETURNED           | \$         |               |
|   |   |  |                    |            |               |

|    | MONET  | ARY POLITICAL  | CONTRIBUTIO            | ONS                             |   | SCHEDULE A(J)1                               |
|----|--|--|------------------------|---------------------------------|---|--|
|    | The Instruction Guide explains how to complete this form.                |  |                        | 1                               | Total pages Schedule A(J)1:<br>Sch: 1/6 Rpt: 4/94 |  |
| 2  | FILER NAME<br>Contreras, J   | esus (The Honorable)                                     |                        |                                 | 3   | Filer ID (Ethics Commission Filers) 00062099 |
| 4  | Date<br>12/08/2023   | ate 5 Full name of contributor out-of-state PAC (ID#:) 7 |                        | 7                               | Amount of Contribution (\$) \$300.00              |  |
|    |  | 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 | oous  | se (if any)                                  |
| 12 | ! 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#: | )                               | T   | Amount of Contribution (\$)                  |
|    | 10/15/2023 Castaneda, Arturo  Contributor address; City; State; Zip Code |  |                        |                                 | \$1,500.00  |  |
|    |  | Mercedes, TX 78570                                       |                        |                                 |   |  |
|    |  | Principal Occupation                                     |                        | Contributor's Job Title         |   |  |
|    | self-employe   |  |                        | owner                           |   |  |
|    | Contributor's e  | employer/law firm  |                        | Law firm of contributor's sp    | oous  | se (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#: | )                               | Г   | Amount of Contribution (\$)                  |
|    | 10/14/2023   | Davila, Jose   | _                      |                                 |   | \$1,500.00                                   |
|    | Contributor address; City; State; Zip Code  McAllen, TX 78504            |  |                        |                                 |   |  |
| -  | Contributor's I  | I<br>Principal Occupation                                |                        | Contributor's Job Title         | _   |  |
|    | self-employed self   |  |                        |                                 |   |  |
|    | Contributor's employer/law firm Law firm of contributor's sp             |  |                        | oous                            | se (if any)                                       |  |
|    | self   |  |                        |                                 |   |  |
|    | 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 ho                                  | w to complete this     | form.                           | 1                                      | Total pages Schedule A(J)1:<br>Sch: 2/6 Rpt: 5/94 |
| 2  | FILER NAME<br>Contreras, J  | esus (The Honorable)                                     |                        |                                 | 3                                      | Filer ID (Ethics Commission Filers)<br>00062099   |
| 4  | Date<br>10/14/2023  | Date 5 Full name of contributor out-of-state PAC (ID#: 7 |                        | 7                               | Amount of Contribution (\$) \$2,500.00 |   |
|    |   | Edinburg, TX 78542                                       |                        |                                 |  |   |
| 8  |   | Principal Occupation                                     |                        | 9 Contributor's Job Title       |  |   |
| _  | self employe  |  |                        | self                            |  | or (thous)  |
| 10 | self  | employer/law firm  |                        | 11 Law firm of contributor's sp | ous                                    | se (II 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#: | )                               |  | Amount of Contribution (\$)                       |
|    | 10/14/2023 De La Cruz, Juan  Contributor address; City; State; Zip Code       |  |                        |                                 | \$1,000.00                             |   |
| H  | Contributor's F   | Edinburg, TX 78542 Principal Occupation                  |                        | Contributor's Job Title         |  |   |
|    | self employe  |  |                        | self                            |  |   |
|    |   |  |                        | Law firm of contributor's sp    | oous                                   | se (if any)                                       |
|    | 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 (\$)                       |
|    | 10/16/2023 Dr. Michael R. Kilgore  Contributor address; City; State; Zip Code |  |                        | \$2,500.00                      |  |   |
|    |   | McAllen, TX 78504  |                        | T                               |  |   |
|    | Contributor's I   | Principal Occupation                                     |                        | Contributor's 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) (i                      | any)                   |                                 |  |   |
|    |   |  |                        |                                 |  |   |

|   | MONET  | ARY POLITICAL  | CONTRIBUTION           | ONS                             |   | SCHEDULE A(J)1                               |
|---|--|--|------------------------|---------------------------------|---|--|
|   | The Instruction Guide explains how to complete this form.                    |  |                        | 1                               | Total pages Schedule A(J)1:<br>Sch: 3/6 Rpt: 6/94 |  |
| 2   | FILER NAME<br>Contreras, J   | esus (The Honorable)   |                        |                                 | 3   | Filer ID (Ethics Commission Filers) 00062099 |
| 4   | Date<br>10/13/2023   | <ul><li>5 Full name of contributor<br/>Elena's Beauty Salon</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: |                                 | 7   | Amount of Contribution (\$) \$1,000.00       |
| L   |  | Elsa, TX 78543   |                        | I                               |   |  |
| 8   | Contributor's I  | Principal Occupation   |                        | 9 Contributor's Job Title       |   |  |
| 10  | Contributor's  | employer/law firm  |                        | 11 Law firm of contributor's sp | oou   | se (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#: | )                               | Τ   | Amount of Contribution (\$)                  |
|   | 11/28/2023 Gonzalez, John Robert  Contributor address; City; State; Zip Code |  |                        |                                 | \$250.00  |  |
|   |  | Mercedes, TX 78570   |                        |                                 |   |  |
|   |  | Principal Occupation   |                        | Contributor's Job Title         |   |  |
|   | self employe   | ed   |                        | self                            |   |  |
|   | Contributor's e  | employer/law firm  |                        | Law firm of contributor's sp    | oou   | se (if any)                                  |
|   | 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 Contribution (\$)                  |
|   | 10/13/2023   | Hernandez, Dulce   | <b>_</b>               | ·                               |   | \$1,500.00                                   |
|   | Contributor address; City; State; Zip Code  Alamo, TX 78516                  |  |                        |                                 |   |  |
|   | Contributor's I  | I<br>Principal Occupation  |                        | Contributor's Job Title         | <u> </u>  |  |
|   | attorney self  |  |                        |                                 |   |  |
|   | Contributor's employer/law firm Law firm of contributor's sp                 |  |                        | oou                             | se (if any)                                       |  |
|   | DM Hernandez Law Firm  |  |                        |                                 |   |  |
| If contributor is a child, law firm of parent(s) (if any) |  |  |                        |                                 |   |  |
|   |  |  |                        |                                 |   |  |

|                                 | MONETARY POLITICAL CONTRIBUTIONS                          |                                      |                              |                                 |   |                            | A(J)1       |
|---------------------------------|---|--------------------------------------|------------------------------|---------------------------------|---|----------------------------|-------------|
|                                 | The Instruction Guide explains how to complete this form. |                                      |                              |                                 | otal pages Schedule A(J)<br>ch: 4/6 Rpt: 7/94 | 1:                         |             |
| 2                               | FILER NAME  |                                      |                              |                                 | 3 Fi  | ler ID (Ethics Commiss     | ion Filers) |
|                                 | Contreras, J  | esus (The Honorable)                 |                              |                                 |   | 0062099                    | ŕ           |
| 4                               | Date  | 5 Full name of contributor           | out-of-state PAC (ID#:_      | )                               | <b>7</b> Ar                                   | mount of Contribution (\$) |             |
|                                 | 09/29/2023  | Hinojosa Law, PLLC                   | _ ` -                        |                                 |   | , ,                        | \$1,500.00  |
|                                 |   | 6 Contributor address; City; S       | State; Zip Code              |                                 |   |                            |             |
|                                 |   | Houston, TX 77006                    |                              | <b>.</b>                        |   |                            |             |
| 8                               | Contributor's I   | Principal Occupation                 |                              | 9 Contributor's Job Title       |   |                            |             |
| 10                              | Contributor's   | employer/law firm                    |                              | 11 Law firm of contributor's sp | 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#:_      | )                               | Ar  | nount of Contribution (\$) |             |
|                                 | 11/30/2023  | Juan Ramos Law Group                 | PLLC                         |                                 |   |                            | \$500.00    |
|                                 | Contributor address; City; State; Zip Code                |                                      |                              |                                 |   |                            |             |
|                                 |   | McAllen, TX 78504                    |                              |                                 |   |                            |             |
|                                 | Contributor's I   | Principal Occupation                 |                              | Contributor's Job Title         |   |                            |             |
| Contributor's employer/law firm |   |                                      | Law firm of contributor's sp | 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#:_      | )                               | Ar  | mount of Contribution (\$) |             |
|                                 | 11/01/2023  | Livesay Law Office                   | _                            |                                 |   |                            | \$1,000.00  |
|                                 | Contributor address; City; State; Zip Code                |                                      |                              |                                 | <br>  |                            |             |
|                                 | Contribution  | McAllen, TX 78504                    |                              | Combath stanta 3 1 791          |   |                            |             |
|                                 | Contributors  | Principal Occupation                 |                              | Contributor's Job Title         |   |                            |             |
|                                 | Contributor's   | employer/law firm                    |                              | Law firm of contributor's sp    | pouse (                                       | if any)                    |             |
|                                 | If contributor is a child, law firm of parent(s) (if any) |                                      |                              |                                 |   |                            |             |
|                                 |   |                                      |                              |                                 |   |                            |             |

|    | MONET   | ARY POLITICAL (   | CONTRIBUTIO             | DNS                             |            | SCHEDULE A(J)1                                    |
|----|---|---|-------------------------|---------------------------------|------------|---|
|    | The Instru  | ction Guide explains hov  | v to complete this f    | orm.                            | 1          | Total pages Schedule A(J)1:<br>Sch: 5/6 Rpt: 8/94 |
| 2  | FILER NAME<br>Contreras, J  | esus (The Honorable)  |                         |                                 | 3          | Filer ID (Ethics Commission Filers) 00062099      |
| 4  | Date<br>10/12/2023  | <ul><li>5 Full name of contributor</li><li>M3 Demolition</li><li>6 Contributor address; City; S</li></ul> | out-of-state PAC (ID#:_ |                                 | 7          | Amount of Contribution (\$) \$2,500.00            |
|    |   | Weslaco , TX 78596  |                         |                                 |            |   |
| 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 | ! If contributor is   | s a child, law firm of parent(s) (if a  | any)                    |                                 |            |   |
|    | Date  | Full name of contributor  | out-of-state PAC (ID#:_ | )                               | Т          | Amount of Contribution (\$)                       |
|    | 10/12/2023 Olivarez, Maricela  Contributor address; City; State; Zip Code |   |                         |                                 | \$1,000.00 |   |
|    | 0 + - 1 - 1 - 1 - 1   | Weslaco , TX 78596  |                         | Occasionated 1-1-Title          |            |   |
|    | educator  | Principal Occupation  |                         | Contributor's Job Title         |            |   |
|    |   |   |                         | principal                       |            |   |
|    |   | employer/law firm<br>a Middle School  |                         | Law firm of contributor's sp    | ous        | se (II 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#:_ | )                               | Π          | Amount of Contribution (\$)                       |
|    | 10/02/2023  | Palacios Love Law, PLLC   | ;                       |                                 |            | \$500.00  |
|    | Contributor address; City; State; Zip Code                                |   |                         |                                 |            |   |
|    | Contributorio   | Edinburg, TX 78539  |                         | Contributorio Joh Titlo         |            |   |
|    | Contributors  | 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                               |            |   |
|    |   |   |                         |                                 |            |   |

| MONE           | TARY POLITICAL CONTRIBUTION                                     | ONS   | SCHEDULE A(J)1                        |
|----------------|---|---|---------------------------------------|
| The Instr      | uction Guide explains how to complete this                      | 1 Total pages Schedule A(J)1:<br>Sch: 6/6 Rpt: 9/94 |                                       |
| 2 FILER NAM    | E   |   | 3 Filer ID (Ethics Commission Filers) |
| Contreras,     | Jesus (The Honorable)   |   | 00062099                              |
| 4 Date         | 5 Full name of contributor  ut-of-state PAC (ID#:               | :)  | 7 Amount of Contribution (\$)         |
| 10/10/2023     |   |   | \$2,500.00                            |
|                | 6 Contributor address; City; State; Zip Code  McAllen, TX 78504 |   | ·•                                    |
| 8 Contributor' | s Principal Occupation  | 9 Contributor's Job Title                           | 1                                     |
| accountan      |   | accountant  |                                       |
|                | s employer/law firm   | 11 Law firm of contributor's sp                     | nouse (if any)                        |
| self           | s employernaw iiim  | Law iiiii oi contributoi 3 S                        | pouse (ii aiiy)                       |
|                | r is a child, law firm of parent(s) (if any)                    | 1   |                                       |
| Date           | Full name of contributor  ut-of-state PAC (ID#:                 | :)  | Amount of Contribution (\$)           |
| 10/12/2023     | The Law Office of Rene Flores, PLLC                             |   | \$2,500.00                            |
|                | Contributor address; City; State; Zip Code  Mission, TX 78572   |   |                                       |
| Contributor'   | s Principal Occupation  | Contributor's Job Title                             |                                       |
| Continuator    | s Finicipal Occupation  | Contributor 3 30b Title                             |                                       |
| Contributor'   | s employer/law firm   | Law firm of contributor's s                         | pouse (if any)                        |
| If contributo  | r is a child, law firm of parent(s) (if any)                    | 1   |                                       |
|                |   |   |                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

|   | 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: 1/3 Rpt: 10/94                                 | Contreras, Jesus (The Honorable)                          | 00062099  |
| 4 | Date  | 5 Payee name  |   |
|   | 10/25/2023  | De Leon, Christian  |   |
| 6 | Amount (\$)<br>\$750.00                             | 7 Payee address; City; State; Zip Code                    |   |
|   |   | Weslaco , TX 78596  |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | Galaries/ Wages/ Contract Eabor                           | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense            |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought                 | Office held   |
|   | Date  | Payee name  |   |
|   | 10/25/2023  | Diaz, Bernardo  |   |
|   | Amount (\$)<br>\$5,060.18                           | Payee address; City; State; Zip Code                      |   |
|   |   | Edinburg, TX 78539  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | I finding Expense   | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense<br>aterial |
|   | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought                 | Office held   |
|   | Date  | Payee name  |   |
|   | 10/27/2023  | Hernandez, Ruben  |   |
|   | Amount (\$)<br>\$1,000.00                           | Payee address; City; State; Zip Code                      |   |
|   |   | Edcouch, TX 78538   |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | Salaries/ Wages/Corritact Labor                           | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense            |
|   | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought                 | Office held   |
|   |   |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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 Travel Out of District

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| 1 | Sch: 2/3 Rpt: 11/94  | Contreras, Jesus (The Honorable)  Contreras, Jesus (The Honorable)  |
| 4 | Date   | 5 Payee name  |
|   | 10/25/2023   | Hidalgo Co. Red Mass Committee  |
| 6 | Amount (\$) \$500.00   | 7 Payee address; City; State; Zip Code<br>1101 Chicago Ave.   |
|   |  |   |
|   |  | McAllen, TX 78501   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By   |
|   |  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation  |
|   |  | donation  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |
|   | experialitare to beliefit C/Oi   | '   |
|   | Date   | Payee name  |
|   | 10/25/2023   | Hidalgo Co. Young Lawyers Assoc.  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   | 323 W. Cano   |
|   |  |   |
|   |  | Edinburg, TX 78539  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation  |
|   |  | donation  |
| H | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | 1   |
|   | Date   | Payee name  |
|   | 10/25/2023   | Olvera, Jonas   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   |   |
|   |  |   |
|   |  | Weslaco , TX 78596  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  contract labor  |
|   |  | Contract tabol  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  |   |
|   |  |   |
|   |  |   |
|   |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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

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

|   | Candidate/Officenoider/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.            | OTHER (enter a category not listed above)                                      |
|---|--|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 3/3 Rpt: 12/94                                    | Contreras, Jesus (The Honorable)                                     | 00062099   |
| 4 | Date   | 5 Payee name   |  |
|   | 10/27/2023   | Roland Gutierrez for Texas   |  |
| 6 | Amount (\$)<br>\$500.00                                | <b>7</b> Payee address; City; State; Zip Code  San Antonio, TX 78201 |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                           |  | l outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought                            | Office held  |
|   | Date   | Payee name   |  |
|   | 10/25/2023   | Saldana, Jose B.   |  |
|   | Amount (\$)<br>\$1,000.00                              | Payee address; City; State; Zip Code  McAllen, TX 78501              |  |
|   | PURPOSE  |  |  |
|   | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Eabor  | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense   |
|   | Complete ONLY if direct expenditure to benefit C/O     | Candidate/Officeholder name Office sought                            | Office held  |
|   |  |  |  |

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office C<br>Food/Beverage Expense Polling<br>Gift/Awards/Memorials Expense Printing | epayment/Reimbursement //verhead/Rental Expense Expense Expense s/Wages/Contract Labor complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|--|--|---|
| 1 | Total pages Schedule G:   | FILER NAME   | 3  | Filer ID (Ethics Commission Filers)   |
| _ | Sch: 1/82 Rpt: 13/94  | Contreras, Jesus (The Honorable)   | ľ  | 00062099  |
| 4 | Date  | Payee name   |  |   |
|   | 12/21/2023  | Alaniz, Deonora Maria  |  |   |
| 6 | Amount (\$)   | Payee address; City; State; Zip (  | Code   |   |
|   | \$900.00  | 1406 1st Ln  |  |   |
|   | Reimbursement from political contributions intended   | Palmview, TX 78572   |  |   |
| 8 | PURPOSE   | Category (See Categories listed at the top of this schedule)                             | (b) Description  | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor  |  | Check if Austin, TX, officeholder living expense  |
|   | EXPENDITORE   |  | general contract la  | bor   |
| Ļ | Compulate ONII V if diseast   | didata/Officalada u racina   | Office country   | Office held   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | aidate/Oniceriolaer name   | Office sought  | Office held   |
|   | Date  | Payee name   |  |   |
|   | 12/12/2023  | Alvarado, Jorge  |  |   |
|   | Amount (\$)   | Payee address; City; State; Zip (  | Code   |   |
|   | \$1,150.00  |  |  |   |
|   | Reimbursement from political contributions intended   | Pharr, TX 78577  |  |   |
|   | PURPOSE   | Category (See Categories listed at the top of this schedule)                             | Description  | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor  |  | Check if Austin, TX, officeholder living expense  |
|   |   |  | general contract la  | bor   |
|   |   |  |  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | didate/Officeholder name   | Office sought  | Office held   |
| Т | Date  | Payee name   | <u> </u>   |   |
|   | 07/23/2023  | Álvarado, Jorge  |  |   |
| Т | Amount (\$)   | Payee address; City; State; Zip (  | Code   |   |
|   | \$1,150.00  |  |  |   |
|   | Reimbursement from political contributions intended   | Pharr, TX 78577  |  |   |
| H | PURPOSE   | Category (See Categories listed at the top of this schedule)                             | Description  | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF  | Salaries/Wages/Contract Labor  |  | Check if Austin, TX, officeholder living expense  |
|   | EXPENDITURE   | Č  | general contract la  | bor   |
|   |   |  |  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | didate/Officeholder name   | Office sought  | Office held   |
|   |   |  |  |   |
|   |   |  |  |   |
|   |   |  |  |   |

#### SCHEDULE G

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

|   | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Off Food/Beverage Expense Pol / - Gift/Awards/Memorials Expense Prii | n Repayment/Reimbursement<br>ce Overhead/Rental Expense<br>ing Expense<br>ting Expense<br>aries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|--|---|--|---|
|   | oroak oara'r aymone  | The Instruction Guide explains how  | to complete this form.   |   |
| 1 | Total pages Schedule G:  | 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 2/82 Rpt: 14/94   | Contreras, Jesus (The Honorable)  |  | 00062099  |
| 4 | Date   | 5 Payee name  |  |   |
|   | 07/02/2023   | Andrade, Maribel  |  |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zi  | Code   |   |
|   | \$1,450.00   |   |  |   |
|   | Reimbursement from political contributions intended  | Palmview, TX 78572  |  |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule           | (b) Description  | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |  | Check if Austin, TX, officeholder living expense  |
|   |  |   | general contract   | labor   |
|   |  |   |  |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held   |
|   | Date   | Payee name  |  |   |
|   | 12/26/2023   | Andrade, Maribel  |  |   |
|   | Amount (\$)  | Payee address; City; State; Zi  | Code   |   |
|   | \$700.00   |   |  |   |
|   | X Reimbursement from political contributions intended  | Palmview, TX 78572  |  |   |
|   | PURPOSE<br>OF  | Category (See Categories listed at the top of this schedule               | Description  | Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor   | L  | Check if Austin, TX, officeholder living expense  |
|   |  |   | general contract   | labor   |
|   |  |   |  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held   |
|   | Date   | Payee name  |  |   |
|   | 12/19/2023   | Avila, Sarita   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zi  | Code   |   |
|   | \$400.00   |   |  |   |
|   | X Reimbursement from political contributions intended  | Donna, TX 78537   |  |   |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule               | Description  | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   | L  | Check if Austin, TX, officeholder living expense  |
|   |  |   | general contract   | labor   |
|   |  |   |  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held   |
|   |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                  | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor |      | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|----------|---|------------------|---|--|--------------------------------|------|--|
| L        |   |                  | The Instruction Guide explains  | how to co                              | omplete this form.             |      |  |
| 1        | Total pages Schedule G:   | 2 FILER NAME     | <u> </u>  |  |                                | 3    | Filer ID (Ethics Commission Filers)  |
|          | Sch: 3/82 Rpt: 15/94  | Contreras,       | Jesus (The Honorable)   |  |                                |      | 00062099   |
| 4        | Date  | 5 Payee name     |   |  |                                |      |  |
|          | 07/02/2023  | Barajas, Ef      |   |  |                                |      |  |
| 6        | Amount (\$)   | 7 Payee addre    | ess; City; State;   | ; Zip Co                               | ode                            |      |  |
|          | \$1,150.00  |                  |   |  |                                |      |  |
|          | Reimbursement from  |                  |   |  |                                |      |  |
|          | X political contributions intended  | McAllen, T       | X 78504   |  |                                |      |  |
| 8        | PURPOSE<br>OF   | ' ' ' '          | ee Categories listed at the top of this sch                             | edule)                                 | (b) Description                | =    | neck if travel outside of Texas. Complete Schedule T.  |
|          | EXPENDITURE   | Salaries/Wa      | ages/Contract Labor   |  | L                              |      | eck if Austin, TX, officeholder living expense   |
|          |   |                  |   |  | general contract               | labo | or   |
|          |   |                  |   |  |                                |      |  |
| 9        | Complete ONLY if direct expenditure to benefit  | Candidate/Office | holder name   |  | Office sought                  |      | Office held  |
|          | C/OH  |                  |   |  |                                |      |  |
| H        | Data  | B                |   |  |                                |      |  |
|          | Date  | Payee name       |   |  |                                |      |  |
|          | 11/18/2023  | Barajas, Ef      |   |  |                                |      |  |
|          | Amount (\$)   | Payee addre      | ess; City; State;   | ; Zip Co                               | ode                            |      |  |
|          | \$1,350.00  |                  |   |  |                                |      |  |
|          | Reimbursement from political contributions  |                  |   |  |                                |      |  |
|          | intended  | McAllen, T       | X 78504   |  |                                |      |  |
|          | PURPOSE   | Category (S      | ee Categories listed at the top of this sch                             | edule)                                 | Description                    | =    | eck if travel outside of Texas. Complete Schedule T.   |
|          | OF<br>EXPENDITURE   | Salaries/Wa      | ages/Contract Labor   |  |                                |      | eck if Austin, TX, officeholder living expense   |
|          | -   |                  |   |  | general contract               | labo | or   |
|          |   |                  |   |  |                                |      |  |
|          | Complete ONLY if direct   | Candidate/Office | holder name   |  | Office sought                  |      | Office held  |
|          | expenditure to benefit C/OH   |                  |   |  |                                |      |  |
| $\vdash$ | D-1-  | <br>T _          |   |  |                                |      |  |
|          | Date  | Payee name       |   |  |                                |      |  |
|          | 07/02/2023  | Barajas, Ju      |   |  |                                |      |  |
|          | Amount (\$)   | Payee addre      | ess; City; State;   | ; Zip Co                               | ode                            |      |  |
|          | \$1,000.00  |                  |   |  |                                |      |  |
|          | Reimbursement from political contributions  |                  |   |  |                                |      |  |
|          | intended  | Palmview,        | TX 78572  |  |                                |      |  |
|          | PURPOSE   | Category (S      | ee Categories listed at the top of this sch                             | edule)                                 | Description                    | _    | eck if travel outside of Texas. Complete Schedule T.   |
|          | OF<br>EXPENDITURE   | Salaries/W       | ages/Contract Labor   |  |                                | _    | eck if Austin, TX, officeholder living expense   |
|          |   |                  |   |  | general contract               | labo | or   |
| L        |   |                  |   |  |                                |      |  |
|          |   | Candidate/Office | holder name   |  | Office sought                  |      | Office held  |
|          | expenditure to benefit C/OH   |                  |   |  |                                |      |  |
|          |   |                  |   |  |                                |      |  |
|          |   |                  |   |  |                                |      |  |
|          |   |                  |   |  |                                |      |  |

# SCHEDULE G

#### **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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | mmittee         | Gift/Awards/Memorial:<br>Legal Services  The Instruction G | s Expense            |        |                  |      | Travel Out of District OTHER (enter a category not listed abo | ve)         |
|---|--|-----|-----------------|--|----------------------|--------|------------------|------|---|-------------|
| 1 | Total pages Schedule G:  | 2   | FILER NAME      | <u> </u>   |                      |        |                  | 3    | Filer ID (Ethics Commission                                   | ı Filers)   |
|   | Sch: 4/82 Rpt: 16/94   |     | Contreras,      | Jesus (The Hor   | norable)             |        |                  |      | 00062099  |             |
| 4 | Date   | 5   | Payee name      |  |                      |        |                  |      |   |             |
|   | 12/20/2023   |     | Barajas, Jua    | anita  |                      |        |                  |      |   |             |
| 6 | Amount (\$)  | 7   | Payee addres    | ss; City;  | State;               | Zip Co | ode              |      |   |             |
|   | \$2,900.00   |     |                 |  |                      |        |                  |      |   |             |
|   | Reimbursement from political contributions intended  |     | Palmview, 1     | ΓX 78572   |                      |        |                  |      |   |             |
| 8 | PURPOSE  | (a) | Category (Se    | ee Categories listed at                                    | the top of this sche | edule) | (b) Description  | =    | neck if travel outside of Texas. Complete                     |             |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa     | ages/Contract L  | .abor                |        | L                |      | eck if Austin, TX, officeholder living expe                   | ense        |
|   |  |     |                 |  |                      |        | general contract | labo | or  |             |
|   |  |     |                 |  |                      |        |                  |      |   |             |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car | ndidate/Officel | nolder name  |                      |        | Office sought    |      | Office held   |             |
|   | Date   |     | Payee name      |  |                      |        |                  |      |   |             |
|   | 07/02/2023   |     | Bazan, Meli     | issa   |                      |        |                  |      |   |             |
|   | Amount (\$)  |     | Payee addres    | ss; City;  | State;               | Zip Co | ode              |      |   |             |
|   | \$2,100.00   |     |                 |  |                      |        |                  |      |   |             |
|   | Reimbursement from   |     |                 |  |                      |        |                  |      |   |             |
|   | X political contributions intended   |     | Edcouch, T      | X 78538  |                      |        |                  |      |   |             |
|   | PURPOSE  |     | Category (Se    | ee Categories listed at                                    | the top of this sch  | edule) | Description      | Ch   | neck if travel outside of Texas. Complete                     | Schedule T. |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa     | ages/Contract L  | .abor                |        | [                | Ch   | eck if Austin, TX, officeholder living expe                   | ense        |
|   |  |     |                 |  |                      |        | general contract | labo | or  |             |
|   |  |     |                 |  |                      |        |                  |      |   |             |
|   | Complete ONLY if direct expenditure to benefit   | Car | ndidate/Officel | nolder name  |                      |        | Office sought    |      | Office held   |             |
|   | C/OH   |     |                 |  |                      |        |                  |      |   |             |
|   | Date   |     | Payee name      |  |                      |        |                  |      |   |             |
|   | 11/22/2023   |     | Bazan, Meli     | issa   |                      |        |                  |      |   |             |
|   | Amount (\$)  | ┝   | Payee addres    |  | State:               | Zip Co | ode              |      |   |             |
|   | \$750.00   |     | ,               |  | ,                    |        |                  |      |   |             |
|   | Reimbursement from   |     |                 |  |                      |        |                  |      |   |             |
|   | x political contributions intended   |     | Edcouch, T      | X 78538  |                      |        |                  |      |   |             |
|   | PURPOSE  |     | Category (Se    | ee Categories listed at                                    | the top of this sch  | edule) | Description      | Ch   | neck if travel outside of Texas. Complete                     | Schedule T. |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa     | ages/Contract L  | .abor                |        | [                | _    | eck if Austin, TX, officeholder living expe                   | ense        |
|   | <del></del>  |     |                 |  |                      |        | general contract | labo | or  |             |
|   |  |     |                 |  |                      |        |                  |      |   |             |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Car | ndidate/Officel | nolder name  |                      |        | Office sought    |      | Office held   |             |
|   |  |     |                 |  |                      |        |                  |      |   |             |
|   |  |     |                 |  |                      |        |                  |      |   |             |
| l |  |     |                 |  |                      |        |                  |      |   |             |

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarie | Overhead/Rental Expense<br>Expense<br>J Expense<br>s/Wages/Contract Labor | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|---|--|
|   |  | The Instruction Guide explains how to  | complete this form.   |  |
| 1 | Total pages Schedule G:  | 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 5/82 Rpt: 17/94   | Contreras, Jesus (The Honorable)   |   | 00062099   |
| 4 | Date   | 5 Payee name   |   |  |
|   | 08/23/2023   | Beltran, Herminia  |   |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip (  | ^ode  |  |
| ľ | \$1,000.00   | Trayer address, Only, State, 21p   | 5000  |  |
|   |  |  |   |  |
|   | Reimbursement from political contributions   | Ediah TV 70500   |   |  |
|   | intended   | Edinburg, TX 78539   | _   |  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor  | <u> </u>  | Check if Austin, TX, officeholder living expense   |
|   |  |  | general contract la   | abor   |
|   |  |  |   |  |
| 9 |  | Candidate/Officeholder name  | Office sought   | Office held  |
|   | expenditure to benefit C/OH  |  |   |  |
|   |  |  |   |  |
|   | Date   | Payee name   |   |  |
|   | 11/27/2023   | Beltran, Roque   |   |  |
|   | Amount (\$)  | Payee address; City; State; Zip  | Code  |  |
|   | \$1,350.00   |  |   |  |
|   | Reimbursement from   |  |   |  |
|   | X political contributions intended   | Edinburg, TX 78539   |   |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)   | Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF   | Salaries/Wages/Contract Labor  |   | Check if Austin, TX, officeholder living expense   |
|   | EXPENDITURE  |  | general contract la   | abor   |
|   |  |  |   |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name  | Office sought   | Office held  |
|   | expenditure to benefit   |  | · ·   |  |
|   | C/OH   |  |   |  |
|   | Date   | Payee name   |   |  |
|   | 07/10/2023   | Benavidez, Joshua  |   |  |
|   | Amount (\$)  | Payee address; City; State; Zip  | Code  |  |
|   | \$800.00   | 1832 S. Cesar Chavez Rd.   |   |  |
|   | Reimbursement from   |  |   |  |
|   | x political contributions intended   | Edinburg, TX 78542   |   |  |
| H | PURPOSE  | Category (See Categories listed at the top of this schedule)   | Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF   | Advertising Expense  |   | Check if Austin, TX, officeholder living expense   |
|   | EXPENDITURE  |  | social media  |  |
|   |  |  |   |  |
|   | Complete ONLY if direct  | Landidate/Officeholder name  | Office sought   | Office held  |
|   | expenditure to benefit   |  | <del> </del>  |  |
|   | C/OH   |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |

#### SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Solicitation/Fundraising 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 | Office Over<br>Polling Ex<br>Printing E |                    | Transportation Equipment &<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category n | Related Expense         |
|---|---|-----|-----------------|---|---|--------------------|---|-------------------------|
|   | Credit Card Fayment                                   |     |                 | The Instruction Guide explains  | how to co                               | omplete this form. |   |                         |
| 1   | Total pages Schedule G:                               | 2   | FILER NAME      |   |   |                    | 3 Filer ID (Ethics Co   | mmission Filers)        |
|   | Sch: 6/82 Rpt: 18/94                                  |     | Contreras, J    | lesus (The Honorable)   |   |                    | 00062099  |                         |
| 4   | Date  | 5   | Payee name      |   |   |                    |   |                         |
|   | 08/01/2023  |     | Benavidez,      | Joshua  |   |                    |   |                         |
| 6   | Amount (\$)   | 7   | Payee addres    | ss; City; State;  | Zip Co                                  | nde                |   |                         |
| ľ   | \$1,140.00  | ľ   |                 | sar Chavez Rd.  | 2.p 00                                  | , do               |   |                         |
|   |   |     | 1002 0. 000     | one one of the  |   |                    |   |                         |
|   | X Reimbursement from political contributions intended |     | Edinburg, T     | X 78542   |   |                    |   |                         |
| 8   | PURPOSE   | (a) | Category (Se    | e Categories listed at the top of this sch                              | edule)                                  | (b) Description    | Check if travel outside of Texas  | s. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                     |     | Advertising     | Expense   |   |                    | Check if Austin, TX, officeholde  | er living expense       |
|   | EXI ENDITORE  |     |                 |   |   | social media       |   |                         |
|   |   |     |                 |   |   |                    |   |                         |
| 9   | Complete ONLY if direct                               | Cai | ndidate/Officeh | nolder name   |   | Office sought      | Office hel  | d                       |
|   | expenditure to benefit<br>C/OH                        |     |                 |   |   |                    |   |                         |
|   | Date  |     | Payee name      |   |   |                    |   |                         |
|   | 08/25/2023  |     | Benavidez,      | Joshua  |   |                    |   |                         |
|   | Amount (\$)   | H   | Payee addres    | ss; City; State;  | Zip Co                                  | ode                |   |                         |
|   | \$500.00  |     | •               | sar Chavez Rd.  | p 0                                     |                    |   |                         |
|   |   |     | 1002 0. 000     | onavez na.  |   |                    |   |                         |
|   | X Reimbursement from political contributions intended |     | Edinburg, T     | X 78542   |   |                    |   |                         |
|   | PURPOSE   |     | Category (Se    | e Categories listed at the top of this sch                              | edule)                                  | Description        | Check if travel outside of Texas  | s. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                     |     | Advertising     | Expense   |   |                    | Check if Austin, TX, officeholde  | er living expense       |
|   |   |     |                 |   |   | social media       |   |                         |
|   |   |     |                 |   |   |                    |   |                         |
|   | •   | Cai | ndidate/Officeh | nolder name   |   | Office sought      | Office hel  | d                       |
|   | expenditure to benefit<br>C/OH                        |     |                 |   |   |                    |   |                         |
|   | 0,011   | _   |                 |   |   |                    |   |                         |
|   | Date  |     | Payee name      |   |   |                    |   |                         |
|   | 10/16/2023  |     | Benavidez,      | Joshua  |   |                    |   |                         |
|   | Amount (\$)   |     | Payee addres    | ss; City; State;  | Zip Co                                  | ode                |   |                         |
|   | \$1,100.00  |     | 1832 S. Ces     | sar Chavez Rd.  |   |                    |   |                         |
|   | Reimbursement from                                    |     |                 |   |   |                    |   |                         |
|   | X political contributions intended                    |     | Edinburg, T     | X 78542   |   |                    |   |                         |
|   | PURPOSE<br>OF   |     | Category (Se    | e Categories listed at the top of this scho                             | edule)                                  | Description        | Check if travel outside of Texas  | •                       |
|   | EXPENDITURE   |     | Advertising     | Expense   |   | L                  | Check if Austin, TX, officeholde  | er living expense       |
|   |   |     |                 |   |   | social media       |   |                         |
| L   |   | L   |                 |   |   |                    |   |                         |
|   |   | Cai | ndidate/Officeh | nolder name   |   | Office sought      | Office hel  | d                       |
|   | expenditure to benefit C/OH                           |     |                 |   |   |                    |   |                         |
| $\vdash$  |   |     |                 |   |   |                    |   |                         |
|   |   |     |                 |   |   |                    |   |                         |
|   |   |     |                 |   |   |                    |   |                         |

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                     | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains |           | xpense<br>Vages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|---------------------|--|-----------|--------------------------------|---|
| 1 | Total pages Schedule G:<br>Sch: 7/82 Rpt: 19/94   | 2 FILER 1<br>Contre | NAME<br>ras, Jesus (The Honorable)   |           |                                | 3 Filer ID (Ethics Commission Filers) 00062099                                      |
| 4 | Date  | <b>5</b> Payee r    | name   |           |                                |   |
|   | 11/17/2023  | 1                   | dez, Joshua  |           |                                |   |
| 6 | Amount (\$)   | 7 Payee a           | address; City; State   | e; Zip Co | ode                            |   |
|   | \$1,025.00  | 1832 S              | . Cesar Chavez Rd.   |           |                                |   |
|   | Reimbursement from political contributions intended   | Edinbu              | rg, TX 78542   |           |                                |   |
| 8 | PURPOSE   | (a) Catego          | y (See Categories listed at the top of this sc   | hedule)   | (b) Description                | Check if travel outside of Texas. Complete Schedule T.                              |
|   | OF<br>EXPENDITURE   | Adverti             | sing Expense   |           |                                | Check if Austin, TX, officeholder living expense                                    |
|   | -   |                     |  |           | social media                   |   |
|   |   |                     |  |           |                                |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/C         | Officeholder name  |           | Office sought                  | Office held   |
|   | Date  | Payee r             | name   |           |                                |   |
|   | 12/01/2023  | Benavi              | dez, Joshua  |           |                                |   |
|   | Amount (\$)   | Payee a             | address; City; State   | e; Zip Co | ode                            |   |
|   | \$950.00  | 1832 S              | 5. Cesar Chavez Rd.  |           |                                |   |
|   | Reimbursement from political contributions intended   | Edinbu              | rg, TX 78542   |           |                                |   |
|   | PURPOSE<br>OF   |                     | y (See Categories listed at the top of this so   | hedule)   | Description                    | Check if travel outside of Texas. Complete Schedule T.                              |
|   | EXPENDITURE   | Adverti             | sing Expense   |           | L                              | Check if Austin, TX, officeholder living expense                                    |
|   |   |                     |  |           | social media                   |   |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/C         | Officeholder name  |           | Office sought                  | Office held   |
|   | Date  | Payee r             | name   |           |                                |   |
|   | 07/03/2023  | Benavi              | dez, Leonel  |           |                                |   |
|   | Amount (\$)   | Payee a             | address; City; State   | e; Zip Co | ode                            |   |
|   | \$1,750.00  |                     |  |           |                                |   |
|   | X Reimbursement from political contributions intended   | Merce               | des, TX 78570  |           |                                |   |
|   | PURPOSE   | Catego              | y (See Categories listed at the top of this sc   | hedule)   | Description                    | Check if travel outside of Texas. Complete Schedule T.                              |
|   | OF<br>EXPENDITURE   | Salarie             | s/Wages/Contract Labor   |           | L                              | Check if Austin, TX, officeholder living expense                                    |
|   |   |                     |  |           | general contract               | арог  |
|   | Complete ONLY if direct   | Candidate/C         | Officeholder name  |           | Office sought                  | Office held   |
|   | expenditure to benefit C/OH   | Cariuluale/C        | onecholuci name  |           | Onice Sougift                  | Onice Held  |
|   |   |                     |  |           |                                |   |
|   |   |                     |  |           |                                |   |

#### SCHEDULE **G**

# 

|   | 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 Ex Legal Services The Instruction Guid |        | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/M | pense<br>/ages/Contract Labor |   | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|-----|---|--------|---|-------------------------------|---|---|
| 1 | Total pages Schedule G:  | 2   | FILER NAME  |        |   |                               | 3 | Filer ID (Ethics Commission Filers)   |
|   | Sch: 8/82 Rpt: 20/94   |     | Contreras, Jesus (The Honor   | able)  |   |                               |   | 00062099  |
| 4 | Date<br>11/10/2023   | 5   | Payee name<br>Benavidez, Leonel   |        |   |                               |   |   |
| 6 | Amount (\$) \$2,254.00   | 7   | Payee address; City;  | State; | Zip Co  | de                            |   |   |
|   | Reimbursement from political contributions intended  |     | Mercedes, TX 78570  |        |   |                               |   |   |
| 8 | PURPOSE<br>OF  | (a) | Category (See Categories listed at the  |        | dule)   | (b) Description               | = | neck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense   |
|   | EXPENDITURE  |     | Salaries/Wages/Contract Lab   | or     |   | general contract              | _ |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Car | ndidate/Officeholder name   |        |   | Office sought                 |   | Office held   |
|   | Date   |     | Payee name  |        |   |                               |   |   |
|   | 12/11/2023   |     | Benavidez, Leonel   |        |   |                               |   |   |
|   | Amount (\$)  |     | Payee address; City;  | State; | Zip Co  | de                            |   |   |
|   | \$2,286.00   |     |   |        |   |                               |   |   |
|   | Reimbursement from political contributions intended  |     | Mercedes, TX 78570  |        |   |                               |   |   |
|   | PURPOSE<br>OF  |     | Category (See Categories listed at the  | •      | dule)   | Description                   | = | heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense   |
|   | EXPENDITURE  |     | Salaries/Wages/Contract Lab   | or     |   | general contract              | _ |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Car | ndidate/Officeholder name   |        |   | Office sought                 |   | Office held   |
|   | Date 12/22/2023  |     | Payee name<br>Benavidez, Leonel   |        |   |                               |   |   |
|   | Amount (\$)<br>\$1,106.00  |     | Payee address; City;  | State; | Zip Co  | de                            |   |   |
|   | Reimbursement from political contributions intended  |     | Mercedes, TX 78570  |        |   |                               |   |   |
|   | PURPOSE<br>OF  |     | Category (See Categories listed at the  | •      | dule)   | Description                   | = | heck if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  |     | Salaries/Wages/Contract Lab   | or     |   | L<br>general contract         | _ | neck if Austin, TX, officeholder living expense   |
|   |  |     |   |        |   | gonorai contituot             |   | <del>.</del> .  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Car | ndidate/Officeholder name   |        |   | Office sought                 |   | Office held   |
|   |  |     |   |        |   |                               |   |   |

# SCHEDULE G

#### **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/Political Committee Credit Card Payment |   | mmittee | Food/Beverage Expense<br>Gift/Awards/Memorials Ex<br>Legal Services<br>The Instruction Guid |                             |                  | kpense<br>/ages/Contract Labor |                 | Travel in D<br>Travel Out<br>OTHER (er |                | i above)                   |                   |
|--|---|---------|---|-----------------------------|------------------|--------------------------------|-----------------|--|----------------|----------------------------|-------------------|
| 1  | Total pages Schedule G:                               | 2       | FILER NAME  |                             |                  |                                |                 | 3                                      | Filer ID       | (Ethics Commis             | sion Filers)      |
|  | Sch: 9/82 Rpt: 21/94                                  |         | Contreras,  | Jesus (The Honor            | able)            |                                |                 |  | 000620         | 99                         |                   |
| 4  | Date  | 5       | Payee name  |                             |                  |                                |                 |  |                |                            |                   |
|  | 07/10/2023  |         | Benchmark   | Outdoor Media               |                  |                                |                 |  |                |                            |                   |
| 6  | Amount (\$)   | 7       | Payee addre   | ss; City;                   | State;           | Zip Co                         | de              |  |                |                            |                   |
|  | \$3,200.00  |         | 2813 Ted C  | ircle                       |                  |                                |                 |  |                |                            |                   |
|  | Reimbursement from political contributions intended   |         | Harlingen, 1  | ΓX 78550                    |                  |                                |                 |  |                |                            |                   |
| 8  | PURPOSE   | (a)     | Category (S   | ee Categories listed at the | top of this sche | edule)                         | (b) Description | Ch                                     | neck if travel | outside of Texas. Com      | plete Schedule T. |
|  | OF<br>EXPENDITURE                                     |         | Advertising   | Expense                     |                  |                                |                 | Ch                                     | neck if Austii | n, TX, officeholder living | expense           |
|  |   |         |   |                             |                  |                                | billboards      |  |                |                            |                   |
|  |   |         |   |                             |                  |                                |                 |  |                |                            |                   |
| 9  | Complete ONLY if direct expenditure to benefit C/OH   | Cai     | ndidate/Officel   | holder name                 |                  |                                | Office sought   |  |                | Office held                |                   |
|  | Date  |         | Payee name  |                             |                  |                                |                 |  |                |                            |                   |
|  | 08/31/2023  |         | Benchmark   | Outdoor Media               |                  |                                |                 |  |                |                            |                   |
|  | Amount (\$)   |         | Payee addre   | ss; City;                   | State;           | Zip Co                         | de              |  |                |                            |                   |
|  | \$3,200.00  |         | 2813 Ted C  | circle                      |                  |                                |                 |  |                |                            |                   |
|  | Reimbursement from political contributions intended   |         | Harlingen, 7  | ΓX 78550                    |                  |                                |                 |  |                |                            |                   |
|  | PURPOSE   |         | Category (Se  | ee Categories listed at the | top of this sche | edule)                         | Description     | =                                      |                | l outside of Texas. Com    |                   |
|  | OF<br>EXPENDITURE                                     |         | Advertising   | Expense                     |                  |                                | L               | Ch                                     | neck if Austii | n, TX, officeholder living | expense           |
|  |   |         |   |                             |                  |                                | billboards      |  |                |                            |                   |
|  | Complete ONII V if direct                             |         | a di data /Offica   | haldar rayra                |                  |                                | Office country  |  |                | Office held                |                   |
|  | Complete <u>ONLY</u> if direct expenditure to benefit | Cai     | ndidate/Officel   | noider name                 |                  |                                | Office sought   |  |                | Office held                |                   |
|  | C/OH  |         |   |                             |                  |                                |                 |  |                |                            |                   |
|  | Date  |         | Payee name  |                             |                  |                                |                 |  |                |                            |                   |
|  | 10/10/2023  |         | Benchmark   | Outdoor Media               |                  |                                |                 |  |                |                            |                   |
|  | Amount (\$)   |         | Payee addre   | ss; City;                   | State;           | Zip Co                         | de              |  |                |                            |                   |
|  | \$3,200.00  |         | 2813 Ted C  | circle                      |                  |                                |                 |  |                |                            |                   |
|  | Reimbursement from                                    |         |   |                             |                  |                                |                 |  |                |                            |                   |
|  | X political contributions intended                    |         | Harlingen,  | ΓX 78550                    |                  |                                |                 |  |                |                            |                   |
|  | PURPOSE   |         | Category (S   | ee Categories listed at the | top of this sche | edule)                         | Description     | Ch                                     | neck if travel | l outside of Texas. Com    | plete Schedule T. |
|  | OF<br>EXPENDITURE                                     |         | Advertising   | Expense                     |                  |                                |                 | Ch                                     | neck if Austir | n, TX, officeholder living | expense           |
|  | <del>-</del>  |         |   |                             |                  |                                | billboards      |  |                |                            |                   |
|  |   |         |   |                             |                  |                                |                 |  |                |                            |                   |
|  | Complete ONLY if direct expenditure to benefit C/OH   | Cai     | ndidate/Officel   | holder name                 |                  |                                | Office sought   |  |                | Office held                |                   |
|  |   |         |   |                             |                  |                                |                 |  |                |                            |                   |

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Constributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment |  | / -<br>al Committee   | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor | -    | Travel in Dist<br>Travel Out of |                                       |
|---|--|-----------------------|--|--|--------------------------------|------|---------------------------------|---------------------------------------|
|   | Credit Gard F dyment                       |                       | The Instruction Guide explains   | how to co                              | emplete this form.             |      |                                 |                                       |
| 1   | Total pages Schedule G:                    | 2 FILER NAM           | Ē  |  |                                | 3 F  | iler ID                         | (Ethics Commission Filers)            |
|   | Sch: 10/82 Rpt: 22/94                      | Contreras,            | Jesus (The Honorable)  |  |                                | (    | 0006209                         | 9                                     |
| 4   | Date                                       | <b>5</b> Payee name   | <u> </u>   |  |                                | 1    |                                 |                                       |
|   | 10/19/2023                                 |                       | C Outdoor Media  |  |                                |      |                                 |                                       |
| 6   | Amount (\$)                                | 7 Payee addre         | ess; City; State;  | Zip Co                                 | ode                            |      |                                 |                                       |
|   | \$2,000.00                                 | 2813 Ted 0            | Circle   |  |                                |      |                                 |                                       |
|   | Reimbursement from                         |                       |  |  |                                |      |                                 |                                       |
|   | X political contributions intended         | Harlingen,            | TX 78550   |  |                                |      |                                 |                                       |
| 8   | PURPOSE                                    | (a) Category (s       | See Categories listed at the top of this sch                             | edule)                                 | (b) Description                | Che  | ck if travel o                  | utside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE                          | Advertising           | Expense  |  |                                | Che  | ck if Austin,                   | TX, officeholder living expense       |
|   | EXPENDITORE                                |                       |  |  | billboards                     |      |                                 |                                       |
|   |  |                       |  |  |                                |      |                                 |                                       |
| 9   | Complete ONLY if direct                    | L                     | holder name  |  | Office sought                  |      |                                 | Office held                           |
|   | expenditure to benefit                     |                       |  |  | 3                              |      |                                 |                                       |
|   | C/OH                                       |                       |  |  |                                |      |                                 |                                       |
|   | Date                                       | Payee name            | <u> </u>   |  |                                |      |                                 |                                       |
|   | 11/22/2023                                 | l í                   | Outdoor Media  |  |                                |      |                                 |                                       |
|   | Amount (\$)                                | Payee addre           | ess; City; State;  | Zip Co                                 | nde                            |      |                                 |                                       |
|   | \$3,200.00                                 | 2813 Ted (            | •  | 21p 00                                 | , ac                           |      |                                 |                                       |
|   |  | 2013 160 0            | Sircie   |  |                                |      |                                 |                                       |
|   | Reimbursement from political contributions |                       |  |  |                                |      |                                 |                                       |
|   | intended                                   | Harlingen,            | TX 78550   |  |                                |      |                                 |                                       |
|   | PURPOSE                                    | Category (s           | See Categories listed at the top of this sch                             | edule)                                 | Description                    | Che  | ck if travel o                  | utside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE                          | Advertising           | Expense  |  |                                | Che  | ck if Austin,                   | TX, officeholder living expense       |
|   | EXI ENDITORE                               |                       |  |  | billboards                     |      |                                 |                                       |
|   |  |                       |  |  |                                |      |                                 |                                       |
|   | Complete ONLY if direct                    | Candidate/Office      | holder name  |  | Office sought                  |      |                                 | Office held                           |
|   | expenditure to benefit C/OH                |                       |  |  |                                |      |                                 |                                       |
|   | C/OH                                       |                       |  |  |                                |      |                                 |                                       |
|   | Date                                       | Payee name            | )  |  |                                |      |                                 |                                       |
|   | 12/01/2023                                 | Bentsen, S            | amuel  |  |                                |      |                                 |                                       |
|   | Amount (\$)                                | Payee addre           | ess; City; State;  | Zip Co                                 | ode                            |      |                                 |                                       |
|   | \$1,100.00                                 |                       |  | •                                      |                                |      |                                 |                                       |
|   | Reimbursement from                         |                       |  |  |                                |      |                                 |                                       |
|   | x political contributions intended         | Mission, T            | < 78572  |  |                                |      |                                 |                                       |
|   | PURPOSE                                    | Category (s           | See Categories listed at the top of this sch                             | edule)                                 | Description                    | Che  | ck if travel o                  | utside of Texas. Complete Schedule T. |
|   | OF   | Salaries/W            | ages/Contract Labor  |  |                                | Che  | ck if Austin,                   | TX, officeholder living expense       |
|   | EXPENDITURE                                |                       | ŭ  |  | general contract               | labo | r                               |                                       |
|   |  |                       |  |  |                                |      |                                 |                                       |
| -   | Complete ONLY if direct                    | L<br>Candidate/Office | holder name  |  | Office sought                  |      |                                 | Office held                           |
|   | expenditure to benefit                     |                       |  |  | Cinico Sougill                 |      |                                 | 500 Hold                              |
| L   | C/OH                                       |                       |  |  |                                |      |                                 |                                       |
|   |  |                       |  |  |                                |      |                                 |                                       |
|   |  |                       |  |  |                                |      |                                 |                                       |
|   |  |                       |  |  |                                |      |                                 |                                       |

#### SCHEDULE **G**

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

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |          | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains h | Office Ov<br>Polling Ex<br>Printing E<br>Salaries/A | xpense<br>Nages/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 G:  | 2        | FILER NAME  |   |                                | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 11/82 Rpt: 23/94  |          | Contreras, Jesus (The Honorable)  |   |                                | 00062099  |
| 4 | Date   | 5        | Payee name  |   |                                |   |
|   | 08/29/2023   |          | Brand Boosters  |   |                                |   |
| 6 | Amount (\$)  | 7        | Payee address; City; State;   | Zip Co  | ode                            |   |
|   | \$1,353.00   |          | 301 S. McColl Rd.   |   |                                |   |
|   | Reimbursement from political contributions   |          |   |   |                                |   |
|   | intended   |          | McAllen, TX 78501   |   |                                |   |
| 8 | PURPOSE  | (a)      | Category (See Categories listed at the top of this sche   | dule)   | (b) Description                | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE  |          | Printing Expense  |   |                                | Check if Austin, TX, officeholder living expense  |
|   |  |          |   |   | campaign materi                | al  |
|   |  |          |   |   |                                |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Car      | ndidate/Officeholder name   |   | Office sought                  | Office held   |
|   | Date   |          | Payee name  |   |                                |   |
|   | 12/19/2023   |          | Cabrera, Lorenzo  |   |                                |   |
|   | Amount (\$)  |          | Payee address; City; State;   | Zip Co  | ode                            |   |
|   | \$1,000.00   |          |   |   |                                |   |
|   | Reimbursement from   |          |   |   |                                |   |
|   | X political contributions intended   |          | Edcouch, TX 78538   |   |                                |   |
|   | PURPOSE  |          | Category (See Categories listed at the top of this sche   | dule)   | Description [                  | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE  |          | Salaries/Wages/Contract Labor   |   |                                | Check if Austin, TX, officeholder living expense  |
|   |  |          |   |   | general contract               | labor   |
|   |  |          |   |   |                                |   |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Car      | ndidate/Officeholder name   |   | Office sought                  | Office held   |
|   | Date   |          | Payee name  |   |                                |   |
|   | 12/20/2023   |          | Canas, Isabel   |   |                                |   |
|   | Amount (\$)  | $\vdash$ | Payee address; City; State;   | Zip Co  | ode                            |   |
|   | \$200.00   |          | ,   | ·   |                                |   |
|   | Reimbursement from political contributions intended  |          | Donna, TX 78537   |   |                                |   |
|   | PURPOSE  |          | Category (See Categories listed at the top of this sche   | dule)   | Description                    | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE  |          | Salaries/Wages/Contract Labor   |   |                                | Check if Austin, TX, officeholder living expense  |
|   | <del></del>  |          |   |   | general contract               | labor   |
| L |  |          |   |   |                                |   |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Car      | ndidate/Officeholder name   |   | Office sought                  | Office held   |
|   |  |          |   |   |                                |   |

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica |  |                              | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing E |                    |      | Travel in Di<br>Travel Out |   | ·                |
|---|--|------------------------------|--|--------------------------|--------------------|------|----------------------------|---|------------------|
|   | Credit Card Payment                            |                              | The Instruction Guide explains   | how to co                | omplete this form. |      |                            |   |                  |
| 1   | Total pages Schedule G:                        | 2 FILER NAM                  | E  |                          |                    | 3    | Filer ID                   | (Ethics Commiss   | ion Filers)      |
|   | Sch: 12/82 Rpt: 24/94                          | Contreras,                   | Jesus (The Honorable)  |                          |                    |      | 0006209                    | 99  |                  |
| 4   | Date   | 5 Payee name                 |  |                          |                    |      |                            |   |                  |
|   | 12/12/2023                                     | Cantu, Mar                   | ia   |                          |                    |      |                            |   |                  |
| 6   | Amount (\$)                                    | 7 Payee addre                | ess; City; State;  | ; Zip Co                 | ode                |      |                            |   |                  |
|   | \$1,200.00                                     |                              |  |                          |                    |      |                            |   |                  |
|   | Reimbursement from                             |                              |  |                          |                    |      |                            |   |                  |
|   | X political contributions intended             | Pharr, TX 7                  | 78577  |                          |                    |      |                            |   |                  |
| 8   | PURPOSE  | (a) Category (s              | see Categories listed at the top of this sch                             | edule)                   | (b) Description    | Ch   | eck if travel              | outside of Texas. Comp                                  | lete Schedule T. |
|   | OF<br>EXPENDITURE                              | Salaries/W                   | ages/Contract Labor  |                          |                    | Ch   | eck if Austin              | n, TX, officeholder living e                            | expense          |
|   | LAPENDITORE                                    |                              |  |                          | general contract   | labo | or                         |   |                  |
|   |  |                              |  |                          |                    |      |                            |   |                  |
| 9   |  | Candidate/Office             | holder name  |                          | Office sought      |      |                            | Office held   |                  |
|   | expenditure to benefit C/OH                    |                              |  |                          |                    |      |                            |   |                  |
|   |  |                              |  |                          |                    |      |                            |   |                  |
|   | Date   | Payee name                   |  |                          |                    |      |                            |   |                  |
|   | 08/09/2023                                     | Cantu, Mar                   |  |                          |                    |      |                            |   |                  |
|   | Amount (\$)                                    | Payee addre                  |  | ; Zip Co                 | ode                |      |                            |   |                  |
|   | \$860.00                                       | 810 N. Obl                   | ale  |                          |                    |      |                            |   |                  |
|   | X Reimbursement from political contributions   |                              | TV 70500   |                          |                    |      |                            |   |                  |
|   | intended                                       | San Juan,                    | 1 X 78589  |                          |                    | _    |                            |   |                  |
|   | PURPOSE<br>OF                                  |                              | see Categories listed at the top of this sch                             | edule)                   | Description        |      |                            | outside of Texas. Comp<br>n, TX, officeholder living of |                  |
|   | EXPENDITURE                                    | Salaries/w                   | ages/Contract Labor  |                          | general contract   | _    |                            | ,                 |                  |
|   |  |                              |  |                          | general contract   | iast | J1                         |   |                  |
|   | Complete ONLY if direct                        | <u> </u><br>Candidate/Office | holder name  |                          | Office sought      |      |                            | Office held   |                  |
|   | expenditure to benefit                         |                              |  |                          | g                  |      |                            |   |                  |
|   | C/OH   |                              |  |                          |                    |      |                            |   |                  |
|   | Date   | Payee name                   |  |                          |                    |      |                            |   |                  |
|   | 07/08/2023                                     | Casares, C                   | larita   |                          |                    |      |                            |   |                  |
|   | Amount (\$)                                    | Payee addre                  | ess; City; State;  | ; Zip Co                 | ode                |      |                            |   |                  |
|   | \$400.00                                       |                              |  |                          |                    |      |                            |   |                  |
|   | Reimbursement from political contributions     |                              |  |                          |                    |      |                            |   |                  |
|   | intended                                       | Pharr, TX 7                  | '8577  |                          |                    |      |                            |   |                  |
|   | PURPOSE  | Category (s                  | see Categories listed at the top of this sch                             | edule)                   | Description        | =    |                            | outside of Texas. Comp                                  |                  |
|   | OF<br>EXPENDITURE                              | Salaries/W                   | ages/Contract Labor  |                          |                    | _    |                            | n, TX, officeholder living e                            | expense          |
|   |  |                              |  |                          | general contract   | labo | or                         |   |                  |
|   |  |                              |  |                          |                    |      |                            |   |                  |
|   | Complete ONLY if direct expenditure to benefit | Candidate/Office             | holder name  |                          | Office sought      |      |                            | Office held   |                  |
|   | C/OH   |                              |  |                          |                    |      |                            |   |                  |
|   |  |                              |  |                          |                    |      |                            |   |                  |
|   |  |                              |  |                          |                    |      |                            |   |                  |
|   |  |                              |  |                          |                    |      |                            |   |                  |

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment |  |  | Polling E<br>Printing E |                    | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|--|--|--|-------------------------|--------------------|---|
|  | Credit Cara r dyment                           | The Instruction Guide explai   | ns how to c             | omplete this form. |   |
| 1  | Total pages Schedule G:                        | 2 FILER NAME   |                         |                    | 3 Filer ID (Ethics Commission Filers)   |
|  | Sch: 13/82 Rpt: 25/94                          | Contreras, Jesus (The Honorable)   |                         |                    | 00062099  |
| 4  | Date   | 5 Payee name   |                         |                    |   |
| •  | 10/13/2023                                     | Casas, Melissa   |                         |                    |   |
| _  |  |  | -ta: 7:- 0              |                    |   |
| 6  | Amount (\$)                                    | l ' ' '  | ate; Zip C              | oue                |   |
|  | \$1,000.00                                     | 1600 Alexa Marie St.   |                         |                    |   |
|  | Reimbursement from political contributions     |  |                         |                    |   |
|  | intended                                       | Mission, TX 78574  |                         |                    |   |
| 8  | PURPOSE  | (a) Category (See Categories listed at the top of this   | schedule)               | (b) Description    | Check if travel outside of Texas. Complete Schedule T.  |
|  | OF<br>EXPENDITURE                              | Salaries/Wages/Contract Labor  |                         |                    | Check if Austin, TX, officeholder living expense  |
|  | LAFENDITORE                                    |  |                         | general contract   | labor   |
|  |  |  |                         |                    |   |
| 9  |  | Candidate/Officeholder name  |                         | Office sought      | Office held   |
|  | expenditure to benefit                         |  |                         |                    |   |
|  | C/OH   |  |                         |                    |   |
|  | Date   | Payee name   |                         |                    |   |
|  | 12/20/2023                                     | Castaneda , Diana  |                         |                    |   |
|  | Amount (\$)                                    | Payee address; City; Sta   | ate; Zip C              | ode                |   |
|  | \$400.00                                       |  | •                       |                    |   |
|  | Reimbursement from                             |  |                         |                    |   |
|  | x political contributions intended             | Donna TV 70527   |                         |                    |   |
|  |  | Donna, TX 78537  |                         |                    |   |
|  | PURPOSE<br>OF                                  | Category (See Categories listed at the top of this   | schedule)               | Description        | Check if travel outside of Texas. Complete Schedule T.  |
|  | EXPENDITURE                                    | Salaries/Wages/Contract Labor  |                         |                    | Check if Austin, TX, officeholder living expense  |
|  |  |  |                         | general contract   | labor   |
|  |  |  |                         |                    |   |
|  | Complete ONLY if direct expenditure to benefit | Candidate/Officeholder name  |                         | Office sought      | Office held   |
|  | C/OH   |  |                         |                    |   |
| H  | Data   |  |                         |                    |   |
|  | Date   | Payee name   |                         |                    |   |
|  | 12/19/2023                                     | Castaneda, Jaime   |                         |                    |   |
|  | Amount (\$)                                    | Payee address; City; Sta   | ate; Zip C              | ode                |   |
|  | \$300.00                                       |  |                         |                    |   |
|  | Reimbursement from                             |  |                         |                    |   |
|  | X political contributions intended             | Mercedes, TX 78570   |                         |                    |   |
|  | PURPOSE  | Category (See Categories listed at the top of this   | schedule)               | Description        | Check if travel outside of Texas. Complete Schedule T.  |
|  | OF   | Salaries/Wages/Contract Labor  | ,                       |                    | Check if Austin, TX, officeholder living expense  |
|  | EXPENDITURE                                    | , and the second |                         | general contract   | labor   |
|  |  |  |                         |                    |   |
|  | Complete ONLY if direct                        | L Candidate/Officeholder name  |                         | Office sought      | Office held   |
|  | expenditure to benefit                         |  |                         |                    |   |
| L  | C/OH   |  |                         |                    |   |
|  |  |  |                         |                    |   |
|  |  |  |                         |                    |   |
|  |  |  |                         |                    |   |

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  |          | mmittee        | Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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 G:                                    | 2        | FILER NAME     | Ξ  |                    |          |                  | 3     | Filer ID (Ethics Comm                  | ission Filers) |  |
| L  | Sch: 14/82 Rpt: 26/94                                      |          | Contreras,     | Jesus (The Hond  | orable)            |          |                  |       | 00062099                               |                |  |
| 4  | Date   | 5        | Payee name     |  |                    |          |                  |       |  |                |  |
|  | 09/15/2023   |          | Castaneda      | , Maria  |                    |          |                  |       |  |                |  |
| 6  | Amount (\$)  | 7        | Payee addre    | ss; City;  | State;             | ; Zip Co | ode              |       |  |                |  |
|  | \$1,500.00   |          | 9705 Palm      | Grove  |                    |          |                  |       |  |                |  |
|  | Reimbursement from political contributions intended        |          | Mercedes,      | TX 78570   |                    |          |                  |       |  |                |  |
| 8  | PURPOSE  | (a)      | Category (s    | ee Categories listed at th   | ne top of this sch | edule)   | (b) Description  | =     | neck if travel outside of Texas. Co    |                |  |
|  | OF<br>EXPENDITURE  |          | Salaries/Wa    | ages/Contract La   | abor               |          | L                |       | neck if Austin, TX, officeholder livin | ng expense     |  |
|  |  |          |                |  |                    |          | general campaig  | ın la | bor                                    |                |  |
| _  | Complete ONLY if direct                                    |          | ndidato/Offica | holder name  |                    |          | Office sought    |       | Office hold                            |                |  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | car      | ndidate/Office | пошентате  |                    |          | Office sought    |       | Office held                            |                |  |
|  | Date   |          | Payee name     |  |                    |          |                  |       |  |                |  |
|  | 12/15/2023   |          | Castaneda      | , Maria  |                    |          |                  |       |  |                |  |
|  | Amount (\$)  |          | Payee addre    | ss; City;  | State;             | ; Zip Co | ode              |       |  |                |  |
|  | \$1,500.00   |          | 9705 Palm      | Grove  |                    |          |                  |       |  |                |  |
|  | Reimbursement from political contributions intended        |          | Mercedes,      | TX 78570   |                    |          |                  |       |  |                |  |
|  | PURPOSE  |          | Category (s    | ee Categories listed at th   | ne top of this sch | edule)   | Description      | =     | neck if travel outside of Texas. Co    |                |  |
|  | OF<br>EXPENDITURE  |          | Salaries/Wa    | ages/Contract La   | abor               |          | [                | _     | neck if Austin, TX, officeholder livin | ng expense     |  |
|  |  |          |                |  |                    |          | general campaig  | ın la | bor                                    |                |  |
|  | Complete ONLY if direct expenditure to benefit             | Car      | ndidate/Office | holder name  |                    |          | Office sought    |       | Office held                            |                |  |
|  | C/OH   |          |                |  |                    |          |                  |       |  |                |  |
| F  | Date   |          | Payee name     |  |                    |          |                  |       |  |                |  |
|  | 12/05/2023   |          | Castillo, Ba   | udelio   |                    |          |                  |       |  |                |  |
| Т  | Amount (\$)  | $\vdash$ | Payee addre    | ss; City;  | State;             | ; Zip Co | ode              |       |  |                |  |
|  | \$750.00   |          |                |  |                    |          |                  |       |  |                |  |
|  | Reimbursement from political contributions intended        |          | weslaco , T    | X 78596  |                    |          |                  |       |  |                |  |
|  | PURPOSE  |          | Category (s    | ee Categories listed at th   | ne top of this sch | edule)   | Description      | =     | neck if travel outside of Texas. Co    |                |  |
|  | OF<br>EXPENDITURE  |          | Salaries/Wa    | ages/Contract La   | abor               |          |                  | _     | neck if Austin, TX, officeholder livin | ng expense     |  |
|  |  |          |                |  |                    |          | general contract | labo  | or                                     |                |  |
|  | Complete ONLY if direct expenditure to benefit C/OH        | Car      | ndidate/Office | holder name  |                    |          | Office sought    |       | Office held                            |                |  |
|  |  |          |                |  |                    |          |                  |       |  |                |  |

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/82 Rpt: 27/94 Contreras, Jesus (The Honorable) 00062099 Date Payee name 08/23/2023 Castillo, Rina Payee address; Amount (\$) City; State; Zip Code \$500.00 Reimbursement from political contributions Х intended Edcouch, TX 78538 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** ad Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/20/2023 Castorena, Daniel Amount (\$) Payee address; City; State; Zip Code \$1,150.00 Reimbursement from political contributions Χ Donna, TX 78537 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** general contract labor Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/28/2023 Cecy's Entertainment and Promotions Payee address: City; State; Zip Code Amount (\$) \$1,000.00 104 E. El Dora Rd. Reimbursement from Χ political contributions intended Alamo, TX 78516 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** digital media Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|           | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |     | mmittee        | Gift/Award<br>Legal Ser |                    | Expense           |                 | Expens<br>Wages |             |             | -   | Travel Out of District Travel Out of District OTHER (enter a category not listed above) |   |
|-----------|---|-----|----------------|-------------------------|--------------------|-------------------|-----------------|-----------------|-------------|-------------|-----|---|---|
| 1         | Total pages Schedule G:   | 2   | FILER NAM      | E                       |                    |                   |                 |                 |             | 3           | F   | Filer ID (Ethics Commission Filers)   |   |
|           | Sch: 16/82 Rpt: 28/94   |     | Contreras,     | Jesus (                 | The Hono           | rable)            |                 |                 |             |             | (   | 00062099  |   |
| 4         | Date  | 5   | Payee name     | 2                       |                    |                   |                 |                 |             |             |     |   | _ |
|           | 08/08/2023  |     | Cecy's Ent     |                         | ent and Pi         | romotions         |                 |                 |             |             |     |   |   |
| <u>ــ</u> | Amount (\$)   | 7   | Payee addre    |                         | City;              |                   | Zip C           | ode             |             |             |     |   | _ |
| ľ         | \$500.00  | ľ   | 104 E. El D    |                         | •                  | State             | , <u>z</u> ip 0 | ouc             |             |             |     |   |   |
|           | Reimbursement from political contributions intended   |     | Alamo, TX      |                         |                    |                   |                 |                 |             |             |     |   |   |
| 8         | PURPOSE   | (a) | Category (     | See Categor             | ries listed at the | e top of this sch | edule)          | (b)             | Description | n 🔲 (       | Che | eck if travel outside of Texas. Complete Schedule                                       |   |
|           | OF<br>EXPENDITURE   |     | Advertising    | Expens                  | se                 |                   |                 |                 |             |             | Che | eck if Austin, TX, officeholder living expense  |   |
|           | EXI ENDITORE  |     |                |                         |                    |                   |                 | dig             | ital media  |             |     |   |   |
|           |   |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |
| 9         | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Cai | ndidate/Office | eholder n               | ame                |                   |                 |                 | Office soug | ht          |     | Office held   |   |
|           | Date  |     | Payee name     | e                       |                    |                   |                 |                 |             |             |     |   | _ |
|           | 10/14/2023  |     | Cervantes,     | , Robert                | 0                  |                   |                 |                 |             |             |     |   |   |
| Н         | Amount (\$)   | H   | Payee addre    | ess;                    | City;              | State             | ; Zip C         | ode             |             |             |     |   | _ |
|           | \$1,000.00  |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |
|           | Reimbursement from  |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |
|           | X political contributions intended  |     | Donna, TX      | 78537                   |                    |                   |                 |                 |             |             |     |   |   |
| ┝         | PURPOSE   | H   | Category (s    |                         | ries listed at the | ton of this sch   | edule)          | Т               | Description | n $\square$ | Che | eck if travel outside of Texas. Complete Schedule                                       | _ |
|           | OF  |     | Salaries/W     | -                       |                    | •                 | oudio)          |                 |             |             |     | eck if Austin, TX, officeholder living expense  |   |
|           | EXPENDITURE   |     | 00.00.700,77   | agoo, o                 | J. 1. 0. 01 _ 0.   |                   |                 | ger             | neral contr | act lal     | bo  | or  |   |
|           |   |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |
|           | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Cai | ndidate/Office | eholder n               | ame                |                   |                 |                 | Office soug | ht          |     | Office held   |   |
| Г         | Date  |     | Payee name     | <del></del>             |                    |                   |                 |                 |             |             |     |   | _ |
|           | 09/01/2023  |     | Chavez, A      | manda                   |                    |                   |                 |                 |             |             |     |   |   |
| Г         | Amount (\$)   | Г   | Payee addre    | ess;                    | City;              | State             | ; Zip C         | ode             |             |             |     |   | _ |
|           | \$1,500.00  |     | 209 W. Su      | garcane                 | Dr. Apt.1          |                   |                 |                 |             |             |     |   |   |
|           | Reimbursement from  |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |
|           | X political contributions intended  |     | Weslaco ,      | TX 785                  | 96                 |                   |                 |                 |             |             |     |   |   |
|           | PURPOSE   |     | Category (S    | See Categor             | ries listed at the | e top of this sch | edule)          |                 | Description |             |     | eck if travel outside of Texas. Complete Schedule                                       |   |
| l         | OF<br>EXPENDITURE   |     | Salaries/W     | /ages/Co                | ontract La         | bor               |                 |                 |             |             |     | eck if Austin, TX, officeholder living expense  |   |
|           |   |     |                |                         |                    |                   |                 | ger             | neral camp  | oaign I     | lat | bor   |   |
| L         |   |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |
|           | Complete ONLY if direct expenditure to benefit C/OH   | Cai | ndidate/Office | eholder n               | ame                |                   |                 |                 | Office soug | ht          |     | Office held   |   |
| Г         |   |     |                |                         |                    |                   |                 |                 |             |             |     |   | _ |
|           |   |     |                |                         |                    |                   |                 |                 |             |             |     |   |   |

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|   | Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing | Overhead/Rental Expense<br>Expense<br>g Expense<br>s/Wages/Contract Labor | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |  |  |  |
|---|---|--|---|---|--|--|--|--|--|--|--|
|   | Credit Card Payment   | The Instruction Guide explains how to                                    |   | (sines a satisfier)   |  |  |  |  |  |  |  |
| 1 | Total pages Schedule G:   | 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |  |
| L | Sch: 17/82 Rpt: 29/94   | Contreras, Jesus (The Honorable)   |   | 00062099  |  |  |  |  |  |  |  |
| 4 | Date  | 5 Payee name   |   |   |  |  |  |  |  |  |  |
|   | 12/01/2023  | Chavez, Amanda   |   |   |  |  |  |  |  |  |  |
| 6 | Amount (\$)<br>\$1,500.00   | 7 Payee address; City; State; Zip (209 W. Sugarcane Dr. Apt.1            | Code  |   |  |  |  |  |  |  |  |
|   | A1,500.00  Reimbursement from   | 200 W. Gagardane Dr. Apt.1   |   |   |  |  |  |  |  |  |  |
|   | X political contributions intended  | Weslaco , TX 78596   |   |   |  |  |  |  |  |  |  |
| 8 | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)         | (b) Description   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |  |  |  |  |  |  |  |
|   | EXPENDITURE   | Salaries/Wages/Contract Labor  | general campaig   | <b>-</b>  |  |  |  |  |  |  |  |
|   |   |  | goneral bampaig   |   |  |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | I<br>Candidate/Officeholder name   | Office sought   | Office held   |  |  |  |  |  |  |  |
|   | Date  | Payee name   | -   |   |  |  |  |  |  |  |  |
|   | 11/30/2023  | Chavez, Amanda   |   |   |  |  |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip (  | Code  |   |  |  |  |  |  |  |  |
|   | \$125.00  | 209 W. Sugarcane Dr. Apt.1   |   |   |  |  |  |  |  |  |  |
|   | Reimbursement from political contributions intended   | Weslaco , TX 78596   |   |   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF   | Category (See Categories listed at the top of this schedule)             | Description   | Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |  |  |
|   | EXPENDITURE   | Advertising Expense  | l embroidery  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |  |
|   |   |  | Citiorolacity   |   |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | I<br>Candidate/Officeholder name   | Office sought   | Office held   |  |  |  |  |  |  |  |
|   | Date  | Payee name   |   |   |  |  |  |  |  |  |  |
| L | 07/20/2023  | Corto Media  |   |   |  |  |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip (  | Code  |   |  |  |  |  |  |  |  |
|   | \$1,189.67  | 111 W. Olmos Dr.   |   |   |  |  |  |  |  |  |  |
|   | Reimbursement from political contributions intended   | San Antonio, TX 78212  |   |   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF   | Category (See Categories listed at the top of this schedule)             | Description   | Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |  |  |
|   | EXPENDITURE   | Advertising Expense  | l messaging   | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |  |
|   |   |  | messaying   |   |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | I<br>Candidate/Officeholder name   | Office held   |   |  |  |  |  |  |  |  |
|   |   |  |   |   |  |  |  |  |  |  |  |
|   |   |  |   |   |  |  |  |  |  |  |  |

# SCHEDULE G

# **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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | - Gift/Awa<br>Committee Legal So | verage Expense<br>inds/Memorials Expense<br>ervices<br>struction Guide explains h |        | kpense<br>/ages/Contract Labor |        | Travel Out of District OTHER (enter a category not listed above) |
|---|--|----------------------------------|---|--------|--------------------------------|--------|--|
| 1 | Total pages Schedule G:  | 2 FILER NAME                     |   |        |                                | 3      | Filer ID (Ethics Commission Filers)                              |
|   | Sch: 18/82 Rpt: 30/94  | Contreras, Jesus                 | (The Honorable)   |        |                                |        | 00062099   |
| 4 | Date   | 5 Payee name                     |   |        |                                | •      |  |
|   | 08/01/2023   | Corto Media                      |   |        |                                |        |  |
| 6 | Amount (\$)  | 7 Payee address;                 | City; State;  | Zip Co | de                             |        |  |
|   | \$800.00   | 111 W. Olmos Dr                  | •   | •      |                                |        |  |
|   | Reimbursement from political contributions intended  | San Antonio, TX                  | 78212   |        |                                |        |  |
| 8 | PURPOSE  | (a) Category (See Categ          | ories listed at the top of this sche  | dule)  | (b) Description                | =      | neck if travel outside of Texas. Complete Schedule T.            |
|   | OF<br>EXPENDITURE  | Advertising Exper                | nse   |        |                                | Ch     | neck if Austin, TX, officeholder living expense                  |
|   |  |                                  |   |        | messaging                      |        |  |
|   |  |                                  |   |        |                                |        |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder           | name  |        | Office sought                  |        | Office held  |
|   | Date   | Payee name                       |   |        |                                |        |  |
|   | 09/29/2023   | Cruz, Nyssa                      |   |        |                                |        |  |
|   | Amount (\$)  | Payee address;                   | City; State;  | Zip Co | de                             |        |  |
|   | \$500.00   |                                  |   |        |                                |        |  |
|   | Reimbursement from   |                                  |   |        |                                |        |  |
|   | X political contributions intended   | Weslaco, TX 785                  | 96  |        |                                |        |  |
|   | PURPOSE  | Category (See Categ              | ories listed at the top of this sche  | dule)  | Description                    | Ch     | neck if travel outside of Texas. Complete Schedule T.            |
|   | OF<br>EXPENDITURE  | Salaries/Wages/C                 | Contract Labor  |        | [                              | Ch     | neck if Austin, TX, officeholder living expense                  |
|   |  |                                  |   |        | general contract               | t labo | or   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder           | name  |        | Office sought                  |        | Office held  |
|   | Date   | Payee name                       |   |        |                                |        |  |
|   | 12/19/2023   | De Leon, Eloy                    |   |        |                                |        |  |
|   | Amount (\$)  | Payee address;                   | City; State;  | Zip Co | de                             |        |  |
|   | \$500.00   |                                  | · •   | ,      |                                |        |  |
|   | Reimbursement from political contributions intended  | Weslaco, TX 785                  | 96  |        |                                |        |  |
|   | PURPOSE  | Category (See Categ              | ories listed at the top of this sche  | dule)  | Description                    | Ch     | neck if travel outside of Texas. Complete Schedule T.            |
|   | OF<br>EXPENDITURE  | Salaries/Wages/C                 | Contract Labor  |        |                                | Ch     | neck if Austin, TX, officeholder living expense                  |
|   |  |                                  |   |        | general contract               | t labo | or   |
|   |  |                                  |   |        |                                |        |  |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder           | name  |        | Office sought                  |        | Office held  |
|   |  |                                  |   |        |                                |        |  |

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                 | mmittee                  | Food/Beverage Expense<br>Gift/Awards/Memorials E<br>Legal Services<br>The Instruction Gui | xpense          |        | xpense<br>Vages/Contract Labor |      |               | District<br>It of District<br>enter a category no | ot listed above)       |
|----------|---|-----------------|--------------------------|---|-----------------|--------|--------------------------------|------|---------------|---|------------------------|
| 1        | Total pages Schedule G:<br>Sch: 19/82 Rpt: 31/94  | 2               | FILER NAMI<br>Contreras, | E<br>Jesus (The Hono  | rable)          |        |                                | 3    | Filer ID      | •   | mmission Filers)       |
| 4        | Date  | 5               | Payee name               |   | •               |        |                                |      |               |   |                        |
|          | 11/22/2023  | ľ               | De Leon, G               |   |                 |        |                                |      |               |   |                        |
| 6        | Amount (\$)   | 7               | Payee addre              | ess; City;  | State:          | Zip Co | ode                            |      |               |   |                        |
|          | \$1,000.00  |                 |                          |   |                 |        |                                |      |               |   |                        |
|          | Reimbursement from political contributions intended   |                 | Weslaco ,                | TX 78596  |                 |        |                                |      |               |   |                        |
| 8        | PURPOSE   | (a)             | Category (S              | See Categories listed at the  | top of this sch | edule) | (b) Description                | Ch   | neck if trave | el outside of Texas                               | . Complete Schedule T. |
|          | OF<br>EXPENDITURE   |                 | Salaries/W               | ages/Contract Lal   | oor             |        |                                | Cł   | neck if Aust  | tin, TX, officeholde                              | r living expense       |
|          | LXI LINDITORL   |                 |                          |   |                 |        | general contract               | lab  | or            |   |                        |
|          |   |                 |                          |   |                 |        |                                |      |               |   |                        |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Car             | ndidate/Office           | holder name   |                 |        | Office sought                  |      |               | Office held                                       | d                      |
|          | Date  |                 | Payee name               | :   |                 |        |                                |      |               |   |                        |
|          | 11/11/2023  |                 | De Los Rio               | s, David  |                 |        |                                |      |               |   |                        |
|          | Amount (\$)   |                 | Payee addre              | ess; City;  | State:          | Zip Co | ode                            |      |               |   |                        |
|          | \$1,000.00  |                 | 821 S. Vall              | ey View Rd.   |                 |        |                                |      |               |   |                        |
|          | Reimbursement from  |                 |                          |   |                 |        |                                |      |               |   |                        |
|          | X political contributions intended  |                 | Donna, TX                | 78537   |                 |        |                                |      |               |   |                        |
|          | PURPOSE   |                 |                          | See Categories listed at the  | ton of this sch | odulo) | Description                    | T Ct | neck if trave | el outside of Texas                               | . Complete Schedule T. |
|          | OF  |                 |                          | ns/Donations Mac  |                 | edule) | Description                    | =    |               | tin, TX, officeholde                              |                        |
|          | EXPENDITURE   |                 |                          | Officeholder/Politi   |                 | ittee  | contribution                   | _    |               |   |                        |
|          |   |                 |                          |   |                 |        |                                |      |               |   |                        |
|          | Complete ONLY if direct   | <u>I</u><br>Car | ndidate/Office           | holder name   |                 |        | Office sought                  |      |               | Office held                                       | d                      |
|          | expenditure to benefit C/OH   |                 |                          |   |                 |        |                                |      |               |   |                        |
|          |   |                 |                          |   |                 |        |                                |      |               |   |                        |
|          | Date  |                 | Payee name               | •   |                 |        |                                |      |               |   |                        |
|          | 12/22/2023  |                 | Diaz, Berna              | ardo  |                 |        |                                |      |               |   |                        |
|          | Amount (\$)   |                 | Payee addre              | ess; City;  | State:          | Zip Co | ode                            |      |               |   |                        |
|          | \$2,234.69  |                 |                          |   |                 |        |                                |      |               |   |                        |
|          | Reimbursement from  |                 |                          |   |                 |        |                                |      |               |   |                        |
|          | X political contributions intended  |                 | Edinburg, 7              | TX 78539  |                 |        |                                |      |               |   |                        |
|          | PURPOSE   | Г               | Category (S              | See Categories listed at the  | top of this sch | edule) | Description                    | Ch   | neck if trave | el outside of Texas                               | . Complete Schedule T. |
|          | OF<br>EXPENDITURE   |                 | Advertising              | Expense   |                 |        |                                | Cł   | neck if Aust  | tin, TX, officeholde                              | r living expense       |
|          | LAFENDITORE   |                 |                          |   |                 |        | signs                          |      |               |   |                        |
|          |   |                 |                          |   |                 |        |                                |      |               |   |                        |
|          |   | Car             | ndidate/Office           | holder name   |                 |        | Office sought                  |      |               | Office held                                       | d                      |
|          | expenditure to benefit C/OH   |                 |                          |   |                 |        |                                |      |               |   |                        |
| $\vdash$ |   |                 |                          |   |                 |        |                                |      |               |   |                        |
|          |   |                 |                          |   |                 |        |                                |      |               |   |                        |
|          |   |                 |                          |   |                 |        |                                |      |               |   |                        |

# SCHEDULE G

#### **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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |                     | Legal Services                            |             | Vages/Contract Labor                  |            | OTHER (enter a category not listed above)  |   |
|---|--|---------------------|---|-------------|---------------------------------------|------------|--|---|
|   |  |                     | The Instruction Guide explain             | s now to co | mpiete this form.                     | _          |  |   |
| 1 |  | 2 FILER NAME        |   |             |                                       | 3          | Filer ID (Ethics Commission Filers)  |   |
|   | Sch: 20/82 Rpt: 32/94                                  | Contreras,          | Jesus (The Honorable)                     |             |                                       |            | 00062099   |   |
| 4 | Date   | <b>5</b> Payee name |   |             |                                       |            |  |   |
|   | 10/20/2023   | Diaz, Berna         | ırdo                                      |             |                                       |            |  |   |
| 6 | Amount (\$)  | 7 Payee addre       | ss; City; Stat                            | e; Zip Co   | ode                                   |            |  |   |
|   | \$2,500.00   |                     |   |             |                                       |            |  |   |
|   | Reimbursement from political contributions             |                     |   |             |                                       |            |  |   |
|   | x political contributions intended                     | Edinburg, T         | X 78539                                   |             |                                       |            |  |   |
| 8 | PURPOSE  | (a) Category (s     | ee Categories listed at the top of this s | chedule)    | (b) Description                       | C          | heck if travel outside of Texas. Complete Schedule T.  |   |
|   | OF<br>EXPENDITURE                                      | Advertising         | Expense                                   |             |                                       | CI         | heck if Austin, TX, officeholder living expense  |   |
|   |  |                     |   |             | signs                                 |            |  |   |
|   |  |                     |   |             |                                       |            |  |   |
| 9 | Complete ONLY if direct expenditure to benefit         | Candidate/Office    | holder name                               |             | Office sought                         |            | Office held  |   |
|   | C/OH   |                     |   |             |                                       |            |  |   |
|   | Date   | Payee name          |   |             |                                       | =          |  | - |
|   | 11/30/2023   | Diaz, Berna         | ırdo                                      |             |                                       |            |  |   |
|   | Amount (\$)  | Payee addre         | ss; City; Stat                            | e; Zip Co   | ode                                   |            |  |   |
|   | \$1,786.00   | .,                  | , <b>,</b>                                | , ,         |                                       |            |  |   |
|   | Reimbursement from                                     |                     |   |             |                                       |            |  |   |
|   | X political contributions intended                     | Edinburg, T         | X 78539                                   |             |                                       |            |  |   |
|   | PURPOSE  |                     | ee Categories listed at the top of this s | chedule)    | Description                           | <b>7</b> c | heck if travel outside of Texas. Complete Schedule T.  |   |
|   | OF   | Advertising         |   | ,           |                                       | d c        | heck if Austin, TX, officeholder living expense  |   |
|   | EXPENDITURE  | 3                   | į.  |             | signs                                 |            |  |   |
|   |  |                     |   |             |                                       |            |  |   |
|   | •  | Candidate/Office    | holder name                               |             | Office sought                         |            | Office held  | • |
|   | expenditure to benefit<br>C/OH                         |                     |   |             |                                       |            |  |   |
|   | D :  |                     |   |             |                                       | _          |  | - |
|   | Date<br>12/08/2023                                     | Payee name          | vrda                                      |             |                                       |            |  |   |
|   |  | Diaz, Berna         |   |             |                                       |            |  | - |
|   | Amount (\$)  | Payee addre         | ss; City; Stat                            | e; Zip Co   | ode                                   |            |  |   |
|   | \$2,000.00   |                     |   |             |                                       |            |  |   |
|   | Reimbursement from political contributions intended    | Ediphura T          | V 70520                                   |             |                                       |            |  |   |
|   |  | Edinburg, T         |   |             | · · · · · · · · · · · · · · · · · · · | _          |  | - |
|   | PURPOSE<br>OF  |                     | ee Categories listed at the top of this s | chedule)    | Description [                         | =          | heck if travel outside of Texas. Complete Schedule T.<br>heck if Austin, TX, officeholder living expense |   |
|   | EXPENDITURE  | Advertising         | Expense                                   |             | L                                     | _ ∵        | Treat in Addition, 174, differentiates fiving expense  |   |
|   |  |                     |   |             | signs                                 |            |  |   |
|   | Complete ONLY if direct                                | Candidate/Office    | holder name                               |             | Office sought                         | _          | Office held  |   |
|   | expenditure to benefit                                 | - analatio, Office  |   |             | Since Sought                          |            | Cilide Heid  |   |
|   | C/OH   |                     |   |             |                                       |            |  | - |
|   |  |                     |   |             |                                       |            |  |   |

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                 | nmittee                  | Food/Beverage Exper<br>Gift/Awards/Memorial<br>Legal Services<br>The Instruction C | s Expense           |        |                  |             | Travel in D<br>Travel Out<br>OTHER (e |                              | above)          |
|----------|---|-----------------|--------------------------|--|---------------------|--------|------------------|-------------|---------------------------------------|------------------------------|-----------------|
| 1        | Total pages Schedule G:<br>Sch: 21/82 Rpt: 33/94  | 2               | FILER NAME<br>Contreras, | E<br>Jesus (The Hor  | norable)            |        |                  | 3           | Filer ID                              | (Ethics Commiss              | ion Filers)     |
| 4        | Date  | 5               | Payee name               | <u> </u>   |                     |        |                  | <u> </u>    |                                       |                              |                 |
| •        | 08/12/2023  |                 | Easy Ink                 |  |                     |        |                  |             |                                       |                              |                 |
| 6        | Amount (\$)   | 7               | Payee addre              | ess; City;   | State;              | Zip Co | ode              |             |                                       |                              |                 |
|          | \$700.00  |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          | Reimbursement from political contributions intended   |                 | Edinburg, T              | TX 78539   |                     |        |                  |             |                                       |                              |                 |
| 8        | PURPOSE   | (a)             | Category (S              | ee Categories listed at  | the top of this sch | edule) | (b) Description  | Ch          | neck if trave                         | l outside of Texas. Compl    | ete Schedule T. |
|          | OF<br>EXPENDITURE   |                 | Advertising              | Expense  |                     |        |                  | Cł          | neck if Austi                         | n, TX, officeholder living e | xpense          |
|          | EXPENDITORE   |                 |                          |  |                     |        | campaign shirts  |             |                                       |                              |                 |
|          |   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
| 9        | Complete ONLY if direct expenditure to benefit C/OH   | Car             | ndidate/Office           | holder name  |                     |        | Office sought    |             |                                       | Office held                  |                 |
|          | Date  |                 | Payee name               | :  |                     |        |                  |             |                                       |                              |                 |
|          | 12/11/2023  |                 | Eben Ezer                | Family Church  |                     |        |                  |             |                                       |                              |                 |
|          | Amount (\$)   |                 | Payee addre              | ess; City;   | State;              | Zip Co | ode              |             |                                       |                              |                 |
|          | \$200.00  |                 | 649 E. Edir              | nburg Ave.   |                     |        |                  |             |                                       |                              |                 |
|          | Reimbursement from  |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          | X political contributions intended  |                 | Elsa, TX 78              | 3543   |                     |        |                  |             |                                       |                              |                 |
|          | PURPOSE   |                 |                          | see Categories listed at   | the ton of this sch | edule) | Description      | <b>7</b> Cr | neck if trave                         | I outside of Texas. Compl    | ete Schedule T. |
|          | OF  |                 |                          | ns/Donations M   |                     | cuaicy |                  | =           |                                       | n, TX, officeholder living e |                 |
|          | EXPENDITURE   |                 |                          | Officeholder/Po  |                     | ittee  | donation         |             |                                       |                              |                 |
|          |   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          |   | Car             | ndidate/Office           | holder name  |                     |        | Office sought    |             |                                       | Office held                  |                 |
|          | expenditure to benefit C/OH   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          |   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          | Date  |                 | Payee name               |  |                     |        |                  |             |                                       |                              |                 |
|          | 09/07/2023  |                 | Elizondo, S              | Sylvia   |                     |        |                  |             |                                       |                              |                 |
|          | Amount (\$)   |                 | Payee addre              | ess; City;   | State;              | Zip Co | ode              |             |                                       |                              |                 |
|          | \$400.00  |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          | Reimbursement from political contributions intended   |                 | Penitas, TX              | ( 78576  |                     |        |                  |             |                                       |                              |                 |
| $\vdash$ | PURPOSE   | $\vdash$        | Category (s              | see Categories listed at   | the top of this sch | edule) | Description      | <b>T</b> Cr | neck if trave                         | I outside of Texas. Compl    | ete Schedule T. |
|          | OF  |                 |                          | ages/Contract L  |                     | ,      |                  | Cr          | neck if Austi                         | n, TX, officeholder living e | xpense          |
|          | EXPENDITURE   |                 |                          | g  |                     |        | general contract | _<br>lab    | or                                    |                              |                 |
|          |   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          | Complete ONLY if direct   | <u>L</u><br>Car | ndidate/Office           | holder name  |                     |        | Office sought    |             |                                       | Office held                  |                 |
|          | expenditure to benefit  |                 |                          |  |                     |        | <b>3</b> ·       |             |                                       |                              |                 |
| L        | C/OH  |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          |   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |
|          |   |                 |                          |  |                     |        |                  |             |                                       |                              |                 |

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>al Committee | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing Ex<br>Salaries/W |                   | Travel in District Travel Out of District OTHER (enter a category not listed above) |                             |                            |  |  |  |  |
|---|---|---------------------|--|---|-------------------|---|-----------------------------|----------------------------|--|--|--|--|
|   | Credit Card Fayment   |                     | The Instruction Guide explains I   | how to co                               | mplete this form. |   |                             |                            |  |  |  |  |
| 1 | Total pages Schedule G:   | 2 FILER NAME        | Ē  |   |                   | 3   | Filer ID (Ethics 0          | Commission Filers)         |  |  |  |  |
|   | Sch: 22/82 Rpt: 34/94   | Contreras,          | Jesus (The Honorable)  |   |                   |   | 00062099                    |                            |  |  |  |  |
| 4 | Date  | 5 Payee name        | )  |   |                   |   |                             |                            |  |  |  |  |
|   | 08/18/2023  | 1                   | camilla, Guadalupe   |   |                   |   |                             |                            |  |  |  |  |
| 6 | Amount (\$)   | 7 Payee addre       | ess; City; State;  | Zip Co                                  | de                |   |                             |                            |  |  |  |  |
|   | \$700.00  |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | Reimbursement from  |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | X political contributions intended  | Donna, TX           | 78537  |   |                   |   |                             |                            |  |  |  |  |
| 8 | PURPOSE   |                     | See Categories listed at the top of this sche                            | edule)                                  | (b) Description   | ☐ Ch  | eck if travel outside of Te | exas. Complete Schedule T. |  |  |  |  |
|   | OF  | 1                   | ages/Contract Labor  | sudic)                                  |                   | =   | eck if Austin, TX, officeho | ·                          |  |  |  |  |
|   | EXPENDITURE   | Gaiaries, W         | ages/contract Labor  |   | general contract  | <u> </u>  | or                          |                            |  |  |  |  |
|   |   |                     |  |   |                   |   |                             |                            |  |  |  |  |
| 9 | Complete ONLY if direct   | L Candidate/Office  | holder name  |   | Office sought     |   | Office h                    | neld                       |  |  |  |  |
|   | expenditure to benefit  |                     |  |   | amer cong         |   |                             |                            |  |  |  |  |
|   | C/OH  |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | Date  | Payee name          | ;  |   |                   |   |                             |                            |  |  |  |  |
|   | 09/26/2023  | Esquivel, C         | laudia   |   |                   |   |                             |                            |  |  |  |  |
|   | Amount (\$)   | Payee addre         | Payee address; City; State; Zip Code                                     |   |                   |   |                             |                            |  |  |  |  |
|   | \$1,500.00  |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | Reimbursement from  |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | X political contributions intended  | Edinburg, T         | ΓX 78539   |   |                   |   |                             |                            |  |  |  |  |
|   | PURPOSE   |                     | See Categories listed at the top of this sche                            | edule)                                  | Description       | <b>T</b> Ch   | eck if travel outside of Te | exas. Complete Schedule T. |  |  |  |  |
|   | OF  | 1                   | ages/Contract Labor  | Judicj                                  |                   | _   | eck if Austin, TX, officeho | · ·                        |  |  |  |  |
|   | EXPENDITURE   | Jaian Jaian         | agos contract Lass.  |   | general contract  | _<br>labo   | or                          |                            |  |  |  |  |
|   |   |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | Complete ONLY if direct   | Candidate/Office    | holder name  |   | Office sought     |   | Office h                    | neld                       |  |  |  |  |
|   | expenditure to benefit C/OH   |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   |   |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | Date  | Payee name          |  |   |                   |   |                             |                            |  |  |  |  |
|   | 08/29/2023  | Estrella Dig        | jital Media  |   |                   |   |                             |                            |  |  |  |  |
|   | Amount (\$)   | Payee addre         | ess; City; State;  | Zip Co                                  | de                |   |                             |                            |  |  |  |  |
|   | \$1,650.00  | 4909 N. Mc          | :Coll Rd.  |   |                   |   |                             |                            |  |  |  |  |
|   | Reimbursement from  |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   | X political contributions intended  | McAllen, T          | X 78504  |   |                   |   |                             |                            |  |  |  |  |
|   | PURPOSE   | Category (s         | See Categories listed at the top of this sche                            | edule)                                  | Description       | Ch  | eck if travel outside of Te | exas. Complete Schedule T. |  |  |  |  |
|   | OF<br>EXPENDITURE   | Advertising         | Expense  |   | , Γ               | Ch  | eck if Austin, TX, officeho | older living expense       |  |  |  |  |
|   | LAI LINDITORE   |                     |  |   | digital media     |   |                             |                            |  |  |  |  |
|   |   |                     |  |   | 1                 |   |                             |                            |  |  |  |  |
|   |   | Candidate/Office    | holder name  |   | Office sought     |   | Office h                    | neld                       |  |  |  |  |
|   | expenditure to benefit C/OH   |                     |  |   |                   |   |                             |                            |  |  |  |  |
| _ |   |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   |   |                     |  |   |                   |   |                             |                            |  |  |  |  |
|   |   |                     |  |   |                   |   |                             |                            |  |  |  |  |

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                          | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains |           | xpense<br>Vages/Contract Labor |    | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|--------------------------|--|-----------|--------------------------------|----|---|
| 1 | Total pages Schedule G:<br>Sch: 23/82 Rpt: 35/94  | 2 FILER NAM<br>Contreras | IE<br>, Jesus (The Honorable)  |           |                                | 3  | Filer ID (Ethics Commission Filers)<br>00062099                                     |
| 4 | Date  | <b>5</b> Payee nam       | <u>.                                    </u>   |           |                                |    |   |
|   | 09/01/2023  |                          | gital Media  |           |                                |    |   |
| 6 | Amount (\$)   | <b>7</b> Payee addr      | ess; City; State   | e; Zip Co | ode                            |    |   |
|   | \$1,650.00  | 4909 N. M                | cColl Rd.  |           |                                |    |   |
|   | Reimbursement from political contributions intended   | McAllen, T               | TX 78504   |           |                                |    |   |
| 8 | PURPOSE   | (a) Category (           | See Categories listed at the top of this sc  | hedule)   | (b) Description                | Cl | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Advertisin               | g Expense  |           |                                | Cl | heck if Austin, TX, officeholder living expense                                     |
|   |   |                          |  |           | digital media                  |    |   |
| L |   |                          |  |           |                                |    |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Offic          | eholder name   |           | Office sought                  |    | Office held   |
|   | Date  | Payee nam                | e  |           |                                |    |   |
|   | 10/01/2023  | Estrella Di              | gital Media  |           |                                |    |   |
|   | Amount (\$)   | Payee addr               | ess; City; State   | e; Zip Co | ode                            |    |   |
|   | \$1,650.00  | 4909 N. M                | cColl Rd.  |           |                                |    |   |
|   | Reimbursement from political contributions intended   | McAllen, T               | X 78504  |           |                                |    |   |
|   | PURPOSE   | Category (               | See Categories listed at the top of this sc  | hedule)   | Description                    | _  | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Advertisin               | g Expense  |           | L                              | CI | heck if Austin, TX, officeholder living expense                                     |
|   |   |                          |  |           | digital media                  |    |   |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Offic          | eholder name   |           | Office sought                  |    | Office held   |
| Г | Date  | Payee nam                | e  |           |                                |    |   |
|   | 12/20/2023  | Flores, Alf              | redo   |           |                                |    |   |
| Г | Amount (\$)   | Payee addr               | ess; City; State   | e; Zip Co | ode                            |    |   |
|   | \$900.00  |                          |  |           |                                |    |   |
|   | Reimbursement from political contributions intended   | Pharr, TX                | 78577  |           |                                |    |   |
| Г | PURPOSE   | Category (               | See Categories listed at the top of this sc  | hedule)   | Description                    | CI | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Salaries/W               | /ages/Contract Labor   |           |                                | _  | heck if Austin, TX, officeholder living expense                                     |
|   | -   | general contract         |  |           |                                |    | or  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Offic          | eholder name   |           | Office sought                  |    | Office held   |
|   |   |                          |  |           |                                |    |   |

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |     |                | Food/Beverage Expense<br>Gift/Awards/Memorials Exper<br>Legal Services<br>The Instruction Guide ( |              |        | kpense<br>/ages/Contract Labor |       | Travel in District Travel Out of District OTHER (enter a cate | egory not listed above)       |
|---|--|-----|----------------|---|--------------|--------|--------------------------------|-------|---|-------------------------------|
| 1 | Total pages Schedule G:  | 2   | FILER NAME     |   |              |        |                                | 3     | Filer ID (Ethic   | cs Commission Filers)         |
|   | Sch: 24/82 Rpt: 36/94  |     | Contreras,     | Jesus (The Honorab  | le)          |        |                                |       | 00062099  |                               |
| 4 | Date   | 5   | Payee name     |   |              |        |                                |       |   |                               |
|   | 08/01/2023   |     | Flores, Clar   | rissa   |              |        |                                |       |   |                               |
| 6 | Amount (\$)  | 7   | Payee addre    | ss; City;   | State;       | Zip Co | de                             |       |   |                               |
|   | \$1,000.00   |     | 1507 Hibiso    | cus Ave.  |              |        |                                |       |   |                               |
|   | Reimbursement from political contributions intended  |     | Donna, TX      | 78537   |              |        |                                |       |   |                               |
| 8 | PURPOSE  | (a) | Category (s    | ee Categories listed at the top   | of this sche | dule)  | (b) Description                | Ch    | neck if travel outside o                                      | f Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa    | ages/Contract Labor   |              |        |                                | Ch    | neck if Austin, TX, office                                    | ceholder living expense       |
|   | EXI ENDITORE   |     |                |   |              |        | general campaig                | ın la | bor   |                               |
|   |  |     |                |   |              |        |                                |       |   |                               |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Car | ndidate/Office | holder name   |              |        | Office sought                  |       | Offic   | e held                        |
|   | Date   |     | Payee name     |   |              |        |                                |       |   |                               |
|   | 10/01/2023   |     | Flores, Clar   | rissa   |              |        |                                |       |   |                               |
|   | Amount (\$)  |     | Payee addre    | ss; City;   | State;       | Zip Co | de                             |       |   |                               |
|   | \$1,000.00   |     | 1507 Hibiso    | cus Ave.  |              |        |                                |       |   |                               |
|   | X Reimbursement from political contributions intended  |     | Donna, TX      | 78537   |              |        |                                |       |   |                               |
|   | PURPOSE<br>OF  |     | Category (S    | ee Categories listed at the top   | of this sche | dule)  | Description                    | _     |   | f Texas. Complete Schedule T. |
|   | EXPENDITURE  |     | Salaries/Wa    | ages/Contract Labor   |              |        | . L                            | _     |   | ceholder living expense       |
|   |  |     |                |   |              |        | general campaig                | ın la | bor   |                               |
|   | Complete ONLY if direct  | Car | adidata/Offica | holderneme  |              |        | Office cought                  |       | Offic   | a hald                        |
|   | Complete <u>ONLY</u> if direct expenditure to benefit  | Car | ndidate/Office | noider name   |              |        | Office sought                  |       | Offic   | e held                        |
|   | C/OH   |     |                |   |              |        |                                |       |   |                               |
|   | Date   | Γ   | Payee name     |   |              |        |                                |       |   |                               |
|   | 12/01/2023   |     | Flores, Clar   | rissa   |              |        |                                |       |   |                               |
|   | Amount (\$)  | T   | Payee addre    | ss; City;   | State;       | Zip Co | de                             |       |   |                               |
|   | \$1,000.00   |     | 1507 Hibiso    | cus Ave.  |              |        |                                |       |   |                               |
|   | Reimbursement from   |     |                |   |              |        |                                |       |   |                               |
|   | X political contributions intended   |     | Donna, TX      | 78537   |              |        |                                |       |   |                               |
|   | PURPOSE  | T   | Category (s    | ee Categories listed at the top   | of this sche | dule)  | Description                    | Ch    | neck if travel outside o                                      | f Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa    | ages/Contract Labor   |              |        |                                | Ch    | neck if Austin, TX, office                                    | ceholder living expense       |
|   | EXI ENDITORE   |     |                |   |              |        | general campaig                | ın la | bor   |                               |
|   |  |     |                |   |              |        |                                |       |   |                               |
|   | Complete ONLY if direct expenditure to benefit   | Car | ndidate/Office | holder name   |              |        | Office sought                  |       | Offic   | e held                        |
|   | C/OH   |     |                |   |              |        |                                |       |   |                               |
|   |  |     |                |   |              |        |                                |       |   |                               |
|   |  |     |                |   |              |        |                                |       |   |                               |

## SCHEDULE G

# **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

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

|   | Contributions/ Donations Made By Candidate/Officeholder/Politica |                        | Gift/Awards/Memorials Expense<br>Legal Services | Printing Exp<br>Printing Exp<br>Salaries/W |                      |            | Travel Out of District OTHER (enter a category not listed above)   |  |  |  |
|---|--|------------------------|---|--|----------------------|------------|--|--|--|--|
|   | Credit Card Payment  |                        | The Instruction Guide explains                  | s how to co                                | mplete this form.    |            |  |  |  |  |
| 1 | Total pages Schedule G:  | 2 FILER NAM            | E   |  |                      | 3          | Filer ID (Ethics Commission Filers)  |  |  |  |
|   | Sch: 25/82 Rpt: 37/94  | Contreras,             | Jesus (The Honorable)                           |  |                      |            | 00062099   |  |  |  |
| 4 | Date   | 5 Payee name           | Payee name                                      |  |                      |            |  |  |  |  |
|   | 09/15/2023   | Flores, Jay            | /dee  |  |                      |            |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee addr           | ess; City; State                                | e; Zip Co                                  | de                   |            |  |  |  |  |
|   | \$1,150.00   |                        |   |  |                      |            |  |  |  |  |
|   | Reimbursement from   |                        |   |  |                      |            |  |  |  |  |
|   | X political contributions intended                               | Weslaco ,              | TX 78596  |  |                      |            |  |  |  |  |
| 8 | PURPOSE  |                        | See Categories listed at the top of this so     | phodulo)                                   | (b) Description      | <b>—</b>   | heck if travel outside of Texas. Complete Schedule T.  |  |  |  |
| o | OF   |                        | /ages/Contract Labor                            | nedule)                                    | (b) Description      | _          | check if Austin, TX, officeholder living expense   |  |  |  |
|   | EXPENDITURE  | Salaties/W             | ages/Contract Labor                             |  | ا<br>general contrac | —<br>t lah | nor  |  |  |  |
|   |  |                        |   |  | gonoral contract     |            |  |  |  |  |
| 9 | Complete ONLY if direct  | Candidate/Office       | eholder name                                    |  | Office sought        |            | Office held  |  |  |  |
| Ĭ | expenditure to benefit C/OH                                      | our aradico, o mod     | Sholder Hallie                                  |  | Omeo cought          |            | Cindo Hold   |  |  |  |
|   |  | T                      |   |  |                      |            |  |  |  |  |
|   | Date   | Payee name             |   |  |                      |            |  |  |  |  |
|   | 12/27/2023   | Flores, Se             |   |  |                      |            |  |  |  |  |
|   | Amount (\$)  | Payee addr             | , ,,  | e; Zip Co                                  | de                   |            |  |  |  |  |
|   | \$400.00   | 1030 Wasl              | nington   |  |                      |            |  |  |  |  |
|   | X Reimbursement from political contributions                     | Mississ T              | V 70570   |  |                      |            |  |  |  |  |
|   | intended   | Mission, T             | X 78572   |  |                      |            |  |  |  |  |
|   | PURPOSE<br>OF  | • • •                  | See Categories listed at the top of this so     | chedule)                                   | Description          | _          | theck if travel outside of Texas. Complete Schedule T.<br>theck if Austin, TX, officeholder living expense |  |  |  |
|   | EXPENDITURE  | Salaries/W             | /ages/Contract Labor                            |  |                      |            | neck if Austin, 1A, officerolder living expense  |  |  |  |
|   |  |                        |   |  | campaign labor       |            |  |  |  |  |
|   | 0 1: 0 1: 0  | 0 111 100              |   |  | 0.00                 |            | 000  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit            | Candidate/Office       | enolder name                                    |  | Office sought        |            | Office held  |  |  |  |
|   | C/OH   |                        |   |  |                      |            |  |  |  |  |
|   | Date   | Payee name             | 2   |  |                      |            |  |  |  |  |
|   | 07/11/2023   | Flores, Syl            |   |  |                      |            |  |  |  |  |
|   | Amount (\$)  | Payee addr             | ess; City; State                                | e; Zip Co                                  | de                   |            |  |  |  |  |
|   | \$3,150.00   | l                      | eo Encantado St.                                | -, <sub> </sub> -                          |                      |            |  |  |  |  |
|   | Reimbursement from   |                        |   |  |                      |            |  |  |  |  |
|   | X political contributions intended                               | Mission, T             | X 78572   |  |                      |            |  |  |  |  |
|   |  |                        |   |  | Description I        | <u> </u>   | heck if travel outside of Texas. Complete Schedule T.  |  |  |  |
|   | PURPOSE<br>OF  |                        | See Categories listed at the top of this so     | cnedule)                                   | Description          | _          | theck if traver outside of Texas. Complete Schedule 1.   |  |  |  |
|   | EXPENDITURE  | Salanes/w              | /ages/Contract Labor                            |  | ا<br>general contrac | _          |  |  |  |  |
|   |  |                        |   |  | general contract     | · iak      |  |  |  |  |
|   | Complete ONLY if direct  | <br>  Candidate/Office | aholder name                                    |  | Office sought        |            | Office held  |  |  |  |
|   | expenditure to benefit   | Canuluale/Office       | enoluel Haille                                  |  | Onice Sought         |            | Office field   |  |  |  |
|   | C/OH   |                        |   |  |                      |            |  |  |  |  |
|   |  |                        |   |  |                      |            |  |  |  |  |

## SCHEDULE G

### **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

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

|   | Candidate/Officeholder/Politica                       |     | mmittee         | Legal Services  The Instruction | •                      |          | expense<br>Nages/Contract Labor<br>Complete this form. |      | OTHER (e     |                   | not listed above)        |
|---|---|-----|-----------------|---------------------------------|------------------------|----------|--|------|--------------|-------------------|--------------------------|
| 1 | Total pages Schedule G:                               | 2   | FILER NAME      |                                 |                        |          |  | 3    | Filer ID     | (Ethics Co        | ommission Filers)        |
|   | Sch: 26/82 Rpt: 38/94                                 |     |                 | Jesus (The Ho                   | onorable)              |          |  | 1    | 000620       | `                 | ,                        |
| 4 | Date  | 5   | Payee name      |                                 |                        |          |  |      |              |                   |                          |
|   | 12/21/2023  |     | Garcia, Anit    | a                               |                        |          |  |      |              |                   |                          |
| 6 | Amount (\$)   | 7   | Payee addres    | ss; City;                       | State;                 | ; Zip Co | ode  |      |              |                   |                          |
|   | \$1,500.00  |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | X Reimbursement from political contributions intended |     | Donna, TX       | 78537                           |                        |          |  |      |              |                   |                          |
| 8 | PURPOSE<br>OF   | (a) | Category (Se    | ee Categories listed a          | at the top of this sch | edule)   | (b) Description  | =    |              |                   | s. Complete Schedule T.  |
|   | EXPENDITURE   |     | Salaries/Wa     | ages/Contract                   | Labor                  |          | L  | Ch   | eck if Austi | n, TX, officehold | er living expense        |
|   |   |     |                 |                                 |                        |          | general contract                                       | labo | or           |                   |                          |
| 9 | Complete ONLY if direct expenditure to benefit C/OH   | Car | ndidate/Officel | nolder name                     |                        |          | Office sought  |      |              | Office he         | ld                       |
|   |   |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | Date  |     | Payee name      |                                 |                        |          |  |      |              |                   |                          |
|   | 07/25/2023  |     | Garcia, Her     | milia                           |                        |          |  |      |              |                   |                          |
|   | Amount (\$)   |     | Payee addres    | ss; City;                       | State;                 | ; Zip Co | ode  |      |              |                   |                          |
|   | \$2,100.00  |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | Reimbursement from                                    |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | X political contributions intended                    |     | Pharr, TX 7     | 8577                            |                        |          |  |      |              |                   |                          |
|   | PURPOSE   |     | Category (Se    | ee Categories listed            | at the top of this sch | edule)   | Description  | =    |              |                   | as. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                     |     | Salaries/Wa     | ages/Contract                   | Labor                  |          | <u>L</u>   | _    |              | n, TX, officehold | er living expense        |
|   |   |     |                 |                                 |                        |          | general contract                                       | labo | or           |                   |                          |
|   |   |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | Complete ONLY if direct expenditure to benefit        | Car | ndidate/Officel | nolder name                     |                        |          | Office sought  |      |              | Office he         | ld                       |
|   | C/OH  |     |                 |                                 |                        |          |  |      |              |                   |                          |
| H | Data  | _   |                 |                                 |                        |          |  |      |              |                   |                          |
|   | Date  |     | Payee name      |                                 |                        |          |  |      |              |                   |                          |
|   | 08/07/2023  |     | Garcia, Osc     | ar<br>                          |                        |          |  |      |              |                   |                          |
|   | Amount (\$)   |     | Payee addres    | ss; City;                       | State;                 | ; Zip Co | ode  |      |              |                   |                          |
|   | \$1,000.00  |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | Reimbursement from                                    |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | X political contributions intended                    |     | Elsa, TX 78     | 543                             |                        |          |  |      |              |                   |                          |
|   | PURPOSE   |     | Category (Se    | ee Categories listed            | at the top of this sch | edule)   | Description  | _    |              |                   | as. Complete Schedule T. |
|   | OF<br>EXPENDITURE                                     |     | Salaries/Wa     | ages/Contract                   | Labor                  |          |  | Ch   | eck if Austi | n, TX, officehold | er living expense        |
|   |   |     |                 |                                 |                        |          | general contract                                       | labo | or           |                   |                          |
|   |   |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Car | ndidate/Officel | nolder name                     |                        |          | Office sought  |      |              | Office he         | ld                       |
|   |   |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   |   |     |                 |                                 |                        |          |  |      |              |                   |                          |
|   |   |     |                 |                                 |                        |          |  |      |              |                   |                          |

### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

|  | nse<br>onations Made By<br>ficeholder/Politica |                   | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services   | Polling Exp<br>Printing Exp |                   |  | Travel in Di   |                         |                     |  |  |
|--|--|-------------------|---|-----------------------------|-------------------|--|----------------|-------------------------|---------------------|--|--|
| Sieuk Gaiu Fayii                         |  |                   | The Instruction Guide explains  | how to co                   | mplete this form. |  |                |                         |                     |  |  |
| 1 Total pages S                          | chedule G:                                     | 2 FILER NAME      |   |                             |                   | 3  | Filer ID       | (Ethics Comm            | ission Filers)      |  |  |
| Sch: 27/82 R                             | Rpt: 39/94                                     | Contreras,        | Jesus (The Honorable)   |                             |                   |  | 0006209        | 99                      |                     |  |  |
| 4 Date                                   |  | 5 Payee name      |   |                             |                   | -  |                |                         |                     |  |  |
| 10/17/2023                               |  | Garcia, Pet       |   |                             |                   |  |                |                         |                     |  |  |
| 6 Amount (\$)                            |  | 7 Payee addre     | Payee address; City; State; Zip Code  |                             |                   |  |                |                         |                     |  |  |
|  | \$1,600.00                                     | 118 N. Star       | dard  |                             |                   |  |                |                         |                     |  |  |
| Reimbursem                               |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| X political cont intended                |  | San Juan, 1       | San Juan, TX 78589  Category (See Categories listed at the top of this schedule) (b) Description  Check if travel outside of Texas. Complete Schedule T |                             |                   |  |                |                         |                     |  |  |
| 8 PURPOSE<br>OF                          | <b></b>  |                   | ee Categories listed at the top of this sch   | edule)                      | (b) Description   | =  |                |                         |                     |  |  |
| EXPENDITU                                | RE   | Salaries/Wa       | ages/Contract Labor   |                             |                   | _  |                | , TX, officeholder livi | ng expense          |  |  |
|  |  |                   |   |                             | general contract  | t labo   | or             |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| 9 Complete ONI expenditure to            |  | Candidate/Officel | nolder name   |                             | Office sought     |  |                | Office held             |                     |  |  |
| C/OH                                     | י הבוובוון                                     |                   |   |                             |                   |  |                |                         |                     |  |  |
| Data                                     |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| Date                                     |  | 1                 | Payee name  |                             |                   |  |                |                         |                     |  |  |
| 12/03/2023                               |  | Garcia, Pet       |   |                             |                   |  |                |                         |                     |  |  |
| Amount (\$)                              | ***  | Payee addre       |   | Zip Co                      | de                |  |                |                         |                     |  |  |
|  | \$1,700.00                                     | 118 N. Star       | dard  |                             |                   |  |                |                         |                     |  |  |
| Reimbursem                               |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| x political cont intended                |  | San Juan, 1       | X 78589   |                             |                   |  |                |                         |                     |  |  |
| PURPOSE                                  | Ī  | Category (Se      | ee Categories listed at the top of this sch   | edule)                      | Description       | Ch   | neck if travel | outside of Texas. Co    | omplete Schedule T. |  |  |
| OF<br>EXPENDITU                          | RE   | Salaries/Wa       | Salaries/Wages/Contract Labor   |                             |                   | Check if Austin, TX, officeholder living expense |                |                         |                     |  |  |
| 2,0 2,05110                              |  |                   | =   |                             |                   | general contract labor                           |                |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |
|  |  | Candidate/Officel | nolder name   |                             | Office sought     |  |                | Office held             |                     |  |  |
| expenditure to<br>C/OH                   | penefit  |                   |   |                             |                   |  |                |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| Date                                     |  | Payee name        |   |                             |                   |  |                |                         |                     |  |  |
| 08/18/2023                               |  | Garza, Chu        | ck<br>  |                             |                   |  |                |                         |                     |  |  |
| Amount (\$)                              |  | Payee addre       | ss; City; State;  | Zip Co                      | de                |  |                |                         |                     |  |  |
|  | \$2,000.00                                     |                   |   |                             |                   |  |                |                         |                     |  |  |
| Reimbursem                               |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| X political cont intended                | tridutions                                     | La Joya, TX       | 78560   |                             |                   |  |                |                         |                     |  |  |
| PURPOSE                                  | Ξ  | Category (se      | ee Categories listed at the top of this sch   | edule)                      | Description       | Ch   | neck if travel | outside of Texas. Co    | omplete Schedule T. |  |  |
| OF<br>EXPENDITU                          | RE   | Salaries/Wa       | ages/Contract Labor   |                             | Ī                 | Ch   | neck if Austin | , TX, officeholder livi | ng expense          |  |  |
| _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _ |  |                   |   |                             | general contract  | t labo   | or             |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |
| Complete ONI                             |  | Candidate/Officel | nolder name   |                             | Office sought     |  |                | Office held             |                     |  |  |
| expenditure to<br>C/OH                   | penefit  |                   |   |                             |                   |  |                |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |
|  |  |                   |   |                             |                   |  |                |                         |                     |  |  |

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Committee   | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. |           |                  |      | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |  |  |
|---|---|---|---|-----------|------------------|------|---|--|--|
| 1 | Total pages Schedule G:   | : FILER NA  | ^ NAE   |           | -                | 3    | Filer ID (Ethics Commission Filers)   |  |  |
| _ | Sch: 28/82 Rpt: 40/94   |   | as, Jesus (The Honorable)   |           |                  | 1    | 00062099  |  |  |
| 4 | Date  | Payee na  | ıme   |           |                  | _    |   |  |  |
|   | 10/22/2023  | Garza, [  |   |           |                  |      |   |  |  |
| 6 | Amount (\$)   | Payee ac  | Idress; City; Sta   | te; Zip C | ode              |      |   |  |  |
|   | \$1,500.00  |   | ılm Grove   |           |                  |      |   |  |  |
|   | Reimbursement from political contributions intended   | Mercede   | es, TX 78570  |           |                  |      |   |  |  |
| 8 | PURPOSE   | <b>a)</b> Category                                    | (See Categories listed at the top of this   | schedule) | (b) Description  | Ch   | neck if travel outside of Texas. Complete Schedule T.   |  |  |
|   | OF<br>EXPENDITURE   | Salaries  | /Wages/Contract Labor   |           |                  | Ch   | eck if Austin, TX, officeholder living expense  |  |  |
|   | LAPENDITORE   |   |   |           | general campaig  | n la | bor   |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | andidate/Of   | ficeholder name   |           | Office sought    |      | Office held   |  |  |
|   | Date  | Payee na  | ıme   |           |                  |      |   |  |  |
|   | 12/22/2023  | Garza, [  | Denise  |           |                  |      |   |  |  |
|   | Amount (\$)   | Payee ac  | ldress; City; Sta   | te; Zip C | ode              |      |   |  |  |
|   | \$1,500.00  | 9705 Pa   | ılm Grove   |           |                  |      |   |  |  |
|   | Reimbursement from political contributions intended   | Mercede   | es, TX 78570  |           |                  |      |   |  |  |
|   | PURPOSE   | Category  | (See Categories listed at the top of this   | schedule) | Description      | Ch   | eck if travel outside of Texas. Complete Schedule T.  |  |  |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor  General campaign labor |   |           |                  |      | eck if Austin, TX, officeholder living expense  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH   | andidate/Of   | ficeholder name   |           | Office sought    |      | Office held   |  |  |
|   | Date  | Payee na  | ıme   |           |                  |      |   |  |  |
|   | 07/19/2023  | Garza, L  | Luciano   |           |                  |      |   |  |  |
|   | Amount (\$)<br>\$1,950.00   | Payee ac  | ldress; City; Sta   | te; Zip C | ode              |      |   |  |  |
|   | Reimbursement from political contributions intended   | Weslaco   | o, TX 78596   |           |                  |      |   |  |  |
|   | PURPOSE<br>OF   | 0,  | (See Categories listed at the top of this   | schedule) | Description      | _    | neck if travel outside of Texas. Complete Schedule T.   |  |  |
|   | EXPENDITURE   | Salaries  | /Wages/Contract Labor   |           | _ L              | _    | eck if Austin, TX, officeholder living expense  |  |  |
|   |   |   |   |           | general contract | labo | or  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | andidate/Of   | ficeholder name   |           | Office sought    |      | Office held   |  |  |
|   |   |   |   |           |                  |      |   |  |  |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>Il Committee   | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing E<br>Salaries/V | kpense<br>/ages/Contract Labor |          | istrict of District nter a category not listed above) |  |
|----------|---|-----------------------|--|--|--------------------------------|----------|---|--|
|          | oroak oara'r aymone   |                       | The Instruction Guide explains I   | now to co                              | mplete this form.              |          |   |  |
| 1        | Total pages Schedule G:   | 2 FILER NAME          | ≣  |  |                                | 3        | Filer ID  | (Ethics Commission Filers)               |
|          | Sch: 29/82 Rpt: 41/94   | Contreras,            | Jesus (The Honorable)  |  |                                |          | 000620  | 99                                       |
| 4        | Date  | 5 Payee name          |  |  |                                |          |   |  |
|          | 09/05/2023  | Garza, Luc            |  |  |                                |          |   |  |
| 6        | Amount (\$)   | <b>7</b> Payee addre  | ess; City; State;  | Zip Co                                 | de                             |          |   |  |
|          | \$400.00  | -                     |  |  |                                |          |   |  |
|          | Reimbursement from  |                       |  |  |                                |          |   |  |
|          | x political contributions intended  | Weslaco, T            | X 78596  |  |                                |          |   |  |
| 8        | PURPOSE   |                       |  | aduda)                                 | (b) Description F              | ☐ Ch     | ock if trave  | I outside of Texas. Complete Schedule T. |
| °        | OF  | ' ' ' '               | ee Categories listed at the top of this scho                             | eaule)                                 | (b) Description                | _        |   | n, TX, officeholder living expense       |
|          | EXPENDITURE   | Salaries/w            | ages/Contract Labor  |  | general contract               |          |   | •  |
|          |   |                       |  |  | general contract               | iabc     | <b>71</b>   |  |
| 9        | Complete ONLY if direct   | Candidate/Office      | holder name  |  | Office sought                  |          |   | Office held                              |
|          | expenditure to benefit  | Candidate/Office      | noider name  |  | Office sought                  |          |   | Office field                             |
|          | C/OH  |                       |  |  |                                |          |   |  |
|          | Date  | Payee name            |  |  |                                |          |   |  |
|          | 12/21/2023  | Garza, Luc            | iano   |  |                                |          |   |  |
|          | Amount (\$)   | Payee addre           | ess; City; State;  | Zip Co                                 | de                             |          |   |  |
|          | \$800.00  |                       | •  | ·                                      |                                |          |   |  |
|          | Reimbursement from  |                       |  |  |                                |          |   |  |
|          | X political contributions intended  | Weslaco, T            | X 78596  |  |                                |          |   |  |
| _        | PURPOSE   | _                     | ee Categories listed at the top of this sche                             | adula)                                 | Description                    | ☐ Ch     | eck if trave  | I outside of Texas. Complete Schedule T. |
|          | OF  |                       | ages/Contract Labor  | euule)                                 |                                | =        |   | n, TX, officeholder living expense       |
|          | EXPENDITURE   | Jaianes/ Wi           | ages/Contract Labor  |  | general contract               | <br>labo | or  |  |
|          |   |                       |  |  | <b>3</b>                       |          |   |  |
|          | Complete ONLY if direct   | L<br>Candidate/Office | holder name  |  | Office sought                  |          |   | Office held                              |
|          | expenditure to benefit  |                       |  |  | J                              |          |   |  |
|          | C/OH  |                       |  |  |                                |          |   |  |
|          | Date  | Payee name            |  |  |                                |          |   |  |
|          | 07/28/2023  | Garza, Mar            | issa   |  |                                |          |   |  |
|          | Amount (\$)   | Payee addre           | ess; City; State;  | Zip Co                                 | de                             |          |   |  |
|          | \$1,950.00  |                       |  |  |                                |          |   |  |
|          | Reimbursement from political contributions  |                       |  |  |                                |          |   |  |
|          | intended  | Donna, TX             | 78537  |  |                                |          |   |  |
|          | PURPOSE   | Category (s           | ee Categories listed at the top of this sch                              | edule)                                 | Description                    | Ch       | eck if trave  | l outside of Texas. Complete Schedule T. |
|          | OF<br>EXPENDITURE   | Salaries/Wa           | ages/Contract Labor  |  |                                | Ch       | eck if Austi  | n, TX, officeholder living expense       |
|          | EXI ENDITORE  |                       |  |  | general contract               | labo     | or  |  |
| L        |   |                       |  |  |                                | _        |   |  |
|          |   | Candidate/Office      | holder name  |  | Office sought                  |          |   | Office held                              |
|          | expenditure to benefit C/OH   |                       |  |  |                                |          |   |  |
| $\vdash$ |   |                       |  |  |                                |          |   |  |
|          |   |                       |  |  |                                |          |   |  |
|          |   |                       |  |  |                                |          |   |  |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                        | Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains |          | xpense<br>Nages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above)                      |
|----------|---|------------------------|---|----------|--------------------------------|--|
| 1        | Total pages Schedule G:   | 2 FILER NAM            | E   |          |                                | 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 30/82 Rpt: 42/94   | Contreras,             | Jesus (The Honorable)   |          |                                | 00062099   |
| 4        | Date  | 5 Payee name           | 9   |          |                                |  |
|          | 10/09/2023  | Garza, Nor             | rma   |          |                                |  |
| 6        | Amount (\$)   | 7 Payee addre          | ess; City; State  | ; Zip Co | ode                            |  |
|          | \$950.00  | 1812 S. Ab             | oram Rd   |          |                                |  |
|          | X Reimbursement from political contributions intended   | Palmview,              | TX 78572  |          |                                |  |
| 8        | PURPOSE   | (a) Category (s        | See Categories listed at the top of this sch  | nedule)  | (b) Description                | Check if travel outside of Texas. Complete Schedule T.   |
|          | OF<br>EXPENDITURE   | Salaries/W             | ages/Contract Labor   |          |                                | Check if Austin, TX, officeholder living expense   |
|          |   |                        |   |          | general contract               | labor  |
| Ļ        |   |                        |   |          |                                |  |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Office       | Pholder name  |          | Office sought                  | Office held  |
|          | Date  | Payee name             | 9   |          |                                |  |
|          | 11/27/2023  | Gonzalez,              | Alicia  |          |                                |  |
|          | Amount (\$)   | Payee addre            | ess; City; State  | ; Zip Co | ode                            |  |
|          | \$500.00  |                        |   |          |                                |  |
|          | X Reimbursement from political contributions intended   | pharr , TX             | 78577   |          |                                |  |
|          | PURPOSE<br>OF   | Category (s            | See Categories listed at the top of this sch  | nedule)  | Description                    | Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITURE   | Salaries/W             | ages/Contract Labor   |          | L                              | Check if Austin, TX, officeholder living expense   |
|          |   |                        |   |          | general contract               | IADOF  |
|          | Complete ONLY if direct expenditure to benefit  | Candidate/Office       | eholder name  |          | Office sought                  | Office held  |
|          | C/OH  |                        |   |          |                                |  |
| F        | Date  | Payee name             | 2   |          |                                |  |
|          | 11/27/2023  | Gonzalez,              |   |          |                                |  |
| $\vdash$ | Amount (\$)   | Payee addre            |   | : Zip Co | ode                            |  |
|          | \$500.00  | 2,00 addit             | ,,, State   | , _,, 00 | <del>-</del>                   |  |
|          | Reimbursement from  |                        |   |          |                                |  |
|          | X political contributions intended  | Donna, TX              | 78537   |          |                                | _  |
|          | PURPOSE<br>OF   |                        | See Categories listed at the top of this sch  | nedule)  | Description                    | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|          | EXPENDITURE   | j Saiaries/W           | ages/Contract Labor   |          | general contract               |  |
|          |   |                        |   |          | general contract               | 14301  |
| -        | Complete ONLY if direct   | <br>  Candidate/Office | eholder name  |          | Office sought                  | Office held  |
|          | expenditure to benefit C/OH   |                        |   |          | 00 00dgm                       | 200  |
| _        |   |                        |   |          |                                |  |
|          |   |                        |   |          |                                |  |
|          |   |                        |   |          |                                |  |

## SCHEDULE G

# **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

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

| Contributions/ Donations Made B<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |             | Gift/Awards/Memorials E ttee Legal Services The Instruction Gui | xpense           |        | xpense<br>Vages/Contract Labor |      | Travel Out of District<br>OTHER (enter a category not listed | above)           |
|--|--|-------------|---|------------------|--------|--------------------------------|------|--|------------------|
| 1  | Total pages Schedule G:                                    | 2 FI        | LER NAME  |                  |        |                                | 3    | Filer ID (Ethics Commiss                                     | ion Filers)      |
|  | Sch: 31/82 Rpt: 43/94                                      | C           | ontreras, Jesus (The Hono                                       | rable)           |        |                                | (    | 00062099   |                  |
| 4  | Date   | <b>5</b> Pa | ayee name   |                  |        |                                |      |  |                  |
|  | 08/19/2023   | G           | onzalez, Jaime  |                  |        |                                |      |  |                  |
| 6  | Amount (\$)  | <b>7</b> Pa | ayee address; City;   | State;           | Zip Co | ode                            |      |  |                  |
|  | \$1,900.00   |             |   |                  |        |                                |      |  |                  |
|  | Reimbursement from political contributions intended        | М           | ercedes, TX 78570   |                  |        |                                |      |  |                  |
| 8  | PURPOSE  | (a) C       | ategory (See Categories listed at the                           | top of this sche | edule) | (b) Description                | =    | eck if travel outside of Texas. Comp                         |                  |
|  | OF<br>EXPENDITURE  | S           | alaries/Wages/Contract Lat                                      | oor              |        | L                              |      | eck if Austin, TX, officeholder living e                     | expense          |
|  |  |             |   |                  |        | general contract               | labo | r  |                  |
|  |  |             |   |                  |        |                                |      |  |                  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candi       | date/Officeholder name  |                  |        | Office sought                  |      | Office held  |                  |
|  | Date   | Pa          | ayee name   |                  |        |                                |      |  |                  |
|  | 11/22/2023   | G           | onzalez, Jaime  |                  |        |                                |      |  |                  |
|  | Amount (\$)  | Pa          | ayee address; City;   | State;           | Zip Co | ode                            |      |  |                  |
|  | \$1,600.00   |             |   |                  |        |                                |      |  |                  |
|  | Reimbursement from   |             |   |                  |        |                                |      |  |                  |
|  | X political contributions intended                         | М           | ercedes, TX 78570   |                  |        |                                |      |  |                  |
|  | PURPOSE  | Ci          | ategory (See Categories listed at the                           | top of this sche | edule) | Description                    | Che  | eck if travel outside of Texas. Comp                         | lete Schedule T. |
|  | OF<br>EXPENDITURE  | S           | alaries/Wages/Contract Lab                                      | oor              |        |                                | Che  | eck if Austin, TX, officeholder living e                     | expense          |
|  |  |             |   |                  |        | general contract               | labo | r  |                  |
|  |  |             |   |                  |        |                                |      |  |                  |
|  | Complete <u>ONLY</u> if direct expenditure to benefit      | Candi       | date/Officeholder name  |                  |        | Office sought                  |      | Office held  |                  |
|  | C/OH   |             |   |                  |        |                                |      |  |                  |
| H  | Date   |             | nyoo nomo   |                  |        |                                |      |  |                  |
|  | 12/18/2023   | l .         | ayee name<br>onzalez, Martina                                   |                  |        |                                |      |  |                  |
| _  |  |             |   | Ctoto            | Zin Co | ndo.                           |      |  |                  |
|  | Amount (\$)<br>\$746.00                                    | l           | ayee address;   | State,           | Zip Co | oue                            |      |  |                  |
|  | ,  | 1           | 9490 Tom Gill Ru  |                  |        |                                |      |  |                  |
|  | X Reimbursement from political contributions intended      | P           | enitas, TX 78576  |                  |        |                                |      |  |                  |
|  | PURPOSE<br>OF  | l           | ategory (See Categories listed at the                           |                  | edule) | Description                    | _    | eck if travel outside of Texas. Comp                         |                  |
|  | EXPENDITURE  | S           | alaries/Wages/Contract Lat                                      | oor              |        | L                              | _    | eck if Austin, TX, officeholder living e                     | expense          |
|  |  |             |   |                  |        | general contract               | iabo | r  |                  |
|  | Operation ONE VIII I                                       | 0- "        | d-+-/0#:b-ld  |                  |        | 0#:                            |      | Off.   |                  |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candi       | date/Officeholder name  |                  |        | Office sought                  |      | Office held  |                  |
|  |  |             |   |                  |        |                                |      |  |                  |
|  |  |             |   |                  |        |                                |      |  |                  |
| l  |  |             |   |                  |        |                                |      |  |                  |

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |   | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|--|---|---|
|   | Credit Card Fayment  | The Instruction Guide explains how to complete this form.   |   |
| 1 | Total pages Schedule G:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 32/82 Rpt: 44/94  | Contreras, Jesus (The Honorable)  | 00062099  |
| 4 | Date   | 5 Payee name  |   |
|   | 10/02/2023   | Gonzalez, Selina  |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
|   | \$1,096.00   | - <b>y</b> , - <b>y</b> ,, <b>p</b>   |   |
|   | Reimbursement from   |   |   |
|   | X political contributions intended   | Penitas, TX 78576   |   |
| _ |  | · · · · · · · · · · · · · · · · · · ·   | Charle if travel outside of Taylor Complete Cabadula T  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description                              | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|   | EXPENDITURE  | Salaries/Wages/Contract Labor L<br>general contract   |   |
|   |  | general contract  | labol   |
| _ | Commiste ONII V if disease   | Office country  | Office held   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit  | Candidate/Officeholder name Office sought   | Office held   |
|   | C/OH   |   |   |
|   | Date   | Payee name  |   |
|   | 07/12/2023   | Guajardo, Eleazar   |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$750.00   | , p   |   |
|   | Reimbursement from   |   |   |
|   | x political contributions intended   | Pharr, TX 78577   |   |
|   |  |   | Charle if travel outside of Toylor Complete Cabadula T  |
|   | PURPOSE<br>OF  | Category (See Categories listed at the top of this schedule)  Description  Contributions (Depositions Made Ry | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|   | EXPENDITURE  | Contributions/Donations Made By Candidate/Officeholder/Political Committee contribution                       | _ ` ` ` ` ` ` ` ` `   |
|   |  | Continuation  |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit   | office sought   | Office field  |
|   | C/OH   |   |   |
|   | Date   | Payee name  |   |
|   | 12/15/2023   | Guajardo, Robert  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$800.00   |   |   |
|   | Reimbursement from   |   |   |
|   | X political contributions intended   | Mercedes, TX 78570  |   |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  Description                                     | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF   | Salaries/Wages/Contract Labor   | Check if Austin, TX, officeholder living expense  |
|   | EXPENDITURE  | general contract  | labor   |
|   |  |   |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought   | Office held   |
|   | expenditure to benefit   | S .   |   |
|   | C/OH   |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                     | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair |            | Expense<br>Wages/Contract Labor |     | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|---------------------|--|------------|---------------------------------|-----|---|
| 1 | Total pages Schedule G:  | 2 FILER NAM         | IE   |            |                                 | 3   | Filer ID (Ethics Commission Filers)   |
|   | Sch: 33/82 Rpt: 45/94  |                     | Jesus (The Honorable)  |            |                                 |     | 00062099  |
| 4 | Date   | <b>5</b> Payee name |  |            |                                 |     |   |
|   | 08/09/2023   | Hernandez           |  |            |                                 |     |   |
| 6 | Amount (\$)  | <b>7</b> Payee addr | ess; City; Sta   | te; Zip Co | ode                             |     |   |
| ľ | \$1,100.00   | l ayee aaa.         | 000, 0.0,,   | .o,p o     |                                 |     |   |
|   | Reimbursement from political contributions intended  | pharr tx, T         | X 78577  |            |                                 |     |   |
| 8 | PURPOSE  | (a) Category (      | See Categories listed at the top of this s   | schedule)  | (b) Description                 | С   | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE  | Food/Beve           | erage Expense  |            |                                 | С   | heck if Austin, TX, officeholder living expense                                     |
|   | EX. ENDITORE   |                     |  |            | food for event                  |     |   |
|   |  |                     |  |            |                                 |     |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Office    | eholder name   |            | Office sought                   |     | Office held   |
|   | Date   | Payee name          | e  |            |                                 |     |   |
|   | 11/17/2023   | Hernandez           | z, Elizabeth   |            |                                 |     |   |
| Г | Amount (\$)  | Payee addr          | ess; City; Sta   | te; Zip Co | ode                             |     |   |
|   | \$300.00   |                     |  |            |                                 |     |   |
|   | Reimbursement from   |                     |  |            |                                 |     |   |
|   | X political contributions intended   | Donna, TX           | 78537  |            |                                 |     |   |
| H | PURPOSE  | Category (          | See Categories listed at the top of this s   | schedule)  | Description                     | С   | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE  | Salaries/W          | /ages/Contract Labor   |            | [                               | o c | heck if Austin, TX, officeholder living expense                                     |
|   | LAFLINDITORL   |                     |  |            | general contract                | lab | or  |
|   |  |                     |  |            |                                 |     |   |
|   |  | Candidate/Office    | eholder name   |            | Office sought                   |     | Office held   |
|   | expenditure to benefit C/OH  |                     |  |            |                                 |     |   |
| ⊨ |  | 1                   |  |            |                                 |     |   |
|   | Date   | Payee name          |  |            |                                 |     |   |
|   | 07/25/2023   | Hernandez           |  |            |                                 |     |   |
|   | Amount (\$)  | Payee addr          | ess; City; Sta   | te; Zip Co | ode                             |     |   |
|   | \$400.00   |                     |  |            |                                 |     |   |
|   | Reimbursement from political contributions intended  | Donna, TX           | 78537  |            |                                 |     |   |
|   | PURPOSE  | Category (          | See Categories listed at the top of this s   | schedule)  | Description                     | _   | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE  | Salaries/W          | /ages/Contract Labor   |            | <u> </u>                        | _   | heck if Austin, TX, officeholder living expense                                     |
|   |  |                     |  |            | general contract                | lab | or  |
| L |  | <u> </u>            |  |            |                                 |     |   |
|   | Complete ONLY if direct expenditure to benefit   | Candidate/Office    | eholder name   |            | Office sought                   |     | Office held   |
|   | C/OH   |                     |  |            |                                 |     |   |
| Г |  |                     |  |            |                                 |     |   |
|   |  |                     |  |            |                                 |     |   |
| ı |  |                     |  |            |                                 |     |   |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica |                  | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Expense Printing Expense Salaries/Wages/Contract Labor |            | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|------------------|--|--|------------|---|
|   | Credit Card Payment   |                  | The Instruction Guide explains h   | ow to complete this form.                                      |            |   |
| 1 | Total pages Schedule G:   | 2 FILER N        | IAME   |  | 3          | Filer ID (Ethics Commission Filers)   |
|   | Sch: 34/82 Rpt: 46/94   | Contre           | ras, Jesus (The Honorable)   |  |            | 00062099  |
| 4 | Date  | <b>5</b> Payee r | name   |  |            |   |
|   | 12/07/2023  | Herrera          | a, Oralia  |  |            |   |
| 6 | Amount (\$)   | <b>7</b> Payee a | address; City; State;  | Zip Code   |            |   |
|   | \$1,000.00  | 304 S.           | Nicholson  |  |            |   |
|   | Reimbursement from  |                  |  |  |            |   |
|   | X political contributions intended  | Missior          | n, TX 78572  |  |            |   |
| 8 | PURPOSE   | (a) Categor      | Y (See Categories listed at the top of this sche                         | dule) (b) Description  | Ch         | neck if travel outside of Texas. Complete Schedule T.                               |
| • | OF  | ``               | s/Wages/Contract Labor   | (a) Decemparent  | =          | neck if Austin, TX, officeholder living expense                                     |
|   | EXPENDITURE   | 00               | o, 11 dig 00, 00 dot 2000.   | general contract   | _<br>t lab | or  |
|   |   |                  |  |  |            |   |
| 9 | Complete ONLY if direct   | <u> </u>         | Officeholder name  | Office sought  |            | Office held   |
|   | expenditure to benefit C/OH   |                  |  | · ·  |            |   |
|   | C/OH  |                  |  |  |            |   |
|   | Date  | Payee r          | name   |  |            |   |
|   | 11/01/2023  | Hidalgo          | Co. Bar Assoc.   |  |            |   |
|   | Amount (\$)   | Payee a          | address; City; State;  | Zip Code   |            |   |
|   | \$1,000.00  | 323 W.           | Cano   |  |            |   |
|   | Reimbursement from  |                  |  |  |            |   |
|   | X political contributions intended  | Edinbu           | rg, TX 78539   |  |            |   |
|   | PURPOSE   | Categor          | y (See Categories listed at the top of this sche                         | dule) Description  | Cr         | neck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Contrib          | utions/Donations Made By   | [  | Ch         | neck if Austin, TX, officeholder living expense                                     |
|   | LAPENDITORE   | Candid           | ate/Officeholder/Political Commi   | ttee donation  |            |   |
|   |   |                  |  |  |            |   |
|   | Complete ONLY if direct   | Candidate/C      | Officeholder name  | Office sought  |            | Office held   |
|   | expenditure to benefit C/OH   |                  |  |  |            |   |
|   |   | <u> </u>         |  |  |            |   |
|   | Date  | Payee r          |  |  |            |   |
|   | 09/29/2023  |                  | sa, Orfelinda  |  |            |   |
|   | Amount (\$)   | Payee a          | address; City; State;  | Zip Code   |            |   |
|   | \$2,100.00  |                  |  |  |            |   |
|   | Reimbursement from political contributions  |                  |  |  |            |   |
|   | intended  | La Joy           | a, TX 78560  |  |            |   |
|   | PURPOSE   | 1                | y (See Categories listed at the top of this sche                         | dule) Description  | _          | neck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Salarie          | s/Wages/Contract Labor   |  | _          | neck if Austin, TX, officeholder living expense                                     |
|   |   |                  |  | general contract   | t lab      | or  |
|   |   |                  |  |  |            |   |
|   | Complete ONLY if direct expenditure to benefit                                      | Candidate/C      | Officeholder name  | Office sought  |            | Office held   |
|   | C/OH  |                  |  |  |            |   |
|   |   |                  |  |  |            |   |

### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

|   | Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Fees Offic<br>Food/Beverage Expense Polli<br>7 - Gift/Awards/Memorials Expense Prin | ne Overhead/Rental Expense<br>ng Expense<br>ting Expense<br>ries/Wages/Contract Labor | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|---|---|---|
|   | Credit Card Payment   | The Instruction Guide explains how  | to complete this form.  |   |
| 1 | Total pages Schedule G:   | 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 35/82 Rpt: 47/94   | Contreras, Jesus (The Honorable)  |   | 00062099  |
| 4 | Date  | 5 Payee name  |   |   |
|   | 07/25/2023  | Jasso, Carlos   |   |   |
| 6 | Amount (\$) \$2,100.00  | 7 Payee address; City; State; Zip   | Code  |   |
|   | Reimbursement from political contributions intended   | Edinburg, TX 78539  |   |   |
| 8 | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   | Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | Salaries/Wages/Contract Labor   | L   | Check if Austin, TX, officeholder living expense  |
|   |   |   | general contract  | labor   |
| _ | Computate ONLY if dispet  | Condidate/Officeledday.page   | Office country  | Office hold   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought   | Office held   |
|   | Date  | Payee name  |   |   |
|   | 09/09/2023  | Kali Productions  |   |   |
|   | Amount (\$)   | Payee address; City; State; Zip   | Code  |   |
|   | \$1,200.00  | 7418 N. La Homa Rd.   |   |   |
|   | Reimbursement from political contributions intended   | Mission, TX 78574   |   |   |
|   | PURPOSE   | Category (See Categories listed at the top of this schedule)                        | Description   | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Advertising Expense   | L   | Check if Austin, TX, officeholder living expense  |
|   |   |   | ads   |   |
|   |   |   |   |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought   | Office held   |
|   | Date  | Payee name  |   |   |
|   | 11/17/2023  | Kali Productions  |   |   |
|   | Amount (\$)   | Payee address; City; State; Zip   | Code  |   |
|   | \$1,000.00  | 7418 N. La Homa Rd.   |   |   |
|   | X Reimbursement from political contributions intended   | Mission, TX 78574   |   |   |
|   | PURPOSE   | Category (See Categories listed at the top of this schedule)                        | Description   | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Advertising Expense   | L   | Check if Austin, TX, officeholder living expense  |
|   |   |   | ads   |   |
|   | Complete ONLY if direct expenditure to benefit C/OH   | <br>Candidate/Officeholder name   | Office sought   | Office held   |
|   |   |   |   |   |

### SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |          |                   | ses<br>pod/Beverage Expense<br>ft/Awards/Memorials Expense<br>ggal Services | Office Over<br>Polling Ex<br>Printing E |                    | Tra<br>Tra<br>Tra | ansportation Equipment & Relat<br>avel in District<br>avel Out of District<br>FHER (enter a category not liste |                    |
|---|---|----------|-------------------|---|---|--------------------|-------------------|--|--------------------|
|   | Credit Card Fayinent  |          | TI                | he Instruction Guide explains I   | now to co                               | omplete this form. |                   |  |                    |
| 1 | Total pages Schedule G:   | 2        | FILER NAME        |   |   |                    | 3 Fil             | ler ID (Ethics Commis  | ssion Filers)      |
|   | Sch: 36/82 Rpt: 48/94   |          | Contreras, Jes    | sus (The Honorable)   |   |                    | 00                | 0062099  |                    |
| 4 | Date  | 5        | Payee name        |   |   |                    | <u> </u>          |  |                    |
|   | 08/02/2023  |          | Kool River Me     | edia  |   |                    |                   |  |                    |
| 6 | Amount (\$)   | 7        | Payee address;    | ; City; State;  | Zip Co                                  | nde                |                   |  |                    |
| ľ | \$1,439.00  | ľ        | 821 S. Valley     |   | Z.p 00                                  | 540                |                   |  |                    |
|   |   |          | ozz o. vanoj      | view ita.   |   |                    |                   |  |                    |
|   | X Reimbursement from political contributions intended   |          | Donna TV 70       | )F27  |   |                    |                   |  |                    |
|   |   |          | Donna, TX 78      | )<br>   |   | _                  | _                 |  |                    |
| 8 | PURPOSE<br>OF   | (a)      |                   | Categories listed at the top of this sche                                   | edule)                                  | (b) Description    | =                 | c if travel outside of Texas. Con  |                    |
|   | EXPENDITURE   |          | Advertising Ex    | xpense  |   | <u> </u>           | Cneck             | k if Austin, TX, officeholder living   | g expense          |
|   |   |          |                   |   |   | ads                |                   |  |                    |
|   |   |          |                   |   |   |                    |                   |  |                    |
| 9 | Complete ONLY if direct   | Cai      | ndidate/Officehol | lder name   |   | Office sought      |                   | Office held  |                    |
|   | expenditure to benefit C/OH   |          |                   |   |   |                    |                   |  |                    |
|   |   | _        |                   |   |   |                    |                   |  |                    |
|   | Date  |          | Payee name        | p.  |   |                    |                   |  |                    |
|   | 08/08/2023  |          | Kool River Me     | edia<br>————————————————————————————————————                                |   |                    |                   |  |                    |
|   | Amount (\$)   |          | Payee address;    | ; City; State;  | Zip Co                                  | ode                |                   |  |                    |
|   | \$1,439.00  |          | 821 S. Valley     | View Rd.  |   |                    |                   |  |                    |
|   | Reimbursement from  |          |                   |   |   |                    |                   |  |                    |
|   | X political contributions intended  |          | Donna, TX 78      | 3537  |   |                    |                   |  |                    |
|   | PURPOSE   |          | Category (See (   | Categories listed at the top of this sche                                   | edule)                                  | Description        | Check             | c if travel outside of Texas. Con  | nplete Schedule T. |
|   | OF  |          | Advertising Ex    |   |   |                    | Check             | k if Austin, TX, officeholder living   | g expense          |
|   | EXPENDITURE   |          | · ·               |   |   | ads                |                   |  |                    |
|   |   |          |                   |   |   |                    |                   |  |                    |
|   | Complete ONLY if direct   | <u> </u> | ndidate/Officehol | lder name   |   | Office sought      |                   | Office held  |                    |
|   | expenditure to benefit  |          |                   |   |   |                    |                   |  |                    |
|   | C/OH  |          |                   |   |   |                    |                   |  |                    |
|   | Date  |          | Payee name        |   |   |                    |                   |  |                    |
|   | 09/15/2023  |          | Kool River Me     | edia  |   |                    |                   |  |                    |
|   | Amount (\$)   | $\vdash$ | Payee address;    | ; City; State;  | Zip Co                                  | ode                |                   |  |                    |
|   | \$1,439.00  |          | 821 S. Valley     | View Rd.  |   |                    |                   |  |                    |
|   | Reimbursement from  |          | _                 |   |   |                    |                   |  |                    |
|   | X political contributions intended  |          | Donna, TX 78      | 2537  |   |                    |                   |  |                    |
| _ |   | ┡        | •                 |   |   | December 5         | 7                 | **   |                    |
|   | PURPOSE<br>OF   |          |                   | Categories listed at the top of this sche                                   | edule)                                  | Description _      | =                 | c if travel outside of Texas. Con<br>c if Austin, TX, officeholder living                                      |                    |
|   | EXPENDITURE   |          | Advertising Ex    | xpense  |   | L                  | Oncor             | t ii Addun, 174, omeeneden iiving  | g expense          |
|   |   |          |                   |   |   | ads                |                   |  |                    |
|   | 0 1: 0:::::::::::::::::::::::::::::::::   | <u>_</u> | P. L. 10.00       |   |   | 0.00               |                   | 060  |                    |
|   | Complete <u>ONLY</u> if direct expenditure to benefit   | Cai      | ndidate/Officehol | ider name   |   | Office sought      |                   | Office held  |                    |
|   | C/OH  |          |                   |   |   |                    |                   |  |                    |
| H |   |          |                   |   |   |                    |                   |  |                    |
|   |   |          |                   |   |   |                    |                   |  |                    |
|   |   |          |                   |   |   |                    |                   |  |                    |

## SCHEDULE G

### **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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |              | mmittee         | Legal Services  The Instruction Guide e | Salaries/\        | Wages/Contract Labor |    | OTHER (er      | of District<br>hter a category not | listed above)        |
|---|--|--------------|-----------------|---|-------------------|----------------------|----|----------------|------------------------------------|----------------------|
| 1 | Total pages Schedule G:                                | 2            | FILER NAME      |   |                   |                      | 3  | Filer ID       | (Ethics Com                        | mission Filers)      |
|   | Sch: 37/82 Rpt: 49/94                                  |              |                 | Jesus (The Honorabl                     | le)               |                      | 1  | 000620         | `                                  | ,                    |
| 4 | Date   | 5            | Payee name      |   |                   |                      |    |                |                                    |                      |
|   | 10/11/2023   |              | Kool River I    | Media                                   |                   |                      |    |                |                                    |                      |
| 6 | Amount (\$)  | 7            | Payee addres    | ss; City;                               | State; Zip Co     | ode                  |    |                |                                    |                      |
|   | \$1,439.00   |              | 821 S. Valle    | ey View Rd.                             |                   |                      |    |                |                                    |                      |
|   | Reimbursement from                                     |              |                 |   |                   |                      |    |                |                                    |                      |
|   | x political contributions intended                     |              | Donna, TX       | 78537                                   |                   |                      |    |                |                                    |                      |
| 8 | PURPOSE  | (a)          | Category (Se    | ee Categories listed at the top         | of this schedule) | (b) Description      | Ch | neck if travel | outside of Texas.                  | Complete Schedule T. |
|   | OF<br>EXPENDITURE                                      |              | Advertising     | Expense                                 |                   | [                    | Cł | neck if Austin | n, TX, officeholder                | living expense       |
|   | EXPENDITURE  |              |                 |   |                   | ads                  |    |                |                                    |                      |
|   |  |              |                 |   |                   |                      |    |                |                                    |                      |
| 9 | Complete ONLY if direct                                | Car          | ndidate/Officel | nolder name                             |                   | Office sought        |    |                | Office held                        |                      |
|   | expenditure to benefit                                 |              |                 |   |                   |                      |    |                |                                    |                      |
|   | C/OH   |              |                 |   |                   |                      |    |                |                                    |                      |
|   | Date   |              | Payee name      |   |                   |                      |    |                |                                    |                      |
|   | 11/01/2023   |              | Kool River I    | Media                                   |                   |                      |    |                |                                    |                      |
|   | Amount (\$)  |              | Payee addres    | ss; City;                               | State; Zip Co     | ode                  |    |                |                                    |                      |
|   | \$1,439.00   |              | 821 S. Valle    | ey View Rd.                             |                   |                      |    |                |                                    |                      |
|   | Reimbursement from                                     |              |                 |   |                   |                      |    |                |                                    |                      |
|   | X political contributions intended                     |              | Donna, TX       | 78537                                   |                   |                      |    |                |                                    |                      |
|   | PURPOSE  |              | Category (Se    | ee Categories listed at the top         | of this schedule) | Description          | =  |                |                                    | Complete Schedule T. |
|   | OF<br>EXPENDITURE                                      |              | Advertising     | Expense                                 |                   | l L                  | Ch | neck if Austir | n, TX, officeholder l              | living expense       |
|   |  |              |                 |   |                   | ads                  |    |                |                                    |                      |
|   |  |              |                 |   |                   |                      |    |                |                                    |                      |
|   |  | Car          | ndidate/Officel | nolder name                             |                   | Office sought        |    |                | Office held                        |                      |
|   | expenditure to benefit C/OH                            |              |                 |   |                   |                      |    |                |                                    |                      |
|   | Data   | _            |                 |   |                   |                      |    |                |                                    |                      |
|   | Date   |              | Payee name      | 41: -                                   |                   |                      |    |                |                                    |                      |
|   | 12/19/2023   | $oxed{oxed}$ | Kool River N    |   |                   |                      |    |                |                                    |                      |
|   | Amount (\$)  |              | Payee addres    | , | State; Zip Co     | ode                  |    |                |                                    |                      |
|   | \$1,439.00   |              | 821 S. Valle    | ey View Rd.                             |                   |                      |    |                |                                    |                      |
|   | Reimbursement from                                     |              |                 |   |                   |                      |    |                |                                    |                      |
|   | x political contributions intended                     |              | Donna, TX       | 78537                                   |                   |                      |    |                |                                    |                      |
|   | PURPOSE  | Γ            | Category (Se    | ee Categories listed at the top         | of this schedule) | Description          | Cł | neck if travel | outside of Texas.                  | Complete Schedule T. |
|   | OF<br>EXPENDITURE                                      |              | Advertising     | Expense                                 |                   |                      | Ch | neck if Austin | n, TX, officeholder                | living expense       |
|   | LAFEINDITORE   |              |                 |   |                   | ads                  |    |                |                                    |                      |
|   |  |              |                 |   |                   |                      |    |                |                                    |                      |
|   |  | Car          | ndidate/Officel | nolder name                             |                   | Office sought        |    |                | Office held                        |                      |
|   | expenditure to benefit C/OH                            |              |                 |   |                   |                      |    |                |                                    |                      |
| L | С/ОП   |              |                 |   |                   |                      |    |                |                                    |                      |
|   |  |              |                 |   |                   |                      |    |                |                                    |                      |
|   |  |              |                 |   |                   |                      |    |                |                                    |                      |
|   |  |              |                 |   |                   |                      |    |                |                                    |                      |

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  | Event Expense Loan Repayment/Reimburseme Fees Office Overhead//Rental Expense Food/Beverage Expense Folling Expense Folling Expense Gift/Awards/Memorials Expense Formiting Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form. | nt Solicitation/Fundraising Expense e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| ┝   | Tatal manage Calc. 1.1. C                                  | ·  | 2 Files ID /Files October 511  |
| 1   | Total pages Schedule G:<br>Sch: 38/82 Rpt: 50/94           | 2 FILER NAME Contreras, Jesus (The Honorable)  | 3 Filer ID (Ethics Commission Filers) 00062099   |
| 4   | Date   | 5 Payee name   | 1  |
|   | 11/17/2023   | Lara, Esmeralda  |  |
| 6   | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |
|   | \$1,000.00   |  |  |
|   | Reimbursement from political contributions intended        | Alton, TX 78573  |  |
| 8   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  | Check if Austin, TX, officeholder living expense   |
|   | LAI LADITORE   | general contra   | act labor  |
| 9   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sough   | t Office held  |
| 9   | expenditure to benefit C/OH                                | Canadato Onicenduel name Onice Sough   | dince neid   |
|   | Date   | Payee name   |  |
|   | 12/22/2023   | Lara, Esmeralda  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$350.00   |  |  |
|   | Reimbursement from political contributions intended        | Alton, TX 78573  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule) Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor general contra   | Check if Austin, TX, officeholder living expense   |
|   |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder name Office sough   | t Office held  |
|   | Date   | Payee name   |  |
|   | 10/18/2023   | Lopez Montez, Araceli  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |  |
|   | \$1,612.00   |  |  |
|   | Reimbursement from political contributions intended        | La Joya, TX 78560  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule) Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor  | Check if Austin, TX, officeholder living expense   |
|   |  | general contra   | act labor  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sough   | t Office held  |
|   |  |  |  |
|   |  |  |  |

### SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee |  | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Office Ov<br>Polling Ex<br>Printing E        |           | Transportation Equipment & Related<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed a |   |                 |
|---|--|---|--|-----------|--|---|-----------------|
|   | Credit Card Payment  |   | The Instruction Guide explains               | how to co | omplete this form.   |   |                 |
| 1   | Total pages Schedule G:                                    | 2 FILER NAME  | Ē  |           |  | 3 Filer ID (Ethics Commissi                 | on Filers)      |
|   | Sch: 39/82 Rpt: 51/94                                      | Contreras,  | Jesus (The Honorable)                        |           |  | 00062099                                    |                 |
| 4   | Date   | 5 Payee name  | !  |           |  | •   |                 |
|   | 12/18/2023   | Lopez Mon   | tez, Araceli                                 |           |  |   |                 |
| 6   | Amount (\$)<br>\$900.00                                    | 7 Payee addre   | ess; City; State;                            | Zip Co    | ode  |   |                 |
|   | Reimbursement from political contributions intended        | La Joya, T  | X 78560                                      |           |  |   |                 |
| 8   | PURPOSE  | (a) Category (s   | see Categories listed at the top of this sch | edule)    | (b) Description  | Check if travel outside of Texas. Comple    | ete Schedule T. |
|   | OF<br>EXPENDITURE  | Salaries/Wa   | ages/Contract Labor                          |           |  | Check if Austin, TX, officeholder living ex | rpense          |
|   | EXPENDITORE  |   |  |           | general contract   | labor                                       |                 |
| 9   | Complete ONLY if direct                                    | Candidata/Office  | holder name                                  |           | Office cought  | Office hold                                 |                 |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Office  | noider name                                  |           | Office sought  | Office held                                 |                 |
|   | Date   | Payee name  |  |           |  |   |                 |
|   | 09/04/2023   | Los Pinos I   | Hardware                                     |           |  |   |                 |
|   | Amount (\$)  | Payee addre   | ess; City; State;                            | Zip Co    | ode  |   |                 |
|   | \$2,310.00   | 1445 W. M   | onte Cristo                                  |           |  |   |                 |
|   | Reimbursement from political contributions intended        | Edinburg, T   | TX 78539                                     |           |  |   |                 |
|   | PURPOSE  | Category (S   | see Categories listed at the top of this sch | edule)    | Description  | Check if travel outside of Texas. Comple    | ete Schedule T. |
|   | OF<br>EXPENDITURE  | Advertising   | Expense                                      |           |  | Check if Austin, TX, officeholder living ex | rpense          |
|   |  |   |  |           | sign supplies  |   |                 |
|   | Complete ONLY if direct expenditure to benefit C/OH        | I<br>Candidate/Office   | holder name                                  |           | Office sought  | Office held                                 |                 |
|   | Date   | Payee name  |  |           |  |   |                 |
|   | 07/20/2023   | Lozano, Da  | avid   |           |  |   |                 |
|   | Amount (\$)  | Payee addre   | ess; City; State;                            | Zip Co    | ode  |   |                 |
|   | \$1,189.67   | 111 W. Oln  | nos Dr.                                      |           |  |   |                 |
|   | Reimbursement from political contributions intended        | San Antoni  | o, TX 78212                                  |           |  |   |                 |
|   | PURPOSE  | Category (s   | see Categories listed at the top of this sch | edule)    | Description  | Check if travel outside of Texas. Comple    |                 |
|   | OF<br>EXPENDITURE  | Salaries/W  | ages/Contract Labor                          |           |  | Check if Austin, TX, officeholder living ex | rpense          |
|   | - <del>-</del>   |   |  |           | general contract   | labor/messaging                             |                 |
|   | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Office  | holder name                                  |           | Office sought  | Office held                                 |                 |
|   |  |   |  |           |  |   |                 |

### SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  | Event Expense Loan Repayment/Reimbursement Fees Office Overhead//Rental Expense Transportation Equipment & Related Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|--|--|
|   | Credit Card Payment  | The Instruction Guide explains how to complete this form.  |
| 1   | Total pages Schedule G:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 40/82 Rpt: 52/94                                      | Contreras, Jesus (The Honorable) 00062099  |
| 4   | Date   | 5 Payee name   |
|   | 11/22/2023   | Lozano, Orlando  |
| 6   | Amount (\$)<br>\$1,000.00                                  | 7 Payee address; City; State; Zip Code   |
|   | Reimbursement from political contributions intended        | McAllen, TX 78504  |
| 8   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (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  |
| 9   | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder name Office sought Office held  |
|   | Date   | Payee name   |
|   | 09/16/2023   | Lucky Seven  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$500.00   | 923 S. Alamo Rd.   |
|   | Reimbursement from political contributions intended        | Alamo, TX 78516  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense  Check if Austin, TX, officeholder living expense food for event   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held  |
|   | Date<br>09/23/2023   | Payee name<br>Lucky Seven  |
|   | Amount (\$) \$1,000.00                                     | Payee address; City; State; Zip Code<br>923 S. Alamo Rd.   |
|   | X Reimbursement from political contributions intended      | Alamo, TX 78516  |
|   | PURPOSE<br>OF  | Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   | EXPENDITURE  | Event Expense Campaign event   |
|   | Complete ONLY if direct expenditure to benefit C/OH        | Candidate/Officeholder name Office sought Office held  |
|   |  |  |

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |  |                   | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/\ | Expense<br>Wages/Contract Labor |      | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|-------------------|---|--|---------------------------------|------|--|
|   |  |                   | The Instruction Guide explains  | how to co                              | omplete this form.              |      |  |
| 1   | Total pages Schedule G:                        | 2 FILER NAMI      | Ε   |  |                                 | 3    | Filer ID (Ethics Commission Filers)  |
|   | Sch: 41/82 Rpt: 53/94                          | Contreras,        | Jesus (The Honorable)   |  |                                 |      | 00062099   |
| 4   | Date   | 5 Payee name      |   |  |                                 |      |  |
|   | 11/18/2023                                     | Marroquin,        | Diana   |  |                                 |      |  |
| 6   | Amount (\$)                                    | 7 Payee addre     | ess; City; State  | e; Zip Co                              | ode                             |      |  |
|   | \$1,000.00                                     |                   | ·   |  |                                 |      |  |
|   | Reimbursement from                             |                   |   |  |                                 |      |  |
|   | X political contributions intended             | Weslaco ,         | TX 78596  |  |                                 |      |  |
|   | PURPOSE  |                   |   | lll - \                                | (h) Description F               | ☐ Ch | neck if travel outside of Texas. Complete Schedule T.  |
| 8   | OF   |                   | see Categories listed at the top of this sci                            | neaule)                                | (b) Description                 | _    | neck if Austin, TX, officeholder living expense  |
|   | EXPENDITURE                                    | Salaries/vv       | ages/Contract Labor   |  | general contract                |      |  |
|   |  |                   |   |  | gonorar contract                | iabe | 5.   |
| 9   | Complete ONLY if direct                        | Candidate/Office  | holder name   |  | Office sought                   |      | Office held  |
| Ĭ   | expenditure to benefit                         | Carraracto, Cinoc | noider name   |  | Omeo cougin                     |      | Cinico Heid  |
|   | C/OH   |                   |   |  |                                 |      |  |
|   | Date   | Payee name        |   |  |                                 |      |  |
|   | 10/27/2023                                     | Martinez, Is      | sabel   |  |                                 |      |  |
|   | Amount (\$)                                    | Payee addre       | ess; City; State  | ; Zip Co                               | ode                             |      |  |
|   | \$700.00                                       |                   |   |  |                                 |      |  |
|   | Reimbursement from                             |                   |   |  |                                 |      |  |
|   | X political contributions intended             | Elsa, TX 78       | 3543  |  |                                 |      |  |
|   | PURPOSE  | Category (s       | see Categories listed at the top of this so                             | hedule)                                | Description                     | Ch   | neck if travel outside of Texas. Complete Schedule T.  |
|   | OF   | 1                 | ages/Contract Labor   | ,                                      |                                 | =    | neck if Austin, TX, officeholder living expense  |
|   | EXPENDITURE                                    |                   |   |  | general contract                | labo | or   |
|   |  |                   |   |  |                                 |      |  |
|   | Complete ONLY if direct                        | Candidate/Office  | holder name   |  | Office sought                   |      | Office held  |
|   | expenditure to benefit<br>C/OH                 |                   |   |  |                                 |      |  |
|   | 0,011  |                   |   |  |                                 |      |  |
|   | Date   | Payee name        |   |  |                                 |      |  |
|   | 12/19/2023                                     | Martinez, Is      | sabel   |  |                                 |      |  |
|   | Amount (\$)                                    | Payee addre       | ess; City; State  | e; Zip Co                              | ode                             |      |  |
|   | \$650.00                                       |                   |   |  |                                 |      |  |
|   | Reimbursement from political contributions     |                   |   |  |                                 |      |  |
|   | intended                                       | Elsa, TX 78       | 3543  |  |                                 |      |  |
|   | PURPOSE  | Category (S       | see Categories listed at the top of this sc                             | hedule)                                | Description                     | =    | eck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE                              | Salaries/W        | ages/Contract Labor   |  |                                 | _    | eck if Austin, TX, officeholder living expense   |
|   |  |                   |   |  | general contract                | labo | or   |
|   |  |                   |   |  |                                 |      |  |
|   | Complete ONLY if direct expenditure to benefit | Candidate/Office  | holder name   |  | Office sought                   |      | Office held  |
|   | C/OH   |                   |   |  |                                 |      |  |
|   |  |                   |   |  |                                 |      |  |
|   |  |                   |   |  |                                 |      |  |
|   |  |                   |   |  |                                 |      |  |

### SCHEDULE **G**

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

|   | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |         | mmittee         | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex | Ge F           | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/M | pense<br>/ages/Contract Labor |       | Transportation Equipment & Related<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed |              |
|---|---|---------|-----------------|---|----------------|---|-------------------------------|-------|--|--------------|
| 1 | Total pages Schedule G:   | 2       | FILER NAME      | <u> </u>  |                |   |                               | 3     | Filer ID (Ethics Commiss   | sion Filers) |
|   | Sch: 42/82 Rpt: 54/94   |         | Contreras,      | Jesus (The Honorable  | e)             |   |                               |       | 00062099   | ,            |
| 4 | Date  | 5       | Payee name      |   |                |   |                               |       |  |              |
|   | 07/01/2023  |         | Mata, Irene     |   |                |   |                               |       |  |              |
| 6 | Amount (\$) \$1,000.00  | 7       | Payee addre     | ss; City;   | State;         | Zip Co  | de                            |       |  |              |
|   | Reimbursement from political contributions intended   |         | Weslaco, T      | X 78596   |                |   |                               |       |  |              |
| 8 | PURPOSE<br>OF   | (a)     | Category (Se    | ee Categories listed at the top o   | of this schedu | ule)  | (b) Description               | _     | heck if travel outside of Texas. Comp  |              |
|   | EXPENDITURE   |         | Salaries/Wa     | ages/Contract Labor   |                |   | l                             |       | heck if Austin, TX, officeholder living e  | expense      |
|   |   |         |                 |   |                |   | general contrac               | t lab | or   |              |
| 9 | Complete ONLY if direct   | Cal     | ndidate/Officel | holder name   |                |   | Office sought                 |       | Office held  |              |
| , | expenditure to benefit C/OH   | <u></u> | ndidate/Officer | loider name   |                |   | Office 30dg/ft                |       | Office Held  |              |
|   | Date  |         | Payee name      |   |                |   |                               |       |  |              |
|   | 11/21/2023  |         | Mata, Irene     |   |                |   |                               |       |  |              |
|   | Amount (\$)   |         | Payee addre     | ss; City;   | State;         | Zip Co  | de                            |       |  |              |
|   | \$500.00  |         |                 |   |                |   |                               |       |  |              |
|   | Reimbursement from political contributions intended   |         | Weslaco, T      | X 78596   |                |   |                               |       |  |              |
|   | PURPOSE   |         | Category (Se    | ee Categories listed at the top o   | f this sched   | ule)  | Description                   | _     | heck if travel outside of Texas. Comp  |              |
|   | OF<br>EXPENDITURE   |         | Salaries/Wa     | ages/Contract Labor   |                |   | _                             |       | heck if Austin, TX, officeholder living e  | expense      |
|   |   |         |                 |   |                |   | general contrac               | t Iab | or   |              |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Ca      | ndidate/Officel | holder name   |                |   | Office sought                 |       | Office held  |              |
|   | Date  |         | Payee name      |   |                |   |                               |       |  |              |
|   | 12/12/2023  |         | Mata, Irene     |   |                |   |                               |       |  |              |
|   | Amount (\$)<br>\$450.00   |         | Payee addre     | ss; City;   | State;         | Zip Co  | de                            |       |  |              |
|   | X Reimbursement from political contributions intended   |         | Weslaco, T      | X 78596   |                |   |                               |       |  |              |
|   | PURPOSE<br>OF   |         | Category (Se    | ee Categories listed at the top o   | of this schedu | ule)  | Description                   | _     | heck if travel outside of Texas. Comp  |              |
|   | EXPENDITURE   |         | Salaries/Wa     | ages/Contract Labor   |                |   |                               | _     | heck if Austin, TX, officeholder living e  | expense      |
|   |   |         |                 |   |                |   | general contrac               | t lab | or   |              |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Ca      | ndidate/Officel | holder name   |                |   | Office sought                 |       | Office held  |              |
|   |   |         |                 |   |                |   |                               |       |  |              |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense  Contributions/ Donations Made By Candidate/Officeholder/Politica  Credit Card Payment |  | / -<br>al Committee | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing E<br>Salaries/V | kpense<br>/ages/Contract Labor |           | Travel in Dis    |  |
|---|--|---------------------|--|--|--------------------------------|-----------|------------------|--|
|   | oroun oura'r aymone                            |                     | The Instruction Guide explains I   | now to co                              | mplete this form.              |           |                  |  |
| 1   | Total pages Schedule G:                        | 2 FILER NAME        | ≣  |  |                                | 3         | Filer ID         | (Ethics Commission Filers)             |
|   | Sch: 43/82 Rpt: 55/94                          | Contreras,          | Jesus (The Honorable)  |  |                                |           | 0006209          | 99                                     |
| 4   | Date   | 5 Payee name        |  |  |                                | <u> </u>  |                  |  |
|   | 07/07/2023                                     | Mejia, Juar         |  |  |                                |           |                  |  |
| 6   | Amount (\$)                                    | 7 Payee addre       | ess; City; State;  | Zip Co                                 | de                             |           |                  |  |
|   | \$200.00                                       |                     | •  | ·                                      |                                |           |                  |  |
|   | Reimbursement from                             |                     |  |  |                                |           |                  |  |
|   | x political contributions intended             | Weslaco, T          | V 70506  |  |                                |           |                  |  |
|   |  |                     |  |  |                                |           |                  |  |
| 8   | PURPOSE<br>OF                                  | ' ' ' '             | ee Categories listed at the top of this scho                             | edule)                                 | (b) Description                | =         |                  | outside of Texas. Complete Schedule T. |
|   | EXPENDITURE                                    | Salaries/W          | ages/Contract Labor  |  | . L                            |           |                  | , TX, officeholder living expense      |
|   |  |                     |  |  | general contract               | labo      | or               |  |
|   |  |                     |  |  |                                |           |                  |  |
| 9   |  | Candidate/Office    | holder name  |  | Office sought                  |           |                  | Office held                            |
|   | expenditure to benefit C/OH                    |                     |  |  |                                |           |                  |  |
|   |  | ı                   |  |  |                                |           |                  |  |
|   | Date   | Payee name          |  |  |                                |           |                  |  |
|   | 07/13/2023                                     | Mendoza, [          | Oora   |  |                                |           |                  |  |
|   | Amount (\$)                                    | Payee addre         | ess; City; State;  | Zip Co                                 | de                             |           |                  |  |
|   | \$1,000.00                                     |                     |  |  |                                |           |                  |  |
|   | Reimbursement from                             |                     |  |  |                                |           |                  |  |
|   | X political contributions intended             | Edinburg, T         | X 78539  |  |                                |           |                  |  |
|   | PURPOSE  | Category (s         | ee Categories listed at the top of this sche                             | edule)                                 | Description                    | Ch        | eck if travel of | outside of Texas. Complete Schedule T. |
|   | OF   | 1                   | ages/Contract Labor  | ,                                      |                                | _         |                  | , TX, officeholder living expense      |
|   | EXPENDITURE                                    |                     | agoor com act zaso.  |  | general contract               | –<br>Iabo | or               |  |
|   |  |                     |  |  |                                |           |                  |  |
|   | Complete ONLY if direct                        | L Candidate/Office  | holder name  |  | Office sought                  |           |                  | Office held                            |
|   | expenditure to benefit                         |                     |  |  |                                |           |                  |  |
|   | C/OH   |                     |  |  |                                |           |                  |  |
|   | Date   | Payee name          |  |  |                                |           |                  |  |
|   | 12/21/2023                                     | Mendoza, [          | Oora   |  |                                |           |                  |  |
|   | Amount (\$)                                    | Payee addre         | ess; City; State;  | Zip Co                                 | de                             |           |                  |  |
|   | \$1,000.00                                     |                     | •  | ·                                      |                                |           |                  |  |
|   | Reimbursement from                             |                     |  |  |                                |           |                  |  |
|   | x political contributions intended             | Edinburg, T         | X 78539  |  |                                |           |                  |  |
| $\vdash$  | PURPOSE  |                     |  | odule)                                 | Description                    | 705       | ack if traval    | outside of Texas. Complete Schedule T. |
|   | OF   | 1                   | ee Categories listed at the top of this scho                             | eaule)                                 | Description                    | =         |                  | , TX, officeholder living expense      |
|   | EXPENDITURE                                    | Salanes/w           | ages/Contract Labor  |  | general contract               | _         |                  | , , ,                                  |
|   |  |                     |  |  | general contract               | iabl      | <i>7</i> 1       |  |
| _   | Complete ONU V if allow                        | Condidate (Off.     | halder name  |  | Office                         |           |                  | Office hold                            |
|   | Complete ONLY if direct expenditure to benefit | Candidate/Office    | noider name  |  | Office sought                  |           |                  | Office held                            |
|   | C/OH   |                     |  |  |                                |           |                  |  |
|   |  |                     |  |  |                                |           |                  |  |
|   |  |                     |  |  |                                |           |                  |  |
|   |  |                     |  |  |                                |           |                  |  |

### SCHEDULE G

### **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

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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                   | Gift/Awards/Memorials Expense<br>Legal Services  The Instruction Guide ex | Salaries/          | Wages/Contract Labor | Travel Out of District OTHER (enter a category not listed above) |
|----------|--|-------------------|---|--------------------|----------------------|--|
| 1        | Total pages Schedule G:  | 12                | FILER NAME  |                    |                      | 3 Filer ID (Ethics Commission Filers)                            |
| _        | Sch: 44/82 Rpt: 56/94  | -                 | Contreras, Jesus (The Honorable   | 2)                 |                      | 00062099   |
| Ļ        | ·  | ┞                 | •   | •)                 |                      | 00002033   |
| 4        | Date   | 5                 | Payee name  |                    |                      |  |
|          | 08/01/2023   |                   | Mercedes Athletic Dept.   |                    |                      |  |
| 6        | Amount (\$)  | 7                 | Payee address; City;  | State; Zip Co      | ode                  |  |
|          | \$1,000.00   | 1                 | 1200 Florida Ave.   |                    |                      |  |
|          | Reimbursement from   | 1                 |   |                    |                      |  |
|          | X political contributions intended   | 1                 | Mercedes, TX 78570  |                    |                      |  |
| 8        | PURPOSE  | (2)               | Category (See Categories listed at the top of                             | f this cohodulo)   | (b) Description      | Check if travel outside of Texas. Complete Schedule T.           |
| ١        | OF   | \ <sup>(\a)</sup> |   | i tilis scriedule) | (b) Description      | Check if Austin, TX, officeholder living expense                 |
|          | EXPENDITURE  | 1                 | Advertising Expense   |                    | lads                 | _ · · · · · · · · · · · · · · · · · · ·                          |
|          |  | 1                 |   |                    | dus                  |  |
| Ļ        | Operations ONII V if alice of  |                   | - di de te 1016 - de el de merce  |                    | Office and the       | Office healt   |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit                                      | Cai               | ndidate/Officeholder name   |                    | Office sought        | Office held  |
|          | C/OH   |                   |   |                    |                      |  |
|          | Doto   | _                 |   |                    |                      |  |
|          | Date   | 1                 | Payee name  |                    |                      |  |
|          | 08/02/2023   | ┖                 | Mercedes Enterprise   |                    |                      |  |
|          | Amount (\$)  |                   | Payee address; City;  | State; Zip Co      | ode                  |  |
|          | \$360.00   |                   | 805 S. Missouri Ave.  |                    |                      |  |
|          | Reimbursement from   | 1                 |   |                    |                      |  |
|          | X political contributions intended   |                   | Mercedes, TX 78570  |                    |                      |  |
|          | PURPOSE  | T                 | Category (See Categories listed at the top of                             | f this schedule)   | Description          | Check if travel outside of Texas. Complete Schedule T.           |
|          | OF   | 1                 | Advertising Expense   | ,                  | · [                  | Check if Austin, TX, officeholder living expense                 |
|          | EXPENDITURE  | 1                 | - Person  |                    | ads                  |  |
|          |  |                   |   |                    |                      |  |
|          | Complete ONLY if direct  | Cai               | ndidate/Officeholder name   |                    | Office sought        | Office held  |
|          | expenditure to benefit   |                   |   |                    | 3                    |  |
|          | C/OH   |                   |   |                    |                      |  |
|          | Date   |                   | Payee name  |                    |                      |  |
|          | 09/02/2023   | 1                 | Mercedes Enterprise   |                    |                      |  |
| _        | Amount (\$)  | $\vdash$          | Payee address; City;  | State; Zip Co      | ode                  |  |
|          | \$360.00   |                   | 805 S. Missouri Ave.  | Otato, 2.p o       |                      |  |
|          |  | 1                 | oco o. miocodii / wo.   |                    |                      |  |
|          | X Reimbursement from political contributions intended                                      |                   | Mercedes, TX 78570  |                    |                      |  |
| $\vdash$ | PURPOSE  | +                 | Category (See Categories listed at the top of                             | f this schedule)   | Description          | Check if travel outside of Texas. Complete Schedule T.           |
|          | OF   | 1                 | Advertising Expense   |                    |                      | Check if Austin, TX, officeholder living expense                 |
|          | EXPENDITURE  | 1                 | Advertising Expense   |                    | ads                  | _  |
|          |  |                   |   |                    |                      |  |
| -        | Complete ONLY if direct  | Car               | ndidate/Officeholder name   |                    | Office sought        | Office held  |
|          | expenditure to benefit   | Cal               | randate/Officerolder Harne  |                    | Onice sought         | Office riciu   |
|          | C/OH   |                   |   |                    |                      |  |
|          |  |                   |   |                    |                      |  |
|          |  |                   |   |                    |                      |  |
|          |  |                   |   |                    |                      |  |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   |                        | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain |            | Expense<br>Wages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) |  |  |  |  |  |
|--|---|------------------------|--|------------|---------------------------------|---|--|--|--|--|--|
| 1  | Total pages Schedule G:<br>Sch: 45/82 Rpt: 57/94    | 2 FILER NA<br>Contrera | ME<br>.s, Jesus (The Honorable)  |            |                                 | 3 Filer ID (Ethics Commission Filers) 00062099                                      |  |  |  |  |  |
| 4  | Date  | <b>5</b> Payee na      | me   |            |                                 | <u> </u>  |  |  |  |  |  |
| -  | 10/01/2023  |                        | es Enterprise  |            |                                 |   |  |  |  |  |  |
| 6  | Amount (\$)   | <b>7</b> Payee ad      | Payee address; City; State; Zip Code   |            |                                 |   |  |  |  |  |  |
|  | \$360.00  | 805 S. M               | lissouri Ave.  |            |                                 |   |  |  |  |  |  |
|  | Reimbursement from political contributions intended | Mercede                | es, TX 78570   |            |                                 |   |  |  |  |  |  |
| 8  | PURPOSE   | (a) Category           | (See Categories listed at the top of this  | schedule)  | (b) Description                 | Check if travel outside of Texas. Complete Schedule T.                              |  |  |  |  |  |
|  | OF<br>EXPENDITURE                                   | Advertis               | ng Expense   |            |                                 | Check if Austin, TX, officeholder living expense                                    |  |  |  |  |  |
|  | LAFENDITORE   |                        |  |            | ads                             |   |  |  |  |  |  |
|  |   |                        |  |            |                                 |   |  |  |  |  |  |
| 9  | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Off          | iceholder name   |            | Office sought                   | Office held   |  |  |  |  |  |
|  | Date  | Payee na               | me   |            |                                 |   |  |  |  |  |  |
|  | 11/01/2023  | Mercede                | s Enterprise   |            |                                 |   |  |  |  |  |  |
|  | Amount (\$)   | Payee ad               | dress; City; Sta   | te; Zip Co | ode                             |   |  |  |  |  |  |
|  | \$360.00  | 805 S. N               | lissouri Ave.  |            |                                 |   |  |  |  |  |  |
|  | Reimbursement from political contributions intended | Mercede                | es, TX 78570   |            |                                 |   |  |  |  |  |  |
|  | PURPOSE   | Category               | (See Categories listed at the top of this  | schedule)  | Description                     | Check if travel outside of Texas. Complete Schedule T.                              |  |  |  |  |  |
|  | OF<br>EXPENDITURE                                   | Advertis               | ng Expense   |            | [                               | Check if Austin, TX, officeholder living expense                                    |  |  |  |  |  |
|  | LXI LINDITORL                                       |                        |  |            | ads                             |   |  |  |  |  |  |
|  |   |                        |  |            |                                 |   |  |  |  |  |  |
|  | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Off          | iceholder name   |            | Office sought                   | Office held   |  |  |  |  |  |
|  | Date  | Payee na               | me   |            |                                 |   |  |  |  |  |  |
|  | 12/01/2023  | 1 1                    | es Enterprise  |            |                                 |   |  |  |  |  |  |
|  | Amount (\$)   | Payee ad               | •  | te; Zip Co | ode                             |   |  |  |  |  |  |
|  | \$360.00  | 805 S. M               | lissouri Ave.  |            |                                 |   |  |  |  |  |  |
|  | Reimbursement from political contributions intended | Mercede                | es, TX 78570   |            |                                 |   |  |  |  |  |  |
|  | PURPOSE   | Category               | (See Categories listed at the top of this  | schedule)  | Description                     | Check if travel outside of Texas. Complete Schedule T.                              |  |  |  |  |  |
|  | OF<br>EXPENDITURE                                   | Advertis               | ng Expense   |            |                                 | Check if Austin, TX, officeholder living expense                                    |  |  |  |  |  |
|  | -   |                        |  |            | ads                             |   |  |  |  |  |  |
| L  |   |                        |  |            |                                 |   |  |  |  |  |  |
|  | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Off          | iceholder name   |            | Office sought                   | Office held   |  |  |  |  |  |
|  |   |                        |  |            |                                 |   |  |  |  |  |  |

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |  |                              | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E |                   |      | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |  |
|--|--|------------------------------|---|--------------------------|-------------------|------|--|--|
| L  | Creak Sara r aymont                            |                              | The Instruction Guide explains  | how to co                | mplete this form. |      |  |  |
| 1  | Total pages Schedule G:                        | 2 FILER NAMI                 | E   |                          |                   | 3    | Filer ID (Ethics Commission Filers)  |  |
|  | Sch: 46/82 Rpt: 58/94                          | Contreras,                   | Jesus (The Honorable)   |                          |                   |      | 00062099   |  |
| 4  | Date   | 5 Payee name                 |   |                          |                   |      |  |  |
| L  | 08/07/2023                                     | 1                            | Hi School Football Program  |                          |                   | _    |  |  |
| 6  | Amount (\$)                                    | <b>7</b> Payee addre         | ess; City; State  | ; Zip Co                 | de                |      |  |  |
|  | \$500.00                                       | 1200 Florid                  | a Ave.  |                          |                   |      |  |  |
|  | Reimbursement from                             |                              |   |                          |                   |      |  |  |
|  | X political contributions intended             | Mercedes,                    | TX 78570  |                          |                   |      |  |  |
| 8  | PURPOSE  | (a) Category (S              | iee Categories listed at the top of this sch                            | nedule)                  | (b) Description   | _    | neck if travel outside of Texas. Complete Schedule 1   |  |
|  | OF<br>EXPENDITURE                              | Advertising                  | Expense   |                          | L                 | Ch   | neck if Austin, TX, officeholder living expense  |  |
|  |  |                              |   |                          | ads               |      |  |  |
|  |  |                              |   |                          |                   |      |  |  |
| 9  | Complete ONLY if direct expenditure to benefit | Candidate/Office             | holder name   |                          | Office sought     |      | Office held  |  |
|  | C/OH   |                              |   |                          |                   |      |  |  |
| H  | Date   | Payee name                   |   |                          |                   |      |  |  |
|  | 09/12/2023                                     | Moran, Jes                   |   |                          |                   |      |  |  |
|  | Amount (\$)                                    | Payee addre                  |   | ; Zip Co                 | de                |      |  |  |
|  | \$900.00                                       | ,                            | <i>y.</i>   |                          |                   |      |  |  |
|  | Reimbursement from                             |                              |   |                          |                   |      |  |  |
|  | X political contributions intended             | Elsa, TX 78                  | 3543  |                          |                   |      |  |  |
| _  | PURPOSE  | _                            | see Categories listed at the top of this sch                            | nedule)                  | Description       | Ch   | neck if travel outside of Texas. Complete Schedule 1   |  |
|  | OF   |                              | ages/Contract Labor   | /                        |                   | =    | neck if Austin, TX, officeholder living expense  |  |
|  | EXPENDITURE                                    |                              | •                                 |                          | general contract  | labo | or   |  |
|  |  |                              |   |                          |                   |      |  |  |
|  | Complete ONLY if direct                        | Candidate/Office             | holder name   |                          | Office sought     |      | Office held  |  |
|  | expenditure to benefit C/OH                    |                              |   |                          |                   |      |  |  |
| H  |  |                              |   |                          |                   |      |  |  |
|  | Date   | Payee name                   |   |                          |                   |      |  |  |
|  | 11/22/2023                                     | Moran, Jes                   |   |                          |                   |      |  |  |
|  | Amount (\$)                                    | Payee addre                  | ess; City; State  | ; Zip Co                 | de                |      |  |  |
|  | \$550.00                                       |                              |   |                          |                   |      |  |  |
|  | X Reimbursement from political contributions   |                              | NF 40   |                          |                   |      |  |  |
|  | intended                                       | Elsa, TX 78                  |   |                          | _                 |      |  |  |
|  | PURPOSE<br>OF                                  |                              | ee Categories listed at the top of this sch                             | nedule)                  | Description       | _    | neck if travel outside of Texas. Complete Schedule T<br>neck if Austin, TX, officeholder living expense                        |  |
|  | EXPENDITURE                                    | Salaries/W                   | ages/Contract Labor   |                          | Laneral contract  | _    | - ,  |  |
|  |  |                              |   |                          | general contract  | ιαυ( | ∪I   |  |
|  | Complete ONLY if direct                        | <u> </u><br>Candidate/Office | holder name   |                          | Office sought     |      | Office held  |  |
|  | expenditure to benefit                         |                              |   |                          | <del></del> 9···  |      | <del></del>  |  |
|  | C/OH   |                              |   |                          |                   |      |  |  |
|  |  |                              |   |                          |                   |      |  |  |
|  |  |                              |   |                          |                   |      |  |  |
|  |  |                              |   |                          |                   |      |  |  |

### SCHEDULE G

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                                    |                              | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor |           | Transportation Legipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|------------------------------------|------------------------------|---|--|--------------------------------|-----------|---|
| L   |                                    |                              | The Instruction Guide explains  | how to co                              | omplete this form.             |           |   |
| 1   | Total pages Schedule G:            | 2 FILER NAME                 | <u> </u>  |  |                                | 3         | Filer ID (Ethics Commission Filers)   |
|   | Sch: 47/82 Rpt: 59/94              | Contreras,                   | Jesus (The Honorable)   |  |                                |           | 00062099  |
| 4   | Date                               | <b>5</b> Payee name          |   |  |                                |           |   |
|   | 07/01/2023                         | Moran, Jes                   |   |  |                                |           |   |
| 6   | Amount (\$)                        | <b>7</b> Payee addre         | ess; City; State;   | ; Zip Co                               | ode                            |           |   |
|   | \$500.00                           |                              |   |  |                                |           |   |
|   | Reimbursement from                 |                              |   |  |                                |           |   |
|   | X political contributions intended | Elsa, TX 78                  | 3543  |  |                                |           |   |
| 8   | PURPOSE                            | (a) Category (s              | ee Categories listed at the top of this sch                             | edule)                                 | (b) Description                | Ch        | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF                                 |                              | ages/Contract Labor   | ,                                      | ` /                            | =         | neck if Austin, TX, officeholder living expense   |
|   | EXPENDITURE                        |                              |   |  | general contract               | labo      | or  |
|   |                                    |                              |   |  |                                |           |   |
| 9   | Complete ONLY if direct            | <u> </u><br>Candidate/Office | holder name   |  | Office sought                  |           | Office held   |
| ١   | expenditure to benefit             |                              | <del>-</del>  |  |                                |           |   |
|   | C/OH                               |                              |   |  |                                |           |   |
|   | Date                               | Payee name                   |   |  |                                |           |   |
|   | 12/19/2023                         | Muniz, Isela                 | a   |  |                                |           |   |
|   | Amount (\$)                        | Payee addre                  | ess; City; State;   | ; Zip Co                               | ode                            |           |   |
|   | \$400.00                           |                              |   |  |                                |           |   |
|   | Reimbursement from                 |                              |   |  |                                |           |   |
|   | X political contributions intended | Donna, TX                    | 78537   |  |                                |           |   |
| $\vdash$  | PURPOSE                            |                              | ee Categories listed at the top of this sch                             | edule)                                 | Description                    | ☐ Ch      | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF                                 |                              | ages/Contract Labor   | caulc)                                 |                                | =         | eck if Austin, TX, officeholder living expense  |
|   | EXPENDITURE                        | Salaries/ VV                 | agoor contract Eabor  |  | general contract               | _<br>labo | or  |
|   |                                    |                              |   |  |                                |           |   |
| H   | Complete ONLY if direct            | L<br>Candidate/Office        | holder name   |  | Office sought                  |           | Office held   |
|   | expenditure to benefit             |                              |   |  |                                |           | •   |
|   | C/OH                               |                              |   |  |                                |           |   |
|   | Date                               | Payee name                   |   |  |                                |           |   |
|   | 08/18/2023                         | Munoz, Lin                   | da  |  |                                |           |   |
|   | Amount (\$)                        | Payee addre                  | ess; City; State;   | ; Zip Co                               | ode                            |           |   |
|   | \$300.00                           |                              |   |  |                                |           |   |
|   | Reimbursement from                 |                              |   |  |                                |           |   |
|   | X political contributions intended | Donna, TX                    | 78537   |  |                                |           |   |
|   | PURPOSE                            | Category (s                  | ee Categories listed at the top of this sch                             | edule)                                 | Description                    | Ch        | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE                  | Salaries/Wa                  | ages/Contract Labor   |  |                                | Ch        | eck if Austin, TX, officeholder living expense  |
|   | EXI ENDITORE                       |                              |   |  | general contract               | labo      | or  |
|   |                                    |                              |   |  |                                |           |   |
|   |                                    | Candidate/Office             | holder name   |  | Office sought                  |           | Office held   |
|   | expenditure to benefit C/OH        |                              |   |  |                                |           |   |
|   |                                    |                              |   |  |                                |           |   |
|   |                                    |                              |   |  |                                |           |   |
|   |                                    |                              |   |  |                                |           |   |
|   |                                    |                              |   |  |                                |           |   |

## SCHEDULE G

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

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor |      | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|--|---|------------------------------|------|---|
| 1 | Total pages Schedule G:   | 2 FILER NAME   |   |                              | 3    | Filer ID (Ethics Commission Filers)   |
| - | Sch: 48/82 Rpt: 60/94   | Contreras, Jesus (The Honorable)                               |   |                              | 1    | 00062099  |
| 4 | Date  | 5 Payee name   |   |                              |      |   |
|   | 09/07/2023  | Munoz, Linda   |   |                              |      |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; 2                                | Zip Cod   | de                           |      |   |
|   | \$300.00  |  | •   |                              |      |   |
|   | Reimbursement from political contributions intended   | Donna, TX 78537  |   |                              |      |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedu  | ule)  | (b) Description              | Ch   | eck if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor                                  |   |                              | Ch   | eck if Austin, TX, officeholder living expense  |
|   | LXI LINDITORL   |  |   | general contract             | labo | or  |
|   |   |  |   |                              |      |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name                                    | •   | Office sought                |      | Office held   |
|   | Date  | Payee name   |   |                              |      |   |
|   | 12/19/2023  | Munoz, Linda   |   |                              |      |   |
|   | Amount (\$)   | Payee address; City; State; 2                                  | Zip Coo   | de                           |      |   |
|   | \$400.00  |  |   |                              |      |   |
|   | Reimbursement from political contributions intended   | Donna, TX 78537  |   |                              |      |   |
|   | PURPOSE   | Category (See Categories listed at the top of this schedu      | ule)  | Description                  | Ch   | eck if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor                                  |   | general contract             |      | eck if Austin, TX, officeholder living expense  |
|   | Complete ONLY if direct   | Landidate/Officeholder name                                    |   | Office sought                |      | Office held   |
|   | expenditure to benefit C/OH   | Candidate/Onicerolider name                                    |   | Office Sought                |      | Office field  |
|   | Date  | Payee name   |   |                              |      |   |
|   | 07/11/2023  | NRG Ink  |   |                              |      |   |
|   | Amount (\$)   | Payee address; City; State; Z                                  | Zip Cod   | de                           |      |   |
|   | \$800.00  | 320 S. Ohio  |   |                              |      |   |
|   | Reimbursement from  |  |   |                              |      |   |
|   | political contributions intended  | Mercedes, TX 78570   |   |                              |      |   |
|   | PURPOSE   | Category (See Categories listed at the top of this schedu      | ule)  | Description                  | Ch   | eck if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   | Printing Expense   |   |                              | Ch   | eck if Austin, TX, officeholder living expense  |
|   |   |  |   | screen printing              |      |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | I<br>Candidate/Officeholder name                               | <u> </u>  | Office sought                |      | Office held   |
|   |   |  |   |                              |      |   |

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>Il Committee   | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services  | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor |             | Travel in Distr<br>Travel Out of |                                       |  |
|----------|---|---|---|--|--------------------------------|-------------|----------------------------------|---------------------------------------|--|
|          |   |   | The Instruction Guide explains I  | now to co                              | emplete this form.             |             |                                  |                                       |  |
| 1        | Total pages Schedule G:   | 2 FILER NAME  | Ē   |  |                                | 3           | Filer ID                         | (Ethics Commission Filers)            |  |
|          | Sch: 49/82 Rpt: 61/94   | Contreras,  | Jesus (The Honorable)   |  |                                | (           | 00062099                         | 9                                     |  |
| 4        | Date  | 5 Payee name  |   |  |                                |             |                                  |                                       |  |
|          | 09/08/2023  | NRG Ink   |   |  |                                |             |                                  |                                       |  |
| 6        | Amount (\$)   | 7 Payee addre   | ess; City; State;   | Zip Co                                 | ode                            |             |                                  |                                       |  |
|          | \$700.00  | 320 S. Ohio   |   | ·                                      |                                |             |                                  |                                       |  |
|          | Reimbursement from  |   |   |  |                                |             |                                  |                                       |  |
|          | x political contributions intended  | Mercedes  | TX 78570  |  |                                |             |                                  |                                       |  |
| _        |   | Mercedes, TX 78570  (a) Category (See Categories listed at the top of this schedule)  (b) Description |   |  |                                |             |                                  |                                       |  |
| 8        | PURPOSE<br>OF   |   | ee Categories listed at the top of this scho                              | edule)                                 | (b) Description                | =           |                                  | TX, officeholder living expense       |  |
|          | EXPENDITURE   | Printing Ex   | pense   |  | L<br>L                         |             | ok ii 7 tasari, 1                | TX, officerolaer living expense       |  |
|          |   |   | screen printing   |  |                                |             |                                  |                                       |  |
| _        | Operation ONLY if allowed   | 0   | h-1d  |  | 0#:                            |             |                                  | Office leaded                         |  |
| 9        | Complete ONLY if direct expenditure to benefit  | Candidate/Office  | noider name   |  | Office sought                  |             |                                  | Office held                           |  |
|          | C/OH  |   |   |  |                                |             |                                  |                                       |  |
|          | Date  | Payee name  |   |  |                                |             |                                  |                                       |  |
|          | 10/03/2023  | NRG Ink   |   |  |                                |             |                                  |                                       |  |
|          | Amount (\$)   | Payee addre   | ess; City; State;   | Zip Co                                 | nde                            |             |                                  |                                       |  |
|          | \$700.00  | 320 S. Ohio   | •   | 2.p 00                                 | , ac                           |             |                                  |                                       |  |
|          |   | 320 3. 01110  | ,   |  |                                |             |                                  |                                       |  |
|          | Reimbursement from political contributions  |   | T)/ 70570   |  |                                |             |                                  |                                       |  |
|          | intended  | Mercedes,   | 1X 78570  |  |                                |             |                                  |                                       |  |
|          | PURPOSE<br>OF   |   | Category (See Categories listed at the top of this schedule)  Description |  |                                |             |                                  | utside of Texas. Complete Schedule T. |  |
|          | EXPENDITURE   | Printing Ex   | pense   |  | L                              | Che         | eck if Austin, i                 | TX, officeholder living expense       |  |
|          |   |   |   |  | screen printing                |             |                                  |                                       |  |
|          |   |   |   |  |                                |             |                                  |                                       |  |
|          | Complete ONLY if direct expenditure to benefit  | Candidate/Office  | holder name   |  | Office sought                  |             |                                  | Office held                           |  |
|          | C/OH  |   |   |  |                                |             |                                  |                                       |  |
|          | Date  | Dayoo nama  |   |  |                                |             |                                  |                                       |  |
|          | 10/13/2023  | Payee name<br>NRG Ink   |   |  |                                |             |                                  |                                       |  |
| _        |   |   | O't-1   | 7:- 0-                                 | -1-                            |             |                                  |                                       |  |
|          | Amount (\$)   | Payee addre   |   | Zip Co                                 | ode                            |             |                                  |                                       |  |
|          | \$700.00  | 320 S. Ohio   | )   |  |                                |             |                                  |                                       |  |
|          | Reimbursement from political contributions  |   |   |  |                                |             |                                  |                                       |  |
|          | intended  | Mercedes,   | TX 78570  |  |                                |             |                                  |                                       |  |
|          | PURPOSE<br>OF   | Category (s   | ee Categories listed at the top of this sche                              | edule)                                 | Description                    | =           |                                  | utside of Texas. Complete Schedule T. |  |
|          | EXPENDITURE   | Printing Ex   | pense   |  | L                              | Che         | eck if Austin, 1                 | TX, officeholder living expense       |  |
|          |   |   |   |  | screen printing                |             |                                  |                                       |  |
|          |   |   |   |  |                                |             |                                  |                                       |  |
|          |   | Candidate/Officeholder name Office sought Office held   |   |  |                                | Office held |                                  |                                       |  |
|          | expenditure to benefit C/OH   |   |   |  |                                |             |                                  |                                       |  |
| $\vdash$ |   |   |   |  |                                |             |                                  |                                       |  |
|          |   |   |   |  |                                |             |                                  |                                       |  |
|          |   |   |   |  |                                |             |                                  |                                       |  |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>Il Committee          | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Nages/Contract Labor |                  | Travel in D  |   |  |
|----------|---|------------------------------|--|--|--------------------------------|------------------|--------------|---|--|
|          | oroan oara'r aymon  | _                            | The Instruction Guide explains   | how to co                              | omplete this form.             |                  |              |   |  |
| 1        | Total pages Schedule G:   | 2 FILER NAMI                 | <b>Ξ</b>   |  |                                | 3                | Filer ID     | (Ethics Commission Filers)  |  |
|          | Sch: 50/82 Rpt: 62/94   | Contreras,                   | Jesus (The Honorable)  |  |                                |                  | 000620       | 99  |  |
| 4        | Date  | 5 Payee name                 |  |  |                                | <u> </u>         |              |   |  |
| •        | 07/02/2023  | Ojeda, Ang                   |  |  |                                |                  |              |   |  |
| 6        | Amount (\$)   | 7 Payee addre                | ess; City; State;  | Zip Co                                 | ode                            |                  |              |   |  |
|          | \$1,000.00  |                              |  |  |                                |                  |              |   |  |
|          | Reimbursement from  |                              |  |  |                                |                  |              |   |  |
|          | X political contributions intended  | Edinburg 1                   | X 78539  |  |                                |                  |              |   |  |
| _        |   |                              | Edinburg, TX 78539   |  |                                |                  |              |   |  |
| 8        | PURPOSE<br>OF   | ' ' '                        | ee Categories listed at the top of this scho                             | edule)                                 | (b) Description                | _                |              | I outside of Texas. Complete Schedule T. n, TX, officeholder living expense |  |
|          | EXPENDITURE   | Salaries/W                   | ages/Contract Labor  |  | L                              |                  |              | ii, 17, onicenduel living expense   |  |
|          |   |                              |  |  | general contract               | labo             | or           |   |  |
|          |   |                              |  |  |                                |                  |              |   |  |
| 9        |   | Candidate/Office             | holder name  |  | Office sought                  |                  |              | Office held   |  |
|          | expenditure to benefit C/OH   |                              |  |  |                                |                  |              |   |  |
|          |   | <u> </u>                     |  |  |                                |                  |              |   |  |
|          | Date  | Payee name                   |  |  |                                |                  |              |   |  |
|          | 09/26/2023  | Ojeda, Ang                   | ela  |  |                                |                  |              |   |  |
|          | Amount (\$)   | Payee addre                  | ess; City; State;  | Zip Co                                 | ode                            |                  |              |   |  |
|          | \$500.00  |                              |  |  |                                |                  |              |   |  |
|          | Reimbursement from  |                              |  |  |                                |                  |              |   |  |
|          | x political contributions intended  | Edinburg, 1                  | X 78539  |  |                                |                  |              |   |  |
| _        | PURPOSE   |                              | ee Categories listed at the top of this sche                             | adula)                                 | Description                    | ☐ Ch             | eck if trave | I outside of Texas. Complete Schedule T.                                    |  |
|          | OF  |                              | ages/Contract Labor  | cuuic)                                 |                                | =                |              | n, TX, officeholder living expense  |  |
|          | EXPENDITURE   | Salaries/ VV                 | ages/Contract Labor  |  | general contract               | _<br>labo        | or           |   |  |
|          |   |                              |  |  | 9                              |                  |              |   |  |
| _        | Complete ONLY if direct   | <u> </u><br>Candidate/Office | holder name  |  | Office sought                  |                  |              | Office held   |  |
|          | expenditure to benefit  | carraidate/Cilice            | noider name  |  | Office Sought                  |                  |              | Office field  |  |
|          | C/OH  |                              |  |  |                                |                  |              |   |  |
|          | Date  | Payee name                   |  |  |                                |                  |              |   |  |
|          | 07/10/2023  | Olivares, Ju                 |  |  |                                |                  |              |   |  |
| _        | Amount (\$)   | Payee addre                  |  | Zip Co                                 | nde                            |                  |              |   |  |
|          | \$1,000.00  | r ayee addre                 | os, City, State,   | Zip Cc                                 | oue                            |                  |              |   |  |
|          | ·   |                              |  |  |                                |                  |              |   |  |
|          | Reimbursement from political contributions intended   | Edinburg, 1                  | <sup>-</sup> X 78539   |  |                                |                  |              |   |  |
| -        | PURPOSE   | _                            | ee Categories listed at the top of this scho                             | edule)                                 | Description                    | Ch               | eck if trave | I outside of Texas. Complete Schedule T.                                    |  |
|          | OF  |                              | ages/Contract Labor  | cuuic)                                 |                                | _                |              | n, TX, officeholder living expense  |  |
|          | EXPENDITURE   | Salaries/ VV                 | ages/Contract Labor  |  | general contract               | <b>−</b><br>Jabo | or           |   |  |
|          |   |                              |  |  | ganeral contract               |                  |              |   |  |
| <u> </u> | Complete ONLY if direct   | Candidata/Office             | holder name  |  | Office sought                  |                  |              | Office hold   |  |
|          | Complete ONLY if direct expenditure to benefit  | Candidate/Office             | HOIDEL HAITIE  |  | Office sought                  |                  |              | Office held   |  |
|          | C/OH  |                              |  |  |                                |                  |              |   |  |
|          |   |                              |  |  |                                |                  |              |   |  |
|          |   |                              |  |  |                                |                  |              |   |  |
|          |   |                              |  |  |                                |                  |              |   |  |

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>al Committee | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Polling Ex<br>Printing E |                    |      | Travel Out of District Travel Country of Cou |                  |  |  |
|---|---|---------------------|--|--------------------------|--------------------|------|--|------------------|--|--|
|   | Credit Card F dyment  |                     | The Instruction Guide explains   | how to co                | omplete this form. |      |  |                  |  |  |
| 1 | Total pages Schedule G:   | 2 FILER NAME        | Ξ  |                          |                    | 3    | Filer ID (Ethics Commiss   | ion Filers)      |  |  |
|   | Sch: 51/82 Rpt: 63/94   | Contreras,          | Jesus (The Honorable)  |                          |                    |      | 00062099   |                  |  |  |
| 4 | Date  | 5 Payee name        |  |                          |                    | 1    |  |                  |  |  |
|   | 12/21/2023  | Olivarez, Ju        |  |                          |                    |      |  |                  |  |  |
| 6 | Amount (\$)   | 7 Payee addre       | ess; City; State;  | Zip Co                   | ode                |      |  |                  |  |  |
|   | \$1,000.00  |                     |  |                          |                    |      |  |                  |  |  |
|   | Reimbursement from  |                     |  |                          |                    |      |  |                  |  |  |
|   | X political contributions intended  | Fdinburg, T         | Edinburg, TX 78539   |                          |                    |      |  |                  |  |  |
| 8 | PURPOSE   |                     |  |                          |                    |      |  |                  |  |  |
| o | OF  | ' ' ' '             | ee Categories listed at the top of this scho                             | eaule)                   | (b) Description    | =    | eck if Austin, TX, officeholder living e   |                  |  |  |
|   | EXPENDITURE   | Salaries/wa         | ages/Contract Labor  |                          | L gonoral contract | _    |  |                  |  |  |
|   |   |                     |  |                          | general contract   | iabc | וו   |                  |  |  |
| Ļ |   |                     |  |                          |                    |      |  |                  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit  | Candidate/Office    | holder name  |                          | Office sought      |      | Office held  |                  |  |  |
|   | C/OH  |                     |  |                          |                    |      |  |                  |  |  |
|   | Data  | Ι -                 |  |                          |                    |      |  |                  |  |  |
|   | Date 07/24/2022   | Payee name          |  |                          |                    |      |  |                  |  |  |
|   | 07/24/2023  | Olvera, Jor         |  |                          |                    |      |  |                  |  |  |
|   | Amount (\$)   | Payee addre         | ess; City; State;  | Zip Co                   | ode                |      |  |                  |  |  |
|   | \$1,200.00  |                     |  |                          |                    |      |  |                  |  |  |
|   | Reimbursement from political contributions  |                     |  |                          |                    |      |  |                  |  |  |
|   | X   political contributions intended  | Mission, TX         | ( 78572  |                          |                    |      |  |                  |  |  |
|   | PURPOSE   | Category (s         | ee Categories listed at the top of this scho                             | edule)                   | Description        | Ch   | eck if travel outside of Texas. Comp   | lete Schedule T. |  |  |
|   | OF<br>EXPENDITURE   | Salaries/Wa         | ages/Contract Labor  |                          | Ī                  | Ch   | eck if Austin, TX, officeholder living e   | xpense           |  |  |
|   | EXPENDITORE   |                     |  |                          | general contract   | labo | or   |                  |  |  |
|   |   |                     |  |                          |                    |      |  |                  |  |  |
|   | Complete ONLY if direct   | Candidate/Office    | holder name  |                          | Office sought      |      | Office held  |                  |  |  |
|   | expenditure to benefit  |                     |  |                          |                    |      |  |                  |  |  |
|   | C/OH  |                     |  |                          |                    |      |  |                  |  |  |
|   | Date  | Payee name          |  |                          |                    |      |  |                  |  |  |
|   | 08/05/2023  | Olvera, Jor         | ias  |                          |                    |      |  |                  |  |  |
|   | Amount (\$)   | Payee addre         | ess; City; State;  | Zip Co                   | ode                |      |  |                  |  |  |
|   | \$1,000.00  |                     |  |                          |                    |      |  |                  |  |  |
|   | Reimbursement from  |                     |  |                          |                    |      |  |                  |  |  |
|   | x political contributions intended  | Mission, T>         | ( 78572  |                          |                    |      |  |                  |  |  |
|   | PURPOSE   | Category (s         | ee Categories listed at the top of this scho                             | edule)                   | Description        | Ch   | eck if travel outside of Texas. Comp   | lete Schedule T. |  |  |
|   | OF<br>EXPENDITURE   | Salaries/Wa         | ages/Contract Labor  |                          |                    | Ch   | eck if Austin, TX, officeholder living e   | xpense           |  |  |
|   | EXPENDITURE   |                     |  |                          | general contract   | labo | or   |                  |  |  |
|   |   |                     |  |                          |                    |      |  |                  |  |  |
|   | Complete ONLY if direct   | Candidate/Office    | holder name  |                          | Office sought      |      | Office held  |                  |  |  |
|   | expenditure to benefit  |                     |  |                          | ŭ                  |      |  |                  |  |  |
|   | C/OH  |                     |  |                          |                    |      |  |                  |  |  |
|   |   |                     |  |                          |                    |      |  |                  |  |  |
|   |   |                     |  |                          |                    |      |  |                  |  |  |
|   |   |                     |  |                          |                    |      |  |                  |  |  |

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                     | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain |                 | xpense<br>Wages/Contract Labor |             | Travel in District Travel Out of District OTHER (enter a category not listed above)                   |
|---|---|---------------------|--|-----------------|--------------------------------|-------------|---|
| 1 | Total pages Schedule G:   | 2 FILE              | R NAME   |                 |                                | 3           | Filer ID (Ethics Commission Filers)   |
|   | Sch: 52/82 Rpt: 64/94   | Cor                 | treras, Jesus (The Honorable)  |                 |                                |             | 00062099  |
| 4 | Date  | <b>5</b> Pav        | ee name  |                 |                                | <u> </u>    |   |
|   | 07/01/2023  |                     | era, Jonas   |                 |                                |             |   |
| 6 | Amount (\$)   | 7 Pav               | ee address; City; State  | e; Zip Co       | ode                            |             |   |
| _ | \$6,000.00  |                     |  | -, <u>-</u> , - |                                |             |   |
|   | Reimbursement from  |                     |  |                 |                                |             |   |
|   | x political contributions intended  | Mis                 | sion, TX 78572   |                 |                                |             |   |
| 0 |   |                     |  |                 | (b) Description [              | 7.0         | acely if travel outside of Tayon, Complete Schedule T   |
| 8 | PURPOSE<br>OF   | l` ′                | egory (See Categories listed at the top of this so   | chedule)        | (b) Description                | =           | neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense |
|   | EXPENDITURE   | Sal                 | aries/Wages/Contract Labor   |                 | general contract               | _           |   |
|   |   |                     |  |                 | general contract               | iab         | 01  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | <u> </u><br>Candida | te/Officeholder name   |                 | Office sought                  |             | Office held   |
|   | Date  | Pay                 | ее пате  |                 |                                |             |   |
|   | 12/20/2023  | Orti                | z, Orelia  |                 |                                |             |   |
|   | Amount (\$)   | Pay                 | ee address; City; State  | e; Zip Co       | ode                            |             |   |
|   | \$1,000.00  |                     | ·  | ·               |                                |             |   |
|   | Reimbursement from  |                     |  |                 |                                |             |   |
|   | X political contributions intended  | Sar                 | Juan, TX 78589   |                 |                                |             |   |
|   | PURPOSE   | <u> </u>            | egory (See Categories listed at the top of this so   | ah adula)       | Description                    | <b>7</b> Ct | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF  | 1                   | aries/Wages/Contract Labor   | nedule)         |                                | =           | neck if Austin, TX, officeholder living expense   |
|   | EXPENDITURE   |                     | anos, vvagos, contract Labor   |                 | general contract               | _<br>lab    | or  |
|   |   |                     |  |                 |                                |             |   |
|   | Complete ONLY if direct   | <u>I</u><br>Candida | te/Officeholder name   |                 | Office sought                  |             | Office held   |
|   | expenditure to benefit  |                     |  |                 |                                |             |   |
|   | C/OH  |                     |  |                 |                                |             |   |
|   | Date  | Pay                 | ee name  |                 |                                |             |   |
|   | 08/01/2023  | Ozı                 | ına, Marissa   |                 |                                |             |   |
|   | Amount (\$)   | Pay                 | ee address; City; State  | e; Zip Co       | ode                            |             |   |
|   | \$600.00  |                     |  |                 |                                |             |   |
|   | Reimbursement from  |                     |  |                 |                                |             |   |
|   | X political contributions intended  | Dor                 | ına, TX 78537  |                 |                                |             |   |
|   | PURPOSE   | Cate                | egory (See Categories listed at the top of this so   | chedule)        | Description                    | Ch          | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF  | 1                   | aries/Wages/Contract Labor   | ,               |                                | =           | neck if Austin, TX, officeholder living expense   |
|   | EXPENDITURE   |                     |  |                 | general contract               | _<br>lab    | or  |
|   |   |                     |  |                 |                                |             |   |
|   | Complete ONLY if direct   | <u>ı</u><br>Candida | te/Officeholder name   |                 | Office sought                  |             | Office held   |
|   | expenditure to benefit  |                     |  |                 | Ç ·                            |             |   |
|   | C/OH  |                     |  |                 |                                |             |   |
|   |   |                     |  |                 |                                |             |   |
|   |   |                     |  |                 |                                |             |   |

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |  | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Nages/Contract Labor |      | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|--|--|--|--------------------------------|------|--|
| L |   |  | The Instruction Guide explains                                     | how to co                              | omplete this form.             |      |  |
| 1 | Total pages Schedule G:   | 2 FILER NAMI   | Ē  |  |                                | 3    | Filer ID (Ethics Commission Filers)  |
|   | Sch: 53/82 Rpt: 65/94   | Contreras,   | Jesus (The Honorable)  |  |                                |      | 00062099   |
| 4 | Date  | 5 Payee name   |  |  |                                |      |  |
|   | 08/25/2023  | 1  | eation Foundation  |  |                                |      |  |
| 6 | Amount (\$)   | 7 Payee addre  | ess; City; State   | ; Zip Co                               | ode                            |      |  |
|   | \$500.00  | 601 E. Kell  | y Ave.   |  |                                |      |  |
|   | Reimbursement from  |  |  |  |                                |      |  |
|   | X political contributions intended  | Pharr , TX   | 78577  |  |                                |      |  |
| 8 | PURPOSE<br>OF   | • • • •  | see Categories listed at the top of this sch                       | nedule)                                | (b) Description                | =    | eck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   |  | ns/Donations Made By   |  | L                              | Ch   | eck if Austin, TX, officeholder living expense   |
|   |   | Candidate/   | Officeholder/Political Comm  | ııttee                                 | donation                       |      |  |
| L |   |  |  |  |                                |      |  |
| 9 |   | Candidate/Office   | holder name  |  | Office sought                  |      | Office held  |
|   | expenditure to benefit C/OH   |  |  |  |                                |      |  |
| H | Date  | Dover res  |  |  |                                |      |  |
|   | 08/23/2023  | Payee name<br>Palomin, D                                     |  |  |                                |      |  |
| _ |   | <u> </u>   |  | . 75. 6                                | 1-                             |      |  |
|   | Amount (\$)   | Payee addre  | ess; City; State   | ; Zip Co                               | oae                            |      |  |
|   | \$700.00  |  |  |  |                                |      |  |
|   | Reimbursement from political contributions  |  |  |  |                                |      |  |
|   | intended  | Elsa, TX 78  | 3543   |  |                                |      |  |
|   | PURPOSE   | Category (See Categories listed at the top of this schedule) |  |  | Description                    | Ch   | eck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   | Salaries/W   | ages/Contract Labor  |  | [                              | Ch   | eck if Austin, TX, officeholder living expense   |
|   |   |  |  |  | general contract               | labo | or   |
| L |   |  |  |  |                                |      |  |
|   | Complete ONLY if direct   | Candidate/Office   | holder name  |  | Office sought                  |      | Office held  |
|   | expenditure to benefit C/OH   |  |  |  |                                |      |  |
|   |   | <u> </u>   |  |  |                                |      |  |
|   | Date  | Payee name   |  |  |                                |      |  |
| L | 12/20/2023  | Palomin, D   | avid   |  |                                |      |  |
|   | Amount (\$)   | Payee addre  | ess; City; State   | ; Zip Co                               | ode                            |      |  |
|   | \$200.00  |  |  |  |                                |      |  |
|   | Reimbursement from  |  |  |  |                                |      |  |
|   | X political contributions intended  | Elsa, TX 78  | 3543   |  |                                |      |  |
|   | PURPOSE   | Category (S  | see Categories listed at the top of this sch                       | nedule)                                | Description                    | Ch   | eck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   | Salaries/W   | ages/Contract Labor  |  |                                | Ch   | eck if Austin, TX, officeholder living expense   |
|   | LAFENDITURE   |  |  |  | general contract               | labo | or   |
|   |   |  |  |  |                                |      |  |
|   |   | Candidate/Office   | holder name  |  | Office sought                  |      | Office held  |
|   | expenditure to benefit C/OH   |  |  |  |                                |      |  |
| _ |   |  |  |  |                                |      |  |
|   |   |  |  |  |                                |      |  |
|   |   |  |  |  |                                |      |  |
|   |   |  |  |  |                                |      |  |

### SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | kpense<br>/ages/Contract Labor | Trans<br>Trave<br>Trave | itation/Fundraising Expense<br>sportation Equipment & Related Expense<br>el in District<br>el Out of District<br>ER (enter a category not listed above) |
|---|---|---|---|--------------------------------|-------------------------|---|
| 1 | Total pages Schedule G:   | 2 FILER NAME  |   |                                | 3 Filer                 | ID (Ethics Commission Filers)   |
|   | Sch: 54/82 Rpt: 66/94   | Contreras, Jesus (The Honorable)                    | 1   |                                | 000                     | 62099   |
| 4 | Date  | 5 Payee name  |   |                                |                         |   |
|   | 09/13/2023  | Palomin, Dino                                       |   |                                |                         |   |
| 6 | Amount (\$) \$300.00  | 7 Payee address; City;                              | State; Zip Co   | de                             |                         |   |
|   | X Reimbursement from political contributions intended   | Elsa, TX 78543                                      |   |                                |                         |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of t | his schedule)   | (b) Description                | ₫                       | travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor                       |   |                                |                         | Austin, TX, officeholder living expense   |
|   |   |   |   | general contract               | labor                   |   |
|   |   |   |   |                                |                         |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name                         |   | Office sought                  |                         | Office held   |
|   | Date  | Payee name  |   |                                |                         |   |
|   | 07/28/2023  | Palomin, Raul                                       |   |                                |                         |   |
|   | Amount (\$)   | Payee address; City;                                | State; Zip Co   | de                             |                         |   |
|   | \$900.00  |   |   |                                |                         |   |
|   | Reimbursement from political contributions intended   | Elsa, TX 78543                                      |   |                                |                         |   |
|   | PURPOSE   | Category (See Categories listed at the top of t     | his schedule)   | Description                    | Check if                | travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor                       |   |                                |                         | Austin, TX, officeholder living expense   |
|   |   |   |   | general contract               | labor                   |   |
|   |   |   |   |                                |                         |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name                         |   | Office sought                  |                         | Office held   |
|   | Date  | Payee name  |   |                                |                         |   |
|   | 09/29/2023  | Palomin, Raul                                       |   |                                |                         |   |
|   | Amount (\$)   | Payee address; City;                                | State; Zip Co   | de                             |                         |   |
|   | \$2,075.00  |   |   |                                |                         |   |
|   | Reimbursement from political contributions  |   |   |                                |                         |   |
|   | intended  | Elsa, TX 78543                                      |   |                                |                         |   |
|   | PURPOSE   | Category (See Categories listed at the top of t     | his schedule)   | Description                    | =                       | travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labor                       |   |                                | _                       | Austin, TX, officeholder living expense   |
|   |   |   |   | general contract               | labor                   |   |
|   | Operation ON V. V. V.   | One distant (Office Include                         |   | 055                            |                         | Office health   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name                         |   | Office sought                  |                         | Office held   |
|   |   |   |   |                                |                         |   |
|   |   |   |   |                                |                         |   |
|   |   |   |   |                                |                         |   |

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | Gift/A<br>ee Lega      | l/Beverage Expense<br>Awards/Memorials Expens<br>Il Services<br>E Instruction Guide e | se P<br>S      |             | oense<br>ages/Contract Labor |     |                                   | District<br>ut of District<br>(enter a category not listed above) |           |
|---|--|--|------------------------|---|----------------|-------------|------------------------------|-----|-----------------------------------|---|-----------|
| 1 | Total pages Schedule G:  | 2 FILE   | ER NAME                |   |                |             |                              | 3   | Filer ID                          | (Ethics Commission Fi   | lers)     |
|   | Sch: 55/82 Rpt: 67/94  | Cor  | ntreras, Jesu          | us (The Honorabl  | e)             |             |                              |     | 00062                             | 099   |           |
| 4 | Date   | <b>5</b> Pay   | ree name               |   |                |             |                              |     |                                   |   |           |
|   | 12/20/2023   | Pale   | omin, Raul             |   |                |             |                              |     |                                   |   |           |
| 6 | Amount (\$)  | <b>7</b> Pay   | ree address;           | City;   | State; 2       | Zip Cod     | le                           |     |                                   |   |           |
|   | \$1,180.00   |  |                        |   |                |             |                              |     |                                   |   |           |
|   | Reimbursement from political contributions intended  | Elsa   | a, TX 78543            |   |                |             |                              |     |                                   |   |           |
| 8 | PURPOSE  | (a) Cate   | egory (See Ca          | tegories listed at the top of   | of this schedu | ıle)        | (b) Description              | Ch  | neck if trav                      | el outside of Texas. Complete Sch                                 | nedule T. |
|   | OF<br>EXPENDITURE  | Sala   | aries/Wages            | aries/Wages/Contract Labor  |                |             |                              |     |                                   |   | •         |
|   | LAI LINDITORE  |  | general contract labor |   |                |             |                              |     |                                   |   |           |
|   |  |  |                        |   |                |             |                              |     |                                   |   |           |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candida  | te/Officeholde         | er name   |                |             | Office sought                |     |                                   | Office held   |           |
|   | Date   | Pay  | ee name                |   |                |             |                              |     |                                   |   |           |
|   | 07/01/2023   | Per  | na, Maria              |   |                |             |                              |     |                                   |   |           |
|   | Amount (\$)  | Pay  | ee address;            | City;   | State; 2       | Zip Cod     | le                           |     |                                   |   |           |
|   | \$750.00   | 700  | )2 Moonlane            | •   |                |             |                              |     |                                   |   |           |
|   | X Reimbursement from political contributions intended  | Pha  | arr, TX 7857           | 7   |                |             |                              |     |                                   |   |           |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule) |                        |   | ıle)           | Description | _                            |     | el outside of Texas. Complete Sch |   |           |
|   | OF<br>EXPENDITURE  | Sala   | aries/Wages            | s/Contract Labor  |                |             |                              | _   |                                   | tin, TX, officeholder living expense                              | •         |
|   |  |  |                        |   |                |             | general contract             | lab | or                                |   |           |
|   | Complete ONLY if direct  | Canadiala  | to Office leader       |   |                |             | Office country               |     |                                   | Office hold   |           |
|   | Complete <u>ONLY</u> if direct expenditure to benefit  | Cariulua   | ate/Officeholde        | er name   |                |             | Office sought                |     |                                   | Office held   |           |
|   | C/OH   |  |                        |   |                |             |                              |     |                                   |   |           |
|   | Date   | Pay  | ree name               |   |                |             |                              |     |                                   |   |           |
|   | 10/05/2023   | Per  | na, Maria              |   |                |             |                              |     |                                   |   |           |
|   | Amount (\$)  | Pay  | ee address;            | City;   | State; 2       | Zip Cod     | le                           |     |                                   |   |           |
|   | \$500.00   | 700  | )2 Moonlane            | <b>:</b>  |                |             |                              |     |                                   |   |           |
|   | Reimbursement from   |  |                        |   |                |             |                              |     |                                   |   |           |
|   | X political contributions intended   | Pha  | arr, TX 7857           | 7   |                |             |                              |     |                                   |   |           |
|   | PURPOSE  | Cate   | egory (See Ca          | tegories listed at the top of   | of this schedu | ıle)        | Description                  | Ch  | neck if trav                      | el outside of Texas. Complete Sch                                 | nedule T. |
|   | OF<br>EXPENDITURE  | Sala   | aries/Wages            | s/Contract Labor  |                |             |                              | Ch  | neck if Aus                       | tin, TX, officeholder living expense                              | •         |
|   |  |  |                        |   |                | į           | general contract             | lab | or                                |   |           |
|   |  |  |                        |   |                |             |                              |     |                                   |   |           |
|   | Complete ONLY if direct expenditure to benefit   | Candida  | ate/Officeholde        | er name   |                |             | Office sought                |     |                                   | Office held   |           |
| L | C/OH   |  |                        |   |                |             |                              |     |                                   |   |           |
|   |  |  |                        |   |                |             |                              |     |                                   |   |           |
|   |  |  |                        |   |                |             |                              |     |                                   |   |           |

## SCHEDULE G

## **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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politice<br>Credit Card Payment |          | mmittee        | Gift/Awards/Memor<br>Legal Services  The Instruction | ials Expense           |        |                  |       | Travel Out of District OTHER (enter a category not listed above) |       |
|---|--|----------|----------------|--|------------------------|--------|------------------|-------|--|-------|
| 1 | Total pages Schedule G:  | 2        | FILER NAME     |  |                        |        |                  | 3     | Filer ID (Ethics Commission Filers                               | ,)    |
|   | Sch: 56/82 Rpt: 68/94  |          | Contreras,     | Jesus (The H   | onorable)              |        |                  |       | 00062099   |       |
| 4 | Date   | 5        | Payee name     |  |                        |        |                  |       |  |       |
|   | 12/20/2023   |          | Pena, Maria    | a  |                        |        |                  |       |  |       |
| 6 | Amount (\$)  | 7        | Payee addre    | ss; City;  | State;                 | Zip Co | ode              |       |  |       |
|   | \$400.00   |          | 7002 Moon      | lane   |                        |        |                  |       |  |       |
|   | Reimbursement from political contributions intended  |          | Pharr, TX 7    | 8577   |                        |        |                  |       |  |       |
| 8 | PURPOSE  | (a)      | Category (s    | ee Categories listed                                 | at the top of this sch | edule) | (b) Description  | =     | heck if travel outside of Texas. Complete Schedu                 | e T.  |
|   | OF<br>EXPENDITURE  |          | Salaries/Wa    | ages/Contract  | Labor                  |        | L                | _     | heck if Austin, TX, officeholder living expense                  |       |
|   |  |          |                |  |                        |        | general contract | lab   | or   |       |
|   |  |          |                |  |                        |        |                  |       |  |       |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car      | ndidate/Office | holder name  |                        |        | Office sought    |       | Office held  |       |
|   | Date   |          | Payee name     |  |                        |        |                  |       |  |       |
|   | 10/01/2023   |          | Perales, Ali   | son  |                        |        |                  |       |  |       |
|   | Amount (\$)  |          | Payee addre    | ss; City;  | State;                 | Zip Co | ode              |       |  |       |
|   | \$1,500.00   |          | 2911 Allen     | Dr.  |                        |        |                  |       |  |       |
|   | Reimbursement from   |          |                |  |                        |        |                  |       |  |       |
|   | X political contributions intended   |          | Edinburg, T    | X 78539  |                        |        |                  |       |  |       |
|   | PURPOSE  |          | Category (s    | ee Categories listed                                 | at the top of this sch | edule) | Description      | Cr    | heck if travel outside of Texas. Complete Schedu                 | ie T. |
|   | OF<br>EXPENDITURE  |          | Salaries/Wa    | ages/Contract  | Labor                  |        |                  | Ch    | heck if Austin, TX, officeholder living expense                  |       |
|   |  |          |                |  |                        |        | general campaig  | ın la | abor   |       |
|   |  |          |                |  |                        |        |                  |       |  |       |
|   | Complete ONLY if direct expenditure to benefit   | Car      | ndidate/Office | holder name  |                        |        | Office sought    |       | Office held  |       |
|   | C/OH   |          |                |  |                        |        |                  |       |  |       |
| = | Date   | Г        | Payee name     |  |                        |        |                  |       |  | _     |
|   | 12/01/2023   |          | Perales, Ali   | son  |                        |        |                  |       |  |       |
| _ | Amount (\$)  | ┢        | Payee addre    |  | State:                 | Zip Co | nde              |       |  |       |
|   | \$1,500.00   |          | 2911 Allen     |  | State,                 | Zip Ct | ouc              |       |  |       |
|   | Reimbursement from   |          | 2011711011     | <b>5</b> 1.  |                        |        |                  |       |  |       |
|   | x political contributions intended   |          | Edinburg, T    | X 78539  |                        |        |                  |       |  |       |
|   | PURPOSE  |          |                | -  | at the top of this sch | edule) | Description      | =     | heck if travel outside of Texas. Complete Schedul                | e T.  |
|   | OF<br>EXPENDITURE  |          | Salaries/Wa    | ages/Contract  | Labor                  |        | <u> </u>         | _     | heck if Austin, TX, officeholder living expense                  |       |
|   |  |          |                |  |                        |        | general campaig  | jn Ia | ADOr   |       |
|   | Complete Chilly's "  | <u>Č</u> | adidat- ICII   | halder   |                        |        | O#:              |       | Ott: 1 1-1   |       |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car      | ndidate/Office | nolder name  |                        |        | Office sought    |       | Office held  |       |
| Г |  |          |                |  |                        |        |                  |       |  |       |
|   |  |          |                |  |                        |        |                  |       |  |       |
|   |  |          |                |  |                        |        |                  |       |  |       |

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing Al Committee Legal Services Salaries | Overhead/Rental Expense<br>Expense<br>Expense<br>s/Wages/Contract Labor | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|---|---|--|
|   |  | The Instruction Guide explains how to   | complete this form.   |  |
| 1 | Total pages Schedule G:  | 2 FILER NAME  | ;   | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 57/82 Rpt: 69/94  | Contreras, Jesus (The Honorable)  |   | 00062099   |
| 4 | Date 07/01/2023  | 5 Payee name Perales, Maria   |   |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip (   | Code  |  |
|   | \$1,000.00   | 1001 Tobasco  |   |  |
|   | X Reimbursement from political contributions intended  | La Joya, TX 78560   |   |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |   | Check if Austin, TX, officeholder living expense   |
|   | EXPENDITORE  |   | general contract la   | abor   |
| 9 |  | Landidate/Officeholder name   | Office sought   | Office held  |
|   | expenditure to benefit<br>C/OH   |   |   |  |
|   | Date   | Payee name  |   |  |
|   | 08/08/2023   | Perales, Maria  |   |  |
|   | Amount (\$)  | Payee address; City; State; Zip (   | Code  |  |
|   | \$1,400.00   | 1001 Tobasco  |   |  |
|   | Reimbursement from political contributions intended  | La Joya, TX 78560   |   |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  | Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |   | Check if Austin, TX, officeholder living expense   |
|   |  |   | general contract la   | abor   |
|   | Complete ONLY if direct expenditure to benefit C/OH  | L Candidate/Officeholder name   | Office sought   | Office held  |
|   |  | 1   |   |  |
|   | Date   | Payee name  |   |  |
|   | 12/22/2023   | Perales, Maria  |   |  |
|   | Amount (\$)  | Payee address; City; State; Zip (   | Code  |  |
|   | \$900.00   | 1001 Tobasco  |   |  |
|   | X Reimbursement from political contributions intended  | La Joya, TX 78560   |   |  |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  | Description   | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |   | Check if Austin, TX, officeholder living expense   |
|   |  |   | general contract la   | abor   |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought   | Office held  |
|   |  |   |   |  |

### SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |     | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains I | Office Ov<br>Polling Ex<br>Printing E<br>Salaries/ | xpense<br>Nages/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 G:  | 2   | FILER NAME  |  |                                | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 58/82 Rpt: 70/94  |     | Contreras, Jesus (The Honorable)  |  |                                | 00062099  |
| 4 | Date<br>10/13/2023   | 5   | Payee name<br>Perez, Jose   |  |                                |   |
| 6 | Amount (\$)  | 7   |   | Zip Co   | ode                            |   |
|   | \$1,050.00   |     |   | _, _,  |                                |   |
|   | Reimbursement from political contributions intended  |     | Elsa, TX 78543  |  |                                |   |
| 8 | PURPOSE<br>OF  | (a) | Category (See Categories listed at the top of this sche   | edule)   | (b) Description                | Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  |     | Salaries/Wages/Contract Labor   |  | general contract               | Check if Austin, TX, officeholder living expense  |
|   |  |     |   |  |                                |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Cai | ndidate/Officeholder name   |  | Office sought                  | Office held   |
|   | Date   |     | Payee name  |  |                                |   |
|   | 12/19/2023   |     | Perez, Jose   |  |                                |   |
| Г | Amount (\$)  |     | Payee address; City; State;   | Zip Co   | ode                            |   |
|   | \$500.00   |     |   |  |                                |   |
|   | Reimbursement from political contributions intended  |     | Elsa, TX 78543  |  |                                |   |
|   | PURPOSE<br>OF  |     | Category (See Categories listed at the top of this sche   | edule)   | Description                    | Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  |     | Salaries/Wages/Contract Labor   |  | general contract               | Check if Austin, TX, officeholder living expense  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Cai | ndidate/Officeholder name   |  | Office sought                  | Office held   |
|   | Date<br>10/26/2023   |     | Payee name<br>Printees  |  |                                |   |
|   | Amount (\$) \$246.00   |     | Payee address; City; State; 200 E. Expwy 83   | Zip Co   | ode                            |   |
|   | Reimbursement from political contributions intended  |     | Pharr , TX 78577  |  |                                |   |
|   | PURPOSE<br>OF  |     | Category (See Categories listed at the top of this sche   | edule)   | Description                    | Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  |     | Advertising Expense   |  | tshirts                        | Check if Austin, TX, officeholder living expense  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Cai | ndidate/Officeholder name   |  | Office sought                  | Office held   |
|   |  |     |   |  |                                |   |

### SCHEDULE G

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                | EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Loan Rep<br>Office Ove<br>Polling Ex<br>Printing E:<br>Salaries/V | ayment/Reimbursement<br>erhead/Rental Expense<br>pense<br>xpense<br>Vages/Contract Labor | Solicitation/Fundraising Ex<br>Transportation Equipment<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category i | & Related Expense |  |  |
|---|---|--------------------------------|--|---|--|--|-------------------|--|--|
| 1 | Total pages Schedule G:   | 2 FILER NAMI                   |  |   |  | 3 Filer ID (Ethics Co  | ommission Filers) |  |  |
|   | Sch: 59/82 Rpt: 71/94   | Contreras,                     | Jesus (The Honorable)  |   |  | 00062099   |                   |  |  |
| 4 | Date 08/22/2023   | 5 Payee name<br>Progreso P     |  |   |  |  |                   |  |  |
| 6 | Amount (\$) \$1,000.00 Reimbursement from   | 7 Payee addre                  |  |   |  |  |                   |  |  |
|   | x political contributions intended  | Progreso, 7                    | TX 78579   |   |  |  |                   |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (s<br>Advertising | ee Categories listed at the top of this sch<br>Expense   | edule)  | (b) Description ads  | Check if travel outside of Texa Check if Austin, TX, officehold  | ·                 |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Office               | holder name  |   | Office sought  | Office he  | ld                |  |  |
|   | Date  | Payee name                     |  |   |  |  |                   |  |  |
|   | 11/21/2023  | Radio Vida                     |  |   |  |  |                   |  |  |
|   | Amount (\$) \$285.00  | Payee addre<br>2720 W. Bu      |  | Zip Co  | ode  |  |                   |  |  |
|   | Reimbursement from political contributions intended   | Weslaco ,                      | TX 78596   |   |  |  |                   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Category (s<br>Advertising     | ee Categories listed at the top of this sch<br>Expense   | edule)  | Description radio ads  | Check if travel outside of Texa Check if Austin, TX, officehold  | ·                 |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Office               | holder name  |   | Office sought  | Office he  | ld                |  |  |
|   | Date<br>10/04/2023  | Payee name<br>Ramirez, G       |  |   |  |  |                   |  |  |
|   | Amount (\$)<br>\$1,000.00   | Payee addre                    | ess; City; State;  | Zip Co  | ode  |  |                   |  |  |
|   | Reimbursement from political contributions intended   | Mission, T                     | ( 78572  |   |  |  |                   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |                                | ee Categories listed at the top of this sch<br>ages/Contract Labor   | edule)  | Description  | Check if travel outside of Texa<br>Check if Austin, TX, officehold<br>abor   | ·                 |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Office               | holder name  |   | Office sought  | Office he  | ld                |  |  |
|   |   |                                |  |   |  |  |                   |  |  |

## SCHEDULE G

### **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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | nmittee         | Gift/Awards/Memorials<br>Legal Services  The Instruction Gu | Expense             |        | xpense<br>Wages/Contract Labor |      | Travel Out of District OTHER (enter a category not listed above) |          |
|---|--|-----|-----------------|---|---------------------|--------|--------------------------------|------|--|----------|
| 1 | Total pages Schedule G:  | 2   | FILER NAME      |   |                     |        |                                | 3    | Filer ID (Ethics Commission File                                 | ers)     |
|   | Sch: 60/82 Rpt: 72/94  |     | Contreras, .    | Jesus (The Hon  | orable)             |        |                                |      | 00062099   |          |
| 4 | Date   | 5   | Payee name      |   |                     |        |                                |      |  |          |
|   | 11/06/2023   |     | Ramirez, G      | uadalulpe   |                     |        |                                |      |  |          |
| 6 | Amount (\$)  | 7   | Payee addres    | ss; City;   | State;              | Zip Co | ode                            |      |  |          |
|   | \$1,000.00   |     |                 |   |                     |        |                                |      |  |          |
|   | Reimbursement from political contributions intended  |     | Mission, TX     | 78572   |                     |        |                                |      |  |          |
| 8 | PURPOSE  | (a) | Category (Se    | ee Categories listed at t                                   | ne top of this sche | edule) | (b) Description                | =    | neck if travel outside of Texas. Complete Sche                   | edule T. |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa     | ages/Contract La  | abor                |        | <u> </u>                       | _    | neck if Austin, TX, officeholder living expense                  |          |
|   |  |     |                 |   |                     |        | general contract               | labo | or   |          |
| L | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | Ļ   |                 |   |                     |        |                                |      |  |          |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car | ididate/Officel | holder name   |                     |        | Office sought                  |      | Office held  |          |
|   | Date   |     | Payee name      |   |                     |        |                                |      |  |          |
|   | 08/08/2023   |     | Ramirez, G      | uadalupe  |                     |        |                                |      |  |          |
|   | Amount (\$)  |     | Payee addres    | ss; City;   | State;              | Zip Co | ode                            |      |  |          |
|   | \$1,800.00   |     |                 |   |                     |        |                                |      |  |          |
|   | Reimbursement from political contributions   |     |                 |   |                     |        |                                |      |  |          |
|   | X political contributions intended   |     | Mission, TX     | 78572   |                     |        |                                |      |  |          |
|   | PURPOSE  |     | Category (Se    | ee Categories listed at t                                   | ne top of this sch  | edule) | Description                    | _    | neck if travel outside of Texas. Complete Sche                   | dule T.  |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa     | ages/Contract La  | abor                |        | L                              |      | neck if Austin, TX, officeholder living expense                  |          |
|   |  |     |                 |   |                     |        | general contract               | labo | or   |          |
|   | Complete ONL V if direct   | Cor | ndidate/Officel | adder nome  |                     |        | Office sought                  |      | Office hold  |          |
|   | Complete ONLY if direct expenditure to benefit   | Car | ididate/Officer | loider name   |                     |        | Office Sought                  |      | Office held  |          |
|   | C/OH   |     |                 |   |                     |        |                                |      |  |          |
|   | Date   |     | Payee name      |   |                     |        |                                |      |  |          |
|   | 09/22/2023   |     | Ramirez, G      | uadalupe  |                     |        |                                |      |  |          |
|   | Amount (\$)  |     | Payee addres    | ss; City;   | State;              | Zip Co | ode                            |      |  |          |
|   | \$3,000.00   |     |                 |   |                     |        |                                |      |  |          |
|   | Reimbursement from political contributions intended  |     | Mission, TX     | 78572   |                     |        |                                |      |  |          |
| Т | PURPOSE  | T   | Category (Sr    | ee Categories listed at t                                   | ne top of this sche | edule) | Description                    | Ch   | neck if travel outside of Texas. Complete Sche                   | edule T. |
|   | OF<br>EXPENDITURE  |     | Salaries/Wa     | ages/Contract La  | abor                |        | [                              | Ch   | neck if Austin, TX, officeholder living expense                  |          |
|   | LXI LINDITORE  |     |                 |   |                     |        | general contract               | labo | or   |          |
|   |  |     |                 |   |                     |        |                                |      |  |          |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Car | ndidate/Officel | nolder name   |                     |        | Office sought                  |      | Office held  |          |
|   |  |     |                 |   |                     |        |                                |      |  |          |
|   |  |     |                 |   |                     |        |                                |      |  |          |

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expl   |               | Wages/Contract Labor | Travel Out of District OTHER (enter a category not listed above) |
|---|--|----------|--|---------------|----------------------|--|
| _ | Total massas Cabadiula Ci  | 1_       |  |               |                      | Files ID (Fabine Commission Filese)                              |
| _ | Total pages Schedule G:  | -        | FILER NAME   |               | [`                   | 3 Filer ID (Ethics Commission Filers)                            |
|   | Sch: 61/82 Rpt: 73/94  |          | Contreras, Jesus (The Honorable)   |               |                      | 00062099   |
| 4 | Date   | 5        | Payee name   |               |                      |  |
|   | 07/02/2023   |          | Ramos, David   |               |                      |  |
| 6 | Amount (\$)  | 7        | Payee address; City; S   | state; Zip C  | ode                  |  |
|   | \$1,200.00   |          |  |               |                      |  |
|   | Reimbursement from   |          |  |               |                      |  |
|   | X political contributions intended   |          | Weslaco , TX 78596   |               |                      |  |
| 8 | PURPOSE  | (2)      | Category (See Categories listed at the top of th   | ic cohodulo)  | (b) Description      | Check if travel outside of Texas. Complete Schedule T.           |
| o | OF   | (a)      |  | is scriedule) | (b) Description      | Check if Austin, TX, officeholder living expense                 |
|   | EXPENDITURE  |          | Salaries/Wages/Contract Labor  |               | general contract la  |  |
|   |  |          |  |               | general contract is  | 1001   |
| _ | Compulate ONII V if divert   | <u> </u> | adi data /Offica baldan na ma  |               | Office country       | Office held  |
| 9 | Complete ONLY if direct expenditure to benefit   | Car      | ndidate/Officeholder name  |               | Office sought        | Office held  |
|   | C/OH   |          |  |               |                      |  |
|   | Date   | Г        | Payee name   |               |                      |  |
|   | 07/15/2023   |          | Ramos, Regina  |               |                      |  |
|   |  | ┡        | · 5  |               |                      |  |
|   | Amount (\$)  |          |  | state; Zip C  | ode                  |  |
|   | \$1,000.00   |          | 2208 Emory Ave.  |               |                      |  |
|   | X Reimbursement from political contributions   |          |  |               |                      |  |
|   | intended   |          | McAllen, TX 78504  |               |                      |  |
|   | PURPOSE  |          | Category (See Categories listed at the top of the  | is schedule)  | Description          | Check if travel outside of Texas. Complete Schedule T.           |
|   | OF<br>EXPENDITURE  |          | Salaries/Wages/Contract Labor  |               |                      | Check if Austin, TX, officeholder living expense                 |
|   | EXI ENDITORE   |          |  |               | general campaign     | labor  |
|   |  |          |  |               |                      |  |
|   | Complete ONLY if direct  | Car      | ndidate/Officeholder name  |               | Office sought        | Office held  |
|   | expenditure to benefit<br>C/OH   |          |  |               |                      |  |
|   | 0/011  | _        |  |               |                      |  |
|   | Date   |          | Payee name   |               |                      |  |
|   | 09/15/2023   |          | Ramos, Regina  |               |                      |  |
|   | Amount (\$)  |          | Payee address; City; S   | state; Zip C  | ode                  |  |
|   | \$1,000.00   |          | 2208 Emory Ave.  |               |                      |  |
|   | Reimbursement from   |          |  |               |                      |  |
|   | X political contributions intended   |          | McAllen, TX 78504  |               |                      |  |
|   | PURPOSE  | ┢        | Category (See Categories listed at the top of th   | is schedule)  | Description          | Check if travel outside of Texas. Complete Schedule T.           |
|   | OF   |          | Salaries/Wages/Contract Labor  |               |                      | Check if Austin, TX, officeholder living expense                 |
|   | EXPENDITURE  |          | Calancs, Wages, Contract Labor   |               | general campaign     | labor  |
|   |  |          |  |               | ]                    |  |
|   | Complete ONLY if direct  | Car      | ndidate/Officeholder name  |               | Office sought        | Office held  |
|   | expenditure to benefit   | Jui      | and the state of t |               | Cinico Soughi        | Silied Held  |
|   | C/OH   |          |  |               |                      |  |
|   |  |          |  |               |                      |  |
|   |  |          |  |               |                      |  |
|   |  |          |  |               |                      |  |

## SCHEDULE G

# **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

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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | nmittee                   | Gift/Awards/Memoria<br>Legal Services  The Instruction | lls Expense            |        |                  |       | Travel Out of District OTHER (enter a category not listed above) |        |
|----------|--|----------|---------------------------|--|------------------------|--------|------------------|-------|--|--------|
| 1        | Total pages Schedule G:  | 2        | FILER NAME                |  |                        |        |                  | 3     | Filer ID (Ethics Commission Filers                               | s)     |
|          | Sch: 62/82 Rpt: 74/94  |          | Contreras, 3              | lesus (The Ho  | norable)               |        |                  |       | 00062099   |        |
| 4        | Date   | 5        | Payee name                |  |                        |        |                  |       |  |        |
|          | 12/15/2023   |          | Ramos, Reg                | gina   |                        |        |                  |       |  |        |
| 6        | Amount (\$)  | 7        | Payee addres              | ss; City;  | State;                 | Zip Co | ode              |       |  |        |
|          | \$1,000.00   |          | 2208 Emory                | Ave.   |                        |        |                  |       |  |        |
|          | Reimbursement from political contributions intended  |          | McAllen, TX               | 78504  |                        |        |                  |       |  |        |
| 8        | PURPOSE  | (a)      | Category (Se              | ee Categories listed a                                 | t the top of this sche | edule) | (b) Description  | =     | neck if travel outside of Texas. Complete Schedu                 | ıle T. |
|          | OF<br>EXPENDITURE  |          | Salaries/Wa               | ges/Contract   | Labor                  |        | L                |       | neck if Austin, TX, officeholder living expense                  |        |
|          |  |          |                           |  |                        |        | general campaig  | ın la | lbor   |        |
|          |  |          |                           |  |                        |        |                  |       |  |        |
| 9        | Complete ONLY if direct expenditure to benefit C/OH  | Car      | ıdidate/Officeł           | nolder name  |                        |        | Office sought    |       | Office held  |        |
|          | Date   |          | Payee name                |  |                        |        |                  |       |  |        |
|          | 07/01/2023   |          | Reyes, Jenr               | nifer  |                        |        |                  |       |  |        |
|          | Amount (\$)  |          | Payee addres              | ss; City;  | State;                 | Zip Co | ode              |       |  |        |
|          | \$2,000.00   |          |                           |  |                        |        |                  |       |  |        |
|          | Reimbursement from   |          |                           |  |                        |        |                  |       |  |        |
|          | X political contributions intended   |          | Weslaco, T                | X 78596  |                        |        |                  |       |  |        |
|          | PURPOSE  |          | Category (Se              | e Categories listed a                                  | t the top of this sch  | edule) | Description [    | Ch    | neck if travel outside of Texas. Complete Schedu                 | ıle T. |
|          | OF<br>EXPENDITURE  |          | Salaries/Wa               | ges/Contract   | Labor                  |        |                  | Ch    | neck if Austin, TX, officeholder living expense                  |        |
|          |  |          |                           |  |                        |        | general contract | labo  | or   |        |
|          |  |          |                           |  |                        |        |                  |       |  |        |
|          | Complete ONLY if direct expenditure to benefit   | Car      | ndidate/Officeh           | nolder name  |                        |        | Office sought    |       | Office held  |        |
|          | C/OH   |          |                           |  |                        |        |                  |       |  |        |
| F        | Date   |          | Doves nome                |  |                        |        |                  |       |  | _      |
|          | 09/01/2023   |          | Payee name<br>Reyes, Jenr | nifer  |                        |        |                  |       |  |        |
| $\vdash$ |  | $\vdash$ | Payee addres              |  | Ctoto                  | Zin C  | odo              |       |  |        |
|          | Amount (\$)<br>\$2,000.00  |          | Payee address             | ss; City;  | State,                 | Zip Co | oue              |       |  |        |
|          |  |          |                           |  |                        |        |                  |       |  |        |
|          | X Reimbursement from political contributions intended                                      |          | Weslaco, T                | X 78596  |                        |        |                  |       |  |        |
|          | PURPOSE  |          |                           | ee Categories listed a                                 |                        | edule) | Description      | =     | neck if travel outside of Texas. Complete Schedu                 | ıle T. |
|          | OF<br>EXPENDITURE  |          | Salaries/Wa               | iges/Contract  | Labor                  |        | L                | _     | neck if Austin, TX, officeholder living expense                  |        |
|          |  |          |                           |  |                        |        | general contract | iabo  | or   |        |
|          | Operation ONE VIII I   |          | - did-t- (0.000 )         | - 1-1  |                        |        | 0#:              |       | 06   |        |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car      | ndidate/Officeh           | lolder name  |                        |        | Office sought    |       | Office held  |        |
|          |  |          |                           |  |                        |        |                  |       |  |        |
|          |  |          |                           |  |                        |        |                  |       |  |        |
| l        |  |          |                           |  |                        |        |                  |       |  |        |

## SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                       | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E |                    |      | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|-----------------------|---|--------------------------|--------------------|------|--|
| L | Steak Sara Faymont  |                       | The Instruction Guide explains  | how to co                | omplete this form. | _    |  |
| 1 | Total pages Schedule G:   | 2 FILER NAME          |   |                          |                    | 3    | Filer ID (Ethics Commission Filers)  |
|   | Sch: 63/82 Rpt: 75/94   | Contreras,            | Jesus (The Honorable)   |                          |                    |      | 00062099   |
| 4 | Date  | 5 Payee name          |   |                          |                    |      |  |
|   | 10/14/2023  | Reyes, Joe            |   |                          |                    |      |  |
| 6 | Amount (\$)   | 7 Payee addre         | ess; City; State;   | ; Zip Co                 | ode                |      |  |
|   | \$900.00  |                       |   |                          |                    |      |  |
|   | Reimbursement from  |                       |   |                          |                    |      |  |
|   | X political contributions intended  | Elsa, TX 78           | 3543  |                          |                    |      |  |
| 8 | PURPOSE   | (a) Category (S       | ee Categories listed at the top of this sch                             | iedule)                  | (b) Description    | Ch   | eck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   | Salaries/W            | ages/Contract Labor   |                          |                    | Ch   | eck if Austin, TX, officeholder living expense   |
|   |   |                       |   |                          | general contract   | labo | or   |
|   |   |                       |   |                          |                    |      |  |
| 9 | Complete ONLY if direct expenditure to benefit  | Candidate/Office      | holder name   |                          | Office sought      |      | Office held  |
|   | C/OH  |                       |   |                          |                    |      |  |
| H | Date  | Payee name            |   |                          |                    |      |  |
|   | 11/22/2023  | Rincon, Glo           |   |                          |                    |      |  |
|   | Amount (\$)   | Payee addre           |   | ; Zip Co                 | ode                |      |  |
|   | \$500.00  | ,                     | . ,,  |                          |                    |      |  |
|   | Reimbursement from  |                       |   |                          |                    |      |  |
|   | X political contributions intended  | Brownsville           | , TX 78520  |                          |                    |      |  |
|   | PURPOSE   | Category (s           | ee Categories listed at the top of this sch                             | iedule)                  | Description        | Ch   | neck if travel outside of Texas. Complete Schedule T.  |
|   | OF<br>EXPENDITURE   |                       | ages/Contract Labor   | •                        |                    | Ch   | eck if Austin, TX, officeholder living expense   |
|   | LAFLINDITORE  |                       |   |                          | general contract   | labo | or   |
| L |   |                       |   |                          |                    |      |  |
|   | Complete ONLY if direct   | Candidate/Office      | holder name   |                          | Office sought      |      | Office held  |
|   | expenditure to benefit C/OH   |                       |   |                          |                    |      |  |
| H |   |                       |   |                          |                    |      |  |
|   | Date 07/01/2022   | Payee name            |   |                          |                    |      |  |
|   | 07/01/2023  | Rivera, Vel           |   | _                        |                    |      |  |
|   | Amount (\$)   | Payee addre           | ess; City; State;   | ; Zip Co                 | ode                |      |  |
|   | \$1,000.00  |                       |   |                          |                    |      |  |
|   | Reimbursement from political contributions intended   | La Joya, T            | K 78560   |                          |                    |      |  |
|   | PURPOSE   |                       | ee Categories listed at the top of this sch                             | iedule)                  | Description        | Ch   | neck if travel outside of Texas. Complete Schedule T.  |
|   | OF  | 1                     | ages/Contract Labor   | -,                       |                    | _    | eck if Austin, TX, officeholder living expense   |
|   | EXPENDITURE   |                       | <u> </u>  |                          | general contract   | labo | or   |
|   |   |                       |   |                          |                    |      |  |
|   |   | L<br>Candidate/Office | holder name   |                          | Office sought      |      | Office held  |
|   | expenditure to benefit C/OH   |                       |   |                          |                    |      |  |
| _ |   |                       |   |                          |                    |      |  |
|   |   |                       |   |                          |                    |      |  |
|   |   |                       |   |                          |                    |      |  |

## SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

|          | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                  | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor |      | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |  |  |  |  |
|----------|---|------------------|---|--|--------------------------------|------|--|--|--|--|--|
| L        |   |                  | The Instruction Guide explains  | how to co                              | omplete this form.             |      |  |  |  |  |  |
| 1        | Total pages Schedule G:   | 2 FILER NAME     |   |  |                                | 3    | Filer ID (Ethics Commission Filers)  |  |  |  |  |
|          | Sch: 64/82 Rpt: 76/94   | Contreras,       | Jesus (The Honorable)   |  |                                |      | 00062099   |  |  |  |  |
| 4        | Date  | 5 Payee name     |   |  |                                |      |  |  |  |  |  |
|          | 08/28/2023  | Rivera, Veli     |   |  |                                |      |  |  |  |  |  |
| 6        | Amount (\$)   | 7 Payee addre    | ss; City; State;  | Zip Co                                 | ode                            |      |  |  |  |  |  |
|          | \$600.00  |                  |   |  |                                |      |  |  |  |  |  |
|          | Reimbursement from  |                  |   |  |                                |      |  |  |  |  |  |
|          | X political contributions intended  | La Joya, T〉      | ( 78560   |  |                                |      |  |  |  |  |  |
| 8        | PURPOSE   | (a) Category (s  | ee Categories listed at the top of this sch                             | edule)                                 | (b) Description                | =    | eck if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|          | OF<br>EXPENDITURE   | Salaries/Wa      | ages/Contract Labor   |  |                                |      | eck if Austin, TX, officeholder living expense   |  |  |  |  |
|          |   |                  |   |  | general contract               | labo | or   |  |  |  |  |
| L        |   |                  |   |  |                                |      |  |  |  |  |  |
| 9        | Complete ONLY if direct expenditure to benefit  | Candidate/Office | holder name   |  | Office sought                  |      | Office held  |  |  |  |  |
|          | C/OH  |                  |   |  |                                |      |  |  |  |  |  |
| H        | Date  | Payee name       |   |  |                                |      |  |  |  |  |  |
|          | 12/19/2023  | Rocha, Ger       |   |  |                                |      |  |  |  |  |  |
| _        | Amount (\$)   | Payee addre      |   | Zip Co                                 | ode                            |      |  |  |  |  |  |
|          | \$607.00  | , = = aaai 0     | ,,,,,   |  |                                |      |  |  |  |  |  |
|          | Reimbursement from  |                  |   |  |                                |      |  |  |  |  |  |
|          | x political contributions intended  | Pharr, TX 7      | 8577  |  |                                |      |  |  |  |  |  |
|          | PURPOSE   | _                | ee Categories listed at the top of this sch                             | edule)                                 | Description                    | Ch   | eck if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|          | OF  |                  | ages/Contract Labor   | /                                      |                                | =    | eck if Austin, TX, officeholder living expense   |  |  |  |  |
|          | EXPENDITURE   |                  | <u> </u>  |  | general contract               | labo | or   |  |  |  |  |
|          |   |                  |   |  |                                |      |  |  |  |  |  |
|          | Complete ONLY if direct   | Candidate/Office | holder name   |  | Office sought                  |      | Office held  |  |  |  |  |
|          | expenditure to benefit C/OH   |                  |   |  |                                |      |  |  |  |  |  |
| $\vdash$ |   |                  |   |  |                                |      |  |  |  |  |  |
|          | Date  | Payee name       |   |  |                                |      |  |  |  |  |  |
|          | 11/29/2023  | Rocha, Ger       | ardo  |  |                                |      |  |  |  |  |  |
|          | Amount (\$)   | Payee addre      | ss; City; State;  | Zip Co                                 | ode                            |      |  |  |  |  |  |
|          | \$200.00  |                  |   |  |                                |      |  |  |  |  |  |
|          | Reimbursement from political contributions  |                  |   |  |                                |      |  |  |  |  |  |
| L        | x political contributions intended  | Pharr, TX 7      | 8577  |  |                                |      |  |  |  |  |  |
|          | PURPOSE   | Category (s      | ee Categories listed at the top of this sch                             | edule)                                 | Description                    | =    | eck if travel outside of Texas. Complete Schedule T.   |  |  |  |  |
|          | OF<br>EXPENDITURE   | Salaries/Wa      | ages/Contract Labor   |  |                                | _    | eck if Austin, TX, officeholder living expense   |  |  |  |  |
|          |   |                  |   |  | general contract               | labo | or   |  |  |  |  |
|          |   |                  |   |  |                                |      |  |  |  |  |  |
|          | Complete ONLY if direct expenditure to benefit  | Candidate/Office | holder name   |  | Office sought                  |      | Office held  |  |  |  |  |
|          | C/OH  |                  |   |  |                                |      |  |  |  |  |  |
|          |   |                  |   |  |                                |      |  |  |  |  |  |
|          |   |                  |   |  |                                |      |  |  |  |  |  |
|          |   |                  |   |  |                                |      |  |  |  |  |  |

## SCHEDULE **G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Office Ov<br>Polling Ex<br>ense Printing E<br>Salaries/V | xpense<br>Vages/Contract Labor | Transportati<br>Travel in Dis<br>Travel Out o |  |
|---|---|---|--|--------------------------------|---|--|
| 1 | Total pages Schedule G:   | 2 FILER NAME                                  |  |                                | 3 Filer ID                                    | (Ethics Commission Filers)             |
| _ | Sch: 65/82 Rpt: 77/94   | Contreras, Jesus (The Honora                  | ble)   |                                | 0006209                                       | ` ,                                    |
| 4 | Date  | 5 Payee name                                  |  |                                |   |  |
|   | 11/22/2023  | Rocha, Kimberly                               |  |                                |   |  |
| 6 | Amount (\$)   | 7 Payee address; City;                        | State; Zip Co  | ode                            |   |  |
|   | \$150.00  |   |  |                                |   |  |
|   | Reimbursement from political contributions intended   | Pharr, TX 78577                               |  |                                |   |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the to | p of this schedule)                                      | (b) Description                | Check if travel                               | outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labo                  | r  |                                | Check if Austin                               | , TX, officeholder living expense      |
|   | EXI ENDITORE  |   |  | general contract               | labor   |  |
|   |   |   |  |                                |   |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name                   |  | Office sought                  |   | Office held                            |
|   | Date  | Payee name                                    |  |                                |   |  |
|   | 10/17/2023  | Rocha, Sara                                   |  |                                |   |  |
|   | Amount (\$)   | Payee address; City;                          | State; Zip Co  | ode                            |   |  |
|   | \$400.00  |   |  |                                |   |  |
|   | Reimbursement from  |   |  |                                |   |  |
|   | x political contributions intended  | Pharr, TX 78577                               |  |                                |   |  |
|   | PURPOSE   | Category (See Categories listed at the to     | p of this schedule)                                      | Description                    | Check if travel                               | outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labo                  | r  |                                | Check if Austin                               | , TX, officeholder living expense      |
|   | LAFENDITORE   |   |  | general contract               | labor   |  |
|   |   |   |  |                                |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name                   |  | Office sought                  |   | Office held                            |
|   | Date  | Payee name                                    |  |                                |   |  |
|   | 07/24/2023  | Rodrigez, Leticia                             |  |                                |   |  |
| _ | Amount (\$)   | Payee address; City;                          | State; Zip Co  | nde                            |   |  |
|   | \$600.00  | . 4,00 444.000, 0.0,,                         | 5tato, 2.p 5t  |                                |   |  |
|   | Reimbursement from  |   |  |                                |   |  |
|   | political contributions intended  | Pharr, TX 78577                               |  |                                |   |  |
|   | PURPOSE   | Category (See Categories listed at the to     | p of this schedule)                                      | Description                    | Check if travel                               | outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE   | Salaries/Wages/Contract Labo                  | r  |                                | _   | , TX, officeholder living expense      |
|   | <del></del>   |   |  | general contract               | labor   |  |
| L |   |   |  |                                |   |  |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name                   |  | Office sought                  |   | Office held                            |
|   |   |   |  |                                |   |  |
|   |   |   |  |                                |   |  |
|   |   |   |  |                                |   |  |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                           | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp |               | xpense<br>Vages/Contract Labor |     | Travel on District Travel Out of District OTHER (enter a category not listed above) |
|---|---|---------------------------|--|---------------|--------------------------------|-----|---|
| 1 | Total pages Schedule G:   | 2 FILER NAM               | <u>.</u><br>F  |               | •                              | 3   | Filer ID (Ethics Commission Filers)   |
| - | Sch: 66/82 Rpt: 78/94   | l                         | Jesus (The Honorable)  | 1             |                                |     | 00062099  |
| 4 | · ·   |                           | · · · · · ·  |               |                                |     |   |
| 4 | Date<br>11/25/2023  | 5 Payee name<br>Rodriguez |  |               |                                |     |   |
| _ |   | · ·                       |  | 24-4 7:- 0-   | 4-                             |     |   |
| 6 | Amount (\$)   | 7 Payee addr              | ess; City;   | State; Zip Co | ode                            |     |   |
|   | \$1,000.00  |                           |  |               |                                |     |   |
|   | Reimbursement from political contributions intended   | Weslaco ,                 | TX 78596   |               |                                |     |   |
| 8 | PURPOSE   | (a) Category (            | See Categories listed at the top of t  | his schedule) | (b) Description                | CI  | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Salaries/W                | ages/Contract Labor  |               |                                | CI  | heck if Austin, TX, officeholder living expense                                     |
|   | 2/11 2/13/17 C/12   |                           |  |               | general contract               | lab | or  |
|   |   |                           |  |               |                                |     |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Office          | eholder name   |               | Office sought                  |     | Office held   |
|   | Date  | Payee name                | <u> </u>   |               |                                |     |   |
|   | 11/29/2023  | Rodriguez                 | , Leticia  |               |                                |     |   |
|   | Amount (\$)   | Payee addr                | ess; City;   | State; Zip Co | ode                            |     |   |
|   | \$700.00  |                           |  |               |                                |     |   |
|   | Reimbursement from  |                           |  |               |                                |     |   |
|   | X political contributions intended  | Pharr, TX                 | 78577  |               |                                |     |   |
|   | PURPOSE   | Category (                | See Categories listed at the top of t  | his schedule) | Description                    | _   | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE   | Salaries/W                | ages/Contract Labor  |               | L                              | _   | heck if Austin, TX, officeholder living expense                                     |
|   |   |                           |  |               | general contract               | lab | or  |
|   |   |                           |  |               |                                |     |   |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Office          | eholder name   |               | Office sought                  |     | Office held   |
|   | Date  | Payee name                | <u> </u>   |               |                                |     |   |
|   | 08/15/2023  | Rodriguez                 | , Mayra  |               |                                |     |   |
|   | Amount (\$)   | Payee addr                | ess; City;   | State; Zip Co | ode                            |     |   |
|   | \$250.00  |                           |  |               |                                |     |   |
|   | Reimbursement from  |                           |  |               |                                |     |   |
|   | X political contributions intended  | Mercedes,                 | TX 78570   |               |                                |     |   |
|   | PURPOSE<br>OF   |                           | See Categories listed at the top of t  | his schedule) | Description                    | =   | heck if travel outside of Texas. Complete Schedule T.                               |
|   | EXPENDITURE   | Event Exp                 | ense   |               | L                              |     | heck if Austin, TX, officeholder living expense                                     |
|   |   |                           |  |               | dj for event                   |     |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | I<br>Candidate/Office     | eholder name   |               | Office sought                  |     | Office held   |
|   |   |                           |  |               |                                |     |   |

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

|          | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services                                    | Office Overhead/Rent<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contr | ract Labor            | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|----------|--|---|---|-----------------------|---|
|          |  | The Instruction Guide explains I                            | now to complete th  | is form.              |   |
| 1        | Total pages Schedule G:  | 2 FILER NAME  |   | 3                     | Filer ID (Ethics Commission Filers)   |
|          | Sch: 67/82 Rpt: 79/94  | Contreras, Jesus (The Honorable)                            |   |                       | 00062099  |
| 4        | Date   | 5 Payee name  |   |                       |   |
|          | 07/01/2023   | Rodriguez, Yvette   |   |                       |   |
| 6        | Amount (\$)  |   | Zip Code  |                       |   |
| ا        | \$1,000.00   | 2208 Emory Ave.   |   |                       |   |
|          | Reimbursement from   |   |   |                       |   |
|          | x political contributions intended   | McAllen, TX 78504   |   |                       |   |
| <u>_</u> |  |   | n   | autati - : -          | Check if travel outside of Towns On the Children  |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this sche | edule) (b) Des  |                       | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|          | EXPENDITURE  | Salaries/Wages/Contract Labor                               | gonoro  | ٔ لـــا<br>ا Lampaign |   |
|          |  |   | general   | i campaigh            | IADOI   |
| _        | Complete ONLY if allows  | Condidate/Office helder in a ma                             | Otr.  | o oouterbé            | Office held   |
| 9        | Complete ONLY if direct expenditure to benefit   | Candidate/Officeholder name                                 | Offic   | e sought              | Office held   |
|          | C/OH   |   |   |                       |   |
|          | Date   | Payee name  |   |                       |   |
|          | 09/01/2023   | Rodriguez, Yvette   |   |                       |   |
| _        | Amount (\$)  |   | Zip Code  |                       |   |
|          | \$1,000.00   | 2208 Emory Ave.   | ∠ıµ Cuuc  |                       |   |
|          |  | 2200 EITIOLY AVE.   |   |                       |   |
|          | Reimbursement from political contributions   | M. All TV 7050 (  |   |                       |   |
|          | intended   | McAllen, TX 78504   |   |                       |   |
|          | PURPOSE<br>OF  | Category (See Categories listed at the top of this sche     | edule) Des  | • =                   | Check if travel outside of Texas. Complete Schedule T.  |
|          | EXPENDITURE  | Salaries/Wages/Contract Labor                               |   |                       | Check if Austin, TX, officeholder living expense  |
|          |  |   | genera  | l campaign            | lador   |
|          |  |   |   |                       | 26  |
|          | Complete ONLY if direct expenditure to benefit   | Candidate/Officeholder name                                 | Offic   | e sought              | Office held   |
|          | C/OH   |   |   |                       |   |
| H        | Date   | Payoo namo  |   |                       |   |
|          | 12/01/2023   | Payee name<br>Rodriguez, Yvette                             |   |                       |   |
| _        |  |   | 7in Cada  |                       |   |
|          | Amount (\$)  | · ·   | Zip Code  |                       |   |
|          | \$1,000.00   | 2208 Emory Ave.   |   |                       |   |
|          | Reimbursement from political contributions   |   |   |                       |   |
|          | intended   | McAllen, TX 78504   |   |                       |   |
|          | PURPOSE<br>OF  | Category (See Categories listed at the top of this sche     | edule) Des  | , <u> </u>            | Check if travel outside of Texas. Complete Schedule T.  |
|          | EXPENDITURE  | Salaries/Wages/Contract Labor                               |   |                       | Check if Austin, TX, officeholder living expense  |
|          |  |   | genera  | l campaign            | labor   |
|          |  |   |   |                       |   |
|          | Complete ONLY if direct expenditure to benefit   | Candidate/Officeholder name                                 | Offic   | e sought              | Office held   |
|          | C/OH   |   |   |                       |   |
|          |  |   |   |                       |   |
|          |  |   |   |                       |   |
|          |  |   |   |                       |   |

## SCHEDULE **G**

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

|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense | Office Over<br>Polling Ex<br>Printing Ex<br>Salaries/M | kpense<br>/ages/Contract Labor |    | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|----------|--|--|--------------------------------|----|---|
| 1 | Total pages Schedule G:   | 2        | FILER NAME   |  |                                | 3  | Filer ID (Ethics Commission Filers)   |
|   | Sch: 68/82 Rpt: 80/94   | ı        | Contreras, Jesus (The Honorable)                               |  |                                |    | 00062099  |
| 4 | Date  | 5        | Payee name   |  |                                |    |   |
|   | 09/13/2023  |          | Rosales, Ernesto   |  |                                |    |   |
| 6 | Amount (\$)   | 7        | Payee address; City; State;                                    | Zip Co   | de                             |    |   |
|   | \$3,000.00  |          | 1105 S. 27th St.   |  |                                |    |   |
|   | X Reimbursement from political contributions intended   |          | McAllen, TX 78501  |  |                                |    |   |
| 8 | PURPOSE   | (a)      | Category (See Categories listed at the top of this sched       | dule)  | (b) Description                | CI | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   |          | Printing Expense   |  |                                | CI | neck if Austin, TX, officeholder living expense   |
|   | EXPENDITORE   |          |  |  | campaign materia               | al |   |
|   |   |          |  |  |                                |    |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Can      | didate/Officeholder name                                       |  | Office sought                  |    | Office held   |
|   | Date  |          | Payee name   |  |                                |    |   |
|   | 09/26/2023  |          | Rosales, Ernesto   |  |                                |    |   |
|   | Amount (\$)   |          | Payee address; City; State;                                    | Zip Co   | de                             |    |   |
|   | \$1,045.00  | :        | 1105 S. 27th St.   |  |                                |    |   |
|   | Reimbursement from political contributions intended   |          | McAllen, TX 78501  |  |                                |    |   |
|   | PURPOSE   |          | Category (See Categories listed at the top of this sched       | dule)  | Description                    | CI | neck if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE   |          | Printing Expense   |  | campaign materia               | _  | neck if Austin, TX, officeholder living expense   |
| _ | Complete ONL V if direct  | Con      | didata/Officeholder name                                       |  | Office sought                  |    | Office held   |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Cari     | Jidate/Onicerolder Hame  |  | Onice sought                   |    | Office field  |
|   | Date  |          | Payee name   |  |                                |    |   |
|   | 10/03/2023  |          | Rosales, Ernesto   |  |                                |    |   |
|   | Amount (\$)   |          | Payee address; City; State;                                    | Zip Co   | de                             |    |   |
|   | \$3,979.00  | [ :      | 1105 S. 27th St.   |  |                                |    |   |
|   | Reimbursement from political contributions  |          |  |  |                                |    |   |
|   | intended  |          | McAllen, TX 78501  |  |                                |    |   |
|   | PURPOSE<br>OF   | ı        | Category (See Categories listed at the top of this sched       | dule)  | Description                    | =  | neck if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   |          | Printing Expense   |  | L                              | _  | neck if Austin, TX, officeholder living expense   |
|   |   |          |  |  | campaign materia               | dI |   |
|   | Complete ONLY if direct   | L<br>Can | didate/Officeholder name                                       |  | Office sought                  |    | Office held   |
|   | expenditure to benefit C/OH   |          |  |  | Š                              |    |   |
|   |   |          |  |  |                                |    |   |
|   |   |          |  |  |                                |    |   |
|   |   |          |  |  |                                |    |   |

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |          | mmittee                  | Food/Beverage Expense<br>Gift/Awards/Memorials E<br>Legal Services<br>The Instruction Gu | Expense            |          | xpense<br>Vages/Contract Labor |             | Travel in District Travel Out of Distric OTHER (enter a cat | ct<br>tegory not listed above) |
|---|---|----------|--------------------------|--|--------------------|----------|--------------------------------|-------------|---|--------------------------------|
| 1 | Total pages Schedule G:<br>Sch: 69/82 Rpt: 81/94  | 2        | FILER NAMI<br>Contreras, | E<br>Jesus (The Hond   | orable)            |          |                                | 3           | Filer ID (Ethi 00062099                                     | cs Commission Filers)          |
| 4 | Date  | 5        | Payee name               |  |                    |          |                                |             |   |                                |
| - | 07/01/2023  | ľ        | Ruiz, Shan               |  |                    |          |                                |             |   |                                |
| 6 | Amount (\$)   | 7        | Payee addre              | ess; City;   | State              | ; Zip Co | ode                            |             |   |                                |
|   | \$1,000.00  |          |                          |  |                    |          |                                |             |   |                                |
|   | Reimbursement from political contributions intended   |          | Elsa, TX 78              | 8543   |                    |          |                                |             |   |                                |
| 8 | PURPOSE   | (a)      | Category (S              | See Categories listed at th  | e top of this sch  | edule)   | (b) Description                | CI          | neck if travel outside                                      | of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE   |          | Salaries/W               | ages/Contract La   | bor                |          |                                | CI          | heck if Austin, TX, off                                     | iceholder living expense       |
|   | EXPENDITORE   |          |                          |  |                    |          | general contract               | lab         | or  |                                |
|   |   |          |                          |  |                    |          |                                |             |   |                                |
| 9 | Complete ONLY if direct expenditure to benefit C/OH   | Cai      | ndidate/Office           | eholder name   |                    |          | Office sought                  |             | Offic   | ce held                        |
|   | Date  |          | Payee name               | <del></del>  |                    |          |                                |             |   |                                |
|   | 07/21/2023  |          | Salazar, G               | abriel   |                    |          |                                |             |   |                                |
|   | Amount (\$)   | H        | Payee addre              | ess; City;   | State              | ; Zip Co | ode                            |             |   |                                |
|   | \$700.00  |          | 7123 Thrus               | sh View Ln #37   |                    |          |                                |             |   |                                |
|   | Reimbursement from  |          |                          |  |                    |          |                                |             |   |                                |
|   | X political contributions intended  |          | San Antoni               | io, TX 78209   |                    |          |                                |             |   |                                |
|   | PURPOSE   | ┢        |                          | See Categories listed at th  | e top of this sch  | edule)   | Description                    | <b>7</b> CI | neck if travel outside                                      | of Texas. Complete Schedule T. |
|   | OF  |          | Advertising              |  | 0 top 01 till 0011 | oudio,   |                                | =           |   | iceholder living expense       |
|   | EXPENDITURE   |          | , ta r 0 . t. 0          | , _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                    |          | campaign advert                | –<br>tisin  | q   |                                |
|   |   |          |                          |  |                    |          |                                |             | ·   |                                |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Cai      | ndidate/Office           | eholder name   |                    |          | Office sought                  |             | Offic   | ce held                        |
|   | Date  | Π        | Payee name               | 2  |                    |          |                                |             |   |                                |
|   | 09/29/2023  |          | Salazar, G               |  |                    |          |                                |             |   |                                |
|   | Amount (\$)   | $\vdash$ | Payee addre              | ess; City;   | State              | ; Zip Co | ode                            |             |   |                                |
|   | \$1,400.00  |          | 7123 Thrus               | sh View Ln #37   |                    | ·        |                                |             |   |                                |
|   | Reimbursement from  |          |                          |  |                    |          |                                |             |   |                                |
|   | X political contributions intended  |          | San Antoni               | io, TX 78209   |                    |          |                                |             |   |                                |
|   | PURPOSE<br>OF   |          | Category (S              | See Categories listed at th  | e top of this sch  | edule)   | Description                    | _           |   | of Texas. Complete Schedule T. |
|   | EXPENDITURE   |          | Advertising              | j Expense  |                    |          | l                              | _           |   | iceholder living expense       |
|   |   |          |                          |  |                    |          | campaign advert                | usin        | g   |                                |
|   |   | <u>_</u> |                          |  |                    |          |                                |             |   |                                |
|   | Complete ONLY if direct expenditure to benefit C/OH   | Cai      | ndidate/Office           | eholder name   |                    |          | Office sought                  |             | Offi  | ce held                        |
|   |   |          |                          |  |                    |          |                                |             |   |                                |
|   |   |          |                          |  |                    |          |                                |             |   |                                |
|   |   |          |                          |  |                    |          |                                |             |   |                                |

## SCHEDULE G

## **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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |       | mmittee         | Gift/Awards/Memorials E<br>Legal Services  The Instruction Gui | Expense            |        | xpense<br>Wages/Contract Labor |       | Travel Out of District OTHER (enter a category not listed above) |    |
|---|--|-------|-----------------|--|--------------------|--------|--------------------------------|-------|--|----|
| 1 | Total pages Schedule G:  | 2     | FILER NAME      |  |                    |        |                                | 3     | Filer ID (Ethics Commission Filers)                              |    |
|   | Sch: 70/82 Rpt: 82/94  |       | Contreras,      | Jesus (The Hono  | rable)             |        |                                |       | 00062099   |    |
| 4 | Date   | 5     | Payee name      |  |                    |        |                                |       |  |    |
|   | 11/09/2023   |       | Salazar, Ga     | ıbriel   |                    |        |                                |       |  |    |
| 6 | Amount (\$)  | 7     | Payee addre     | ss; City;  | State;             | Zip Co | ode                            |       |  |    |
|   | \$700.00   |       | 7123 Thrus      | h View Ln #37  |                    |        |                                |       |  |    |
|   | Reimbursement from political contributions intended  |       | San Antonio     | o, TX 78209  |                    |        |                                |       |  |    |
| 8 | PURPOSE  | (a)   | Category (Se    | ee Categories listed at the                                    | e top of this sche | edule) | (b) Description                | Ch    | neck if travel outside of Texas. Complete Schedule               | T. |
|   | OF<br>EXPENDITURE  |       | Advertising     | Expense  |                    |        |                                | Ch    | neck if Austin, TX, officeholder living expense                  |    |
|   | -  |       |                 |  |                    |        | campaign advert                | tisin | g  |    |
|   |  |       |                 |  |                    |        |                                |       |  |    |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Car   | ndidate/Officel | nolder name  |                    |        | Office sought                  |       | Office held  |    |
|   | Date   |       | Payee name      |  |                    |        |                                |       |  |    |
|   | 12/01/2023   |       | Salazar, Ga     | ıbriel   |                    |        |                                |       |  |    |
|   | Amount (\$)  |       | Payee addre     | ss; City;  | State;             | Zip Co | ode                            |       |  |    |
|   | \$750.00   |       | 7123 Thrus      | h View Ln #37  |                    |        |                                |       |  |    |
|   | Reimbursement from   |       |                 |  |                    |        |                                |       |  |    |
|   | X political contributions intended   |       | San Antonio     | o, TX 78209  |                    |        |                                |       |  |    |
|   | PURPOSE  |       | Category (Se    | ee Categories listed at the                                    | e top of this sche | edule) | Description                    | =     | neck if travel outside of Texas. Complete Schedule               | T. |
|   | OF<br>EXPENDITURE  |       | Advertising     | Expense  |                    |        |                                | _     | neck if Austin, TX, officeholder living expense                  |    |
|   |  |       |                 |  |                    |        | campaign advert                | isin  | g  |    |
| _ | Complete ONLY if direct  | Car   | ndidate/Officel | nolder name  |                    |        | Office sought                  |       | Office held  |    |
|   | expenditure to benefit   | - 0.1 |                 | 22   |                    |        | 5 coug.it                      |       | 22200  |    |
|   | C/OH   |       |                 |  |                    |        |                                |       |  |    |
|   | Date   |       | Payee name      |  |                    |        |                                |       |  |    |
|   | 07/20/2023   |       | Salinas, Fel    | licia  |                    |        |                                |       |  |    |
|   | Amount (\$)  |       | Payee addre     | ss; City;  | State;             | Zip Co | ode                            |       |  |    |
|   | \$1,500.00   |       | 2724 Nessu      | ıh Ave.  |                    |        |                                |       |  |    |
|   | Reimbursement from political contributions intended  |       | Edinburg, T     | X 78541  |                    |        |                                |       |  |    |
|   | PURPOSE  | Г     | Category (Se    | ee Categories listed at the                                    | e top of this sche | edule) | Description                    | Ch    | neck if travel outside of Texas. Complete Schedule               | T. |
|   | OF<br>EXPENDITURE  |       | Salaries/Wa     | ages/Contract La   | bor                |        |                                | Ch    | neck if Austin, TX, officeholder living expense                  |    |
|   |  |       |                 |  |                    |        | general campaig                | ın la | lbor   |    |
|   |  |       |                 |  |                    |        |                                |       |  |    |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Car   | ndidate/Officel | nolder name  |                    |        | Office sought                  |       | Office held  |    |
|   |  |       |                 |  |                    |        |                                |       |  |    |

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / -<br>al Committee                     | Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. |           |                    |          |                 |  |
|---|---|---|---|-----------|--------------------|----------|-----------------|--|
|   | Credit Card i dyment  |   | The Instruction Guide explains  | how to co | emplete this form. |          |                 |  |
| 1 | Total pages Schedule G:   | 2 FILER NAMI                            | Ē   |           |                    | 3        | Filer ID        | (Ethics Commission Filers)             |
|   | Sch: 71/82 Rpt: 83/94   | Contreras,                              | Jesus (The Honorable)   |           |                    |          | 0006209         | 99                                     |
| 4 | Date  | 5 Payee name                            |   |           |                    | <u> </u> |                 |  |
|   | 11/20/2023  | Salinas, Fe                             |   |           |                    |          |                 |  |
| 6 | Amount (\$)   | 7 Payee addre                           | ess; City; State;   | Zip Co    | ode                |          |                 |  |
|   | \$1,500.00  | 2724 Ness                               | uh Ave.   |           |                    |          |                 |  |
|   | Reimbursement from  |   |   |           |                    |          |                 |  |
|   | X political contributions intended  | Edinburg, 1                             | TX 78541  |           |                    |          |                 |  |
| 8 | PURPOSE   | (a) Category (s                         | see Categories listed at the top of this sch  | edule)    | (b) Description    | Ch       | eck if travel o | outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE   | Salaries/W                              | ages/Contract Labor   |           |                    | Ch       | eck if Austin,  | , TX, officeholder living expense      |
|   | LAI LINDITORE   |   |   |           | general campaig    | ın la    | bor             |  |
|   |   |   |   |           |                    |          |                 |  |
| 9 |   | Candidate/Office                        | holder name   |           | Office sought      |          |                 | Office held                            |
|   | expenditure to benefit<br>C/OH  |   |   |           |                    |          |                 |  |
|   | Date  | Payee name                              |   |           |                    |          |                 |  |
|   | 12/20/2023  | Salinas, Ra                             |   |           |                    |          |                 |  |
|   | Amount (\$)   | Payee addre                             | ess; City; State;   | Zip Co    | ode                |          |                 |  |
|   | \$800.00  | 318 Sioux 2                             |   | _p        |                    |          |                 |  |
|   |   | 020 0.00                                |   |           |                    |          |                 |  |
|   | Reimbursement from political contributions intended   | Edinburg, 1                             | TX 78539  |           |                    |          |                 |  |
|   | PURPOSE   | Category (S                             | see Categories listed at the top of this sch  | edule)    | Description        | Ch       | eck if travel o | outside of Texas. Complete Schedule T. |
|   | OF  | 1                                       | ages/Contract Labor   | ,         |                    | Ch       | eck if Austin,  | , TX, officeholder living expense      |
|   | EXPENDITURE   |   |   |           | general contract   | labo     | or              |  |
|   |   |   |   |           |                    |          |                 |  |
|   | Complete ONLY if direct   | L<br>Candidate/Office                   | holder name   |           | Office sought      |          |                 | Office held                            |
|   | expenditure to benefit  |   |   |           | ŭ                  |          |                 |  |
|   | C/OH  |   |   |           |                    |          |                 |  |
|   | Date  | Payee name                              |   |           |                    |          |                 |  |
|   | 12/20/2023  | Sanchez, N                              | Martha (  |           |                    |          |                 |  |
|   | Amount (\$)   | Payee addre                             | ess; City; State;   | Zip Co    | ode                |          |                 |  |
|   | \$500.00  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,y <sub>1</sub>   | ., 50     |                    |          |                 |  |
|   |   |   |   |           |                    |          |                 |  |
|   | X Reimbursement from political contributions intended   | pharr , TX                              | 78577   |           |                    |          |                 |  |
|   | PURPOSE   | Category (S                             | see Categories listed at the top of this scho   | edule)    | Description        | Ch       | eck if travel o | outside of Texas. Complete Schedule T. |
|   | OF<br>EXPENDITURE   | Salaries/W                              | ages/Contract Labor   |           |                    | Ch       | eck if Austin,  | , TX, officeholder living expense      |
|   | EXPENDITURE   |   |   |           | general contract   | labo     | or              |  |
|   |   |   |   |           |                    |          |                 |  |
|   | Complete ONLY if direct   | I<br>Candidate/Office                   | holder name   |           | Office sought      |          |                 | Office held                            |
|   | expenditure to benefit  |   | -   |           | <del></del>        |          |                 | -                                      |
|   | C/OH  |   |   |           |                    |          |                 |  |
|   |   |   |   |           |                    |          |                 |  |
|   |   |   |   |           |                    |          |                 |  |
| l |   |   |   |           |                    |          |                 |  |

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

|   | Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |            | nittee         | Food/Beverage Expense<br>Gift/Awards/Memorials E<br>Legal Services<br>The Instruction Gu | Expense            |        | kpense<br>/ages/Contract Labor | -    | Travel in Di<br>Travel Out<br>OTHER (er |                                 | ve)       |
|---|--|------------|----------------|--|--------------------|--------|--------------------------------|------|---|---------------------------------|-----------|
| 1 | Total pages Schodule C:  | 2 -        | ILER NAME      |  |                    |        |                                | 3 [  | Filer ID                                | (Ethics Commission              | n Eilere) |
|   | Total pages Schedule G:<br>Sch: 72/82 Rpt: 84/94   | l          |                | esus (The Hond   | orable)            |        |                                | 1    | 000620:                                 | (Ethics Commission<br>99        | ı File15) |
| 4 | Date   | <b>5</b> P | Payee name     |  |                    |        |                                | •    |   |                                 |           |
|   | 11/08/2023   | _ s        | Sarabia, Jos   | se   |                    |        |                                |      |   |                                 |           |
| 6 | Amount (\$)  | <b>7</b> P | ayee addres    | s; City;   | State;             | Zip Co | de                             |      |   |                                 |           |
|   | \$600.00   |            |                |  |                    |        |                                |      |   |                                 |           |
|   | Reimbursement from political contributions intended  | E          | Elsa, TX 785   | 543  |                    |        |                                |      |   |                                 |           |
| 8 | PURPOSE  | (a) C      | Category (Se   | e Categories listed at th  | e top of this sch  | edule) | (b) Description                | ≓    |   | outside of Texas. Complete      |           |
|   | OF<br>EXPENDITURE  | S          | Salaries/Wa    | ges/Contract La  | bor                |        | <u>.</u>                       |      |   | n, TX, officeholder living expe | ense      |
|   |  |            |                |  |                    |        | general contract               | labo | r                                       |                                 |           |
| 9 | Complete ONLY if direct  | Candi      | lidate/Officeh | older name   |                    |        | Office sought                  |      |   | Office held                     |           |
|   | expenditure to benefit C/OH  | Janu       | maate/Officeff | older Haille   |                    |        | Onice Sought                   |      |   | Omee Held                       |           |
|   | Date   | Р          | Payee name     |  |                    |        |                                |      |   |                                 |           |
|   | 12/21/2023   | s          | Sarabia, Jos   | se   |                    |        |                                |      |   |                                 |           |
|   | Amount (\$)  | Р          | ayee addres    | s; City;   | State;             | Zip Co | de                             |      |   |                                 |           |
|   | \$400.00   |            |                |  |                    |        |                                |      |   |                                 |           |
|   | Reimbursement from political contributions intended  | E          | Elsa, TX 785   | 543  |                    |        |                                |      |   |                                 |           |
|   | PURPOSE  | С          | Category (Se   | e Categories listed at th  | e top of this sche | edule) | Description                    | =    |   | outside of Texas. Complete      |           |
|   | OF<br>EXPENDITURE  | S          | Salaries/Wa    | ges/Contract La  | bor                |        | L                              | _    |   | n, TX, officeholder living expe | ense      |
|   |  |            |                |  |                    |        | general contract               | iabo | ır                                      |                                 |           |
|   |  | Cand       | lidate/Officeh | older name   |                    |        | Office sought                  |      |   | Office held                     |           |
|   | expenditure to benefit<br>C/OH   |            |                |  |                    |        |                                |      |   |                                 |           |
| F | Date   | Р          | Payee name     |  |                    |        |                                |      |   |                                 |           |
|   | 09/06/2023   | ı          | Silva Moore    | , Maggie   |                    |        |                                |      |   |                                 |           |
|   | Amount (\$)  | Р          | Payee addres   | s; City;   | State;             | Zip Co | de                             |      |   |                                 |           |
|   | \$600.00   |            |                |  |                    |        |                                |      |   |                                 |           |
|   | Reimbursement from political contributions intended  | L_v        | Weslaco, T〉    | ( 78596  |                    |        |                                |      |   |                                 |           |
|   | PURPOSE<br>OF  | С          | Category (Se   | e Categories listed at th  | e top of this sche | edule) | Description                    | _    |   | outside of Texas. Complete      |           |
|   | EXPENDITURE  | S          | Salaries/Wa    | ges/Contract La  | bor                |        | gonoral agentes -t             | _    |   | n, TX, officeholder living expe | ense      |
|   |  |            |                |  |                    |        | general contract               | iado | ı                                       |                                 |           |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Cand       | lidate/Officeh | older name   |                    |        | Office sought                  |      |   | Office held                     |           |
|   |  |            |                |  |                    |        |                                |      |   |                                 |           |
|   |  |            |                |  |                    |        |                                |      |   |                                 |           |
|   |  |            |                |  |                    |        |                                |      |   |                                 |           |

## SCHEDULE G

# EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |  | EXPENDITURE CATEGO  | KIES FUR   | ι Βυλ δ(α)                            |     |   |  |  |
|---|--|---|--|---------------------------------------|-----|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee |  | Event Expense<br>Fees<br>Food/Beverage Expense<br>- Gift/Awards/Memorials Expense | Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Polling Expense<br>Gift/Awards/Memorials Expense Printing Expense |                                       |     | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District |  |  |
|   | Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services  The Instruction Guide explains                        |  | ages/Contract Labor mplete this form. |     | OTHER (enter a category not listed above)   |  |  |
| 1   | Total pages Schedule G:                                    | 2 FILER NAME  |  |                                       | 3   | Filer ID (Ethics Commission Filers)   |  |  |
| _   | Sch: 73/82 Rpt: 85/94                                      | Contreras, Jesus (The Honorable)  |  |                                       | ľ   | 00062099  |  |  |
| 4   | Date   | 5 Payee name  |  |                                       | _   |   |  |  |
|   | 10/02/2023   | Silva Moore, Maggie   |  |                                       |     |   |  |  |
| 6   | Amount (\$)<br>\$928.00                                    | 7 Payee address; City; State<br>1118 W. 4th                                       | e; Zip Co  | de                                    |     |   |  |  |
|   | Reimbursement from political contributions intended        | Weslaco, TX 78596   |  |                                       |     |   |  |  |
| 8   | PURPOSE  | (a) Category (See Categories listed at the top of this so                         | hedule)  | (b) Description                       |     | check if travel outside of Texas. Complete Schedule T.  |  |  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |  |                                       | C   | check if Austin, TX, officeholder living expense  |  |  |
|   | EXI ENDITORE   |   |  | general contract                      | lab | oor   |  |  |
|   |  |   |  |                                       |     |   |  |  |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   |  | Office sought                         |     | Office held   |  |  |
|   | Date   | Payee name  |  |                                       |     |   |  |  |
|   | 11/03/2023   | Silva Moore, Maggie   |  |                                       |     |   |  |  |
|   | Amount (\$)  |   | e; Zip Co  | do                                    |     |   |  |  |
|   | ` '  |   | e, Zip Co  | ue                                    |     |   |  |  |
|   | \$1,000.00   | 1118 W. 4th   |  |                                       |     |   |  |  |
|   | Reimbursement from political contributions intended        | Weslaco, TX 78596   |  |                                       |     |   |  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this so                             | hedule)  | Description                           |     | check if travel outside of Texas. Complete Schedule T.  |  |  |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   |  |                                       | C   | check if Austin, TX, officeholder living expense  |  |  |
|   | EXI ENDITORE   |   | general contract   | lab                                   | oor |   |  |  |
|   |  |   |  |                                       |     |   |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | ı  | Office sought                         |     | Office held   |  |  |
|   | Date   | Payee name  |  |                                       |     |   |  |  |
|   | 09/28/2023   | St. John's Church   |  |                                       |     |   |  |  |
|   | Amount (\$)  |   | e; Zip Co  | do.                                   |     |   |  |  |
|   | \$700.00   | Payee address; City; State 2500 N. 10th St.                                       | e, Zip Co  | ue                                    |     |   |  |  |
|   | ,  |   |  |                                       |     |   |  |  |
|   | X Reimbursement from political contributions intended      | McAllen, TX 78504   |  |                                       |     |   |  |  |
|   | PURPOSE  | Category (See Categories listed at the top of this so                             | chedule)   | Description                           |     | check if travel outside of Texas. Complete Schedule T.  |  |  |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By   |  |                                       |     | check if Austin, TX, officeholder living expense  |  |  |
|   |  | Candidate/Officeholder/Political Comr   | mittee   | donation                              |     |   |  |  |
|   |  |   |  |                                       |     |   |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   |  | Office sought                         |     | Office held   |  |  |
|   |  |   |  |                                       |     |   |  |  |
|   |  |   |  |                                       |     |   |  |  |
|   |  |   |  |                                       |     |   |  |  |

## SCHEDULE G

# **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 |                        | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains |         | expense<br>Wages/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not listed above) |   |
|---|---|------------------------|---|---------|---------------------------------|---|---|
| 1 | Total pages Schedule G:   | 2 FILER NAM            | E   |         |                                 | 3 Filer ID (Ethics Commission Filers)   |   |
|   | Sch: 74/82 Rpt: 86/94   | Contreras,             | Jesus (The Honorable)   |         |                                 | 00062099  |   |
| 4 | Date  | 5 Payee name           | e   |         |                                 |   |   |
|   | 07/01/2023  | Sumbillo, N            | Maria Concepcion  |         |                                 |   |   |
| 6 | Amount (\$)   | 7 Payee addre          | ess; City; State  | ; Zip C | ode                             |   |   |
|   | \$1,000.00  | P O Box 23             | 355   |         |                                 |   |   |
|   | Reimbursement from political contributions intended   | Edinburg, <sup>-</sup> | TX 78540  |         |                                 |   |   |
| 8 | PURPOSE   | (a) Category (s        | See Categories listed at the top of this scl  | nedule) | (b) Description                 | Check if travel outside of Texas. Complete Schedule T                               |   |
|   | OF<br>EXPENDITURE   | Salaries/W             | /ages/Contract Labor  |         |                                 | Check if Austin, TX, officeholder living expense                                    |   |
|   |   |                        |   |         | general campaigi                | n labor   |   |
| _ |   |                        |   |         | <u> </u>                        |   | _ |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Office       | eholder name  |         | Office sought                   | Office held   |   |
|   | Date  | Payee name             | e   |         |                                 |   |   |
|   | 09/01/2023  | Sumbillo, N            | Maria Concepcion  |         |                                 |   |   |
|   | Amount (\$)   | Payee addre            | ess; City; State  | ; Zip C | ode                             |   |   |
|   | \$1,000.00  | P O Box 23             | 355   |         |                                 |   |   |
|   | Reimbursement from political contributions intended   | Edinburg, <sup>-</sup> | TX 78540  |         |                                 |   |   |
|   | PURPOSE<br>OF   | Category (             | See Categories listed at the top of this scl  | nedule) | Description                     | Check if travel outside of Texas. Complete Schedule T                               |   |
|   | EXPENDITURE   | Salaries/W             | /ages/Contract Labor  |         |                                 | Check if Austin, TX, officeholder living expense                                    |   |
|   |   |                        |   |         | general campaigi                | n labor   |   |
|   | Complete ONLY if direct   | Candidate/Office       | pholder name  |         | Office sought                   | Office held   | _ |
|   | expenditure to benefit  | Candidate/Office       | enoluei name  |         | Office sought                   | Office field  |   |
|   | C/OH  |                        |   |         |                                 |   |   |
|   | Date  | Payee name             | e   |         |                                 |   |   |
|   | 11/01/2023  | Sumbillo, N            | Maria Concepcion  |         |                                 |   |   |
|   | Amount (\$)   | Payee addre            | , ,,  | ; Zip C | ode                             |   |   |
|   | \$1,000.00  | P O Box 23             | 355   |         |                                 |   |   |
|   | Reimbursement from political contributions intended   | Edinburg, <sup>-</sup> | TX 78540  |         |                                 |   |   |
|   | PURPOSE<br>OF   |                        | See Categories listed at the top of this scl  | nedule) | Description                     | Check if travel outside of Texas. Complete Schedule T                               |   |
|   | EXPENDITURE   | Salaries/W             | /ages/Contract Labor  |         | L                               | Check if Austin, TX, officeholder living expense                                    |   |
|   |   |                        |   |         | general campaigi                | π ιανυί   |   |
|   | Complete ONLY if direct   | <br>  Candidate/Office | eholder name  |         | Office sought                   | Office held   | _ |
|   | expenditure to benefit C/OH   | 2                      |   |         | 2 33ag.n                        |   |   |
| L | 0.011   |                        |   |         |                                 |   | 4 |
|   |   |                        |   |         |                                 |   |   |
| 1 |   |                        |   |         |                                 |   |   |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |  | Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor |   |           | Travel in District Travel Out of District OTHER (enter a category not listed above) |        |               |  |  |  |
|--|--|---|---|-----------|---|--------|---------------|--|--|--|
|  | oroun oura'r aymone                            | _   | The Instruction Guide explains                    | how to co | omplete this form.  |        |               |  |  |  |
| 1  | Total pages Schedule G:                        | 2 FILER NAMI  | Ē   |           |   | 3      | Filer ID      | (Ethics Commission Filers)   |  |  |
|  | Sch: 75/82 Rpt: 87/94                          | Contreras,  | Jesus (The Honorable)                             |           |   |        | 000620        | )99  |  |  |
| 4  | Date   | 5 Payee name  |   |           |   |        |               |  |  |  |
|  | 08/01/2023                                     | Sumbillo, F   | tobert  |           |   |        |               |  |  |  |
| 6  | Amount (\$)                                    | 7 Payee addre   | ess; City; State;                                 | Zip Co    | ode   |        |               |  |  |  |
|  | \$1,500.00                                     | P O Box 23  | 355   |           |   |        |               |  |  |  |
|  | Reimbursement from                             |   |   |           |   |        |               |  |  |  |
|  | X political contributions intended             | Edinburg, 1   | X 78540   |           |   |        |               |  |  |  |
| 8  | PURPOSE  | (a) Category (s   | ee Categories listed at the top of this scho      | edule)    | (b) Description   | Ch     | neck if trave | el outside of Texas. Complete Schedule T.  |  |  |
|  | OF<br>EXPENDITURE                              | Salaries/W  | ages/Contract Labor                               |           |   | Ch     | neck if Austi | in, TX, officeholder living expense  |  |  |
|  | EXPENDITORE                                    |   |   |           | general campaig   | n la   | bor           |  |  |  |
|  |  |   |   |           |   |        |               |  |  |  |
| 9  |  | Candidate/Office  | holder name                                       |           | Office sought   |        |               | Office held  |  |  |
|  | expenditure to benefit C/OH                    |   |   |           |   |        |               |  |  |  |
|  | Data   | <br>T _   |   |           |   |        |               |  |  |  |
|  | Date   | Payee name  |   |           |   |        |               |  |  |  |
|  | 11/01/2023                                     | Sumbillo, R   |   |           |   |        |               |  |  |  |
|  | Amount (\$)                                    | 1 1   | Payee address; City; State; Zip Code P O Box 2355 |           |   |        |               |  |  |  |
|  | \$1,500.00                                     | P O Box 23  | 355   |           |   |        |               |  |  |  |
|  | Reimbursement from political contributions     |   |   |           |   |        |               |  |  |  |
|  | intended                                       | Edinburg, 1   | X 78540   |           |   |        |               |  |  |  |
|  | PURPOSE<br>OF                                  |   | ee Categories listed at the top of this scho      | edule)    | Description   | =      |               | el outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense |  |  |
|  | EXPENDITURE                                    | Salaries/W  | ages/Contract Labor                               |           | L<br>general campaig  | _      |               | iii, 17, onicendider living expense  |  |  |
|  |  |   |   |           | general campaig   | III ia | IDUI          |  |  |  |
| _  | Complete ONLY if direct                        | Candidate/Office  | holder name                                       |           | Office sought   |        |               | Office held  |  |  |
|  | expenditure to benefit                         | carididate/Office   | noider name                                       |           | Office 30dg/ft  |        |               | Office field   |  |  |
|  | C/OH   |   |   |           |   |        |               |  |  |  |
|  | Date   | Payee name  |   |           |   |        |               |  |  |  |
|  | 08/18/2023                                     | TX Democi   | atic Party  |           |   |        |               |  |  |  |
|  | Amount (\$)                                    | Payee addre   | ess; City; State;                                 | Zip Co    | ode   |        |               |  |  |  |
|  | \$776.00                                       | PO Box 15   | 707   |           |   |        |               |  |  |  |
|  | Reimbursement from political contributions     |   |   |           |   |        |               |  |  |  |
|  | intended                                       | Austin, TX  | 78761   |           |   |        |               |  |  |  |
|  | PURPOSE  | Category (S   | ee Categories listed at the top of this sch       | edule)    | Description   | Ch     | neck if trave | el outside of Texas. Complete Schedule T.  |  |  |
|  | OF<br>EXPENDITURE                              | Fees  |   |           |   | Ch     | neck if Austi | in, TX, officeholder living expense  |  |  |
|  |  |   |   |           | for VAN program   | 1      |               |  |  |  |
|  |  |   |   |           |   |        |               |  |  |  |
|  | Complete ONLY if direct expenditure to benefit | Candidate/Office  | holder name                                       |           | Office sought   |        |               | Office held  |  |  |
|  | C/OH   |   |   |           |   |        |               |  |  |  |
|  |  |   |   |           |   |        |               |  |  |  |
|  |  |   |   |           |   |        |               |  |  |  |
|  |  |   |   |           |   |        |               |  |  |  |

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services                   | Polling E<br>pense Printing E<br>Salaries/ | Expense<br>Wages/Contract Labor | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|---------------------------------|--|
|   | oroun oura r aymon   | The Instruction Guid                         | e explains how to c                        | omplete this form.              |  |
| 1 | Total pages Schedule G:  | 2 FILER NAME                                 |  |                                 | 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 76/82 Rpt: 88/94  | Contreras, Jesus (The Honora                 | able)                                      |                                 | 00062099   |
| 4 | Date   | 5 Payee name                                 |  |                                 |  |
|   | 11/25/2023   | Tafolla, Roque                               |  |                                 |  |
| 6 | Amount (\$)  | 7 Payee address; City;                       | State; Zip C                               | ode                             |  |
|   | \$800.00   |  |  |                                 |  |
|   | Reimbursement from   |  |  |                                 |  |
|   | X political contributions intended   | Weslaco, TX 78596                            |  |                                 |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the t | op of this schedule)                       | (b) Description                 | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Lab                  | or   |                                 | Check if Austin, TX, officeholder living expense   |
|   | ZXI ZXIDITORZ  |  |  | general contract l              | abor   |
|   |  |  |  |                                 |  |
| 9 | Complete ONLY if direct expenditure to benefit   | Candidate/Officeholder name                  |  | Office sought                   | Office held  |
|   | C/OH   |  |  |                                 |  |
| H | Date   | Davas namo                                   |  |                                 |  |
|   | 08/19/2023   | Payee name<br>Torres, Raul                   |  |                                 |  |
| _ | Amount (\$)  | Payee address; City;                         | State; Zip C                               | ode                             |  |
|   | \$1,500.00   | r dyoc dddross, - Gily,                      | Otato, Zip O                               | oue                             |  |
|   | Reimbursement from   |  |  |                                 |  |
|   | x political contributions intended   | Pharr, TX 78577                              |  |                                 |  |
| _ | PURPOSE  | Category (See Categories listed at the t     | on of this schodulo)                       | Description                     | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF   | Salaries/Wages/Contract Lab                  | •  | Description                     | Check if Austin, TX, officeholder living expense   |
|   | EXPENDITURE  | Gararioo, Wagoo, Gorillade Las               | <b>.</b>                                   | general contract l              | -<br>abor  |
|   |  |  |  |                                 |  |
|   |  | Candidate/Officeholder name                  |  | Office sought                   | Office held  |
|   | expenditure to benefit C/OH  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   | Date   | Payee name                                   |  |                                 |  |
|   | 08/25/2023   | Torres, Raul                                 |  |                                 |  |
|   | Amount (\$)  | Payee address; City;                         | State; Zip C                               | ode                             |  |
|   | \$1,300.00   |  |  |                                 |  |
|   | X Reimbursement from political contributions intended  | Pharr,TX 78577                               |  |                                 |  |
|   | PURPOSE  | Category (See Categories listed at the t     | op of this schedule)                       | Description                     | Check if travel outside of Texas. Complete Schedule T.   |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Lab                  | or   |                                 | Check if Austin, TX, officeholder living expense   |
|   | EM ENDITORE  |  |  | campaign labor                  |  |
|   |  |  |  |                                 |  |
|   | Complete ONLY if direct expenditure to benefit   | Candidate/Officeholder name                  |  | Office sought                   | Office held  |
|   | C/OH   |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |

## SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comn Credit Card Payment |   |       | mittee                     | Food/Beverage<br>Gift/Awards/Mer<br>Legal Services<br>The Instructi |                            |                 | xpense<br>Vages/Contract Labor |     | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|---|-------|----------------------------|---|----------------------------|-----------------|--------------------------------|-----|---|
| 1   | Total pages Schedule G:                             | 2     | FILER NAME                 | <u> </u>  |                            |                 |                                | 3   | Filer ID (Ethics Commission Filers)   |
|   | Sch: 77/82 Rpt: 89/94                               | (     | Contreras,                 | Jesus (The  | Honorable)                 |                 |                                |     | 00062099  |
| 4   | Date  | 5     | Payee name                 |   |                            |                 |                                |     |   |
|   | 07/01/2023  | ı     | Trejo, Maria               |   |                            |                 |                                |     |   |
| 6   | Amount (\$)   | 7     | Payee addre                | ess; City;  | State                      | ; Zip Co        | ode                            |     |   |
|   | \$1,250.00  |       |                            |   |                            |                 |                                |     |   |
|   | Reimbursement from political contributions intended |       | Pharr, TX 7                | '8577   |                            |                 |                                |     |   |
| 8   | PURPOSE   | (a) ( | Category (s                | ee Categories list  | ted at the top of this sch | nedule)         | (b) Description                | CI  | theck if travel outside of Texas. Complete Schedule T.                              |
|   | OF  | l ` ′ |                            | ages/Contra   |                            | ,               |                                | CI  | heck if Austin, TX, officeholder living expense                                     |
|   | EXPENDITURE   |       |                            | J   |                            |                 | general contract               | lab | oor   |
|   |   |       |                            |   |                            |                 |                                |     |   |
| 9   | Complete ONLY if direct expenditure to benefit C/OH | Cano  | didate/Office              | holder name   |                            |                 | Office sought                  |     | Office held   |
|   | Date  |       | Payee name                 |   |                            |                 |                                |     |   |
|   | 08/19/2023  | -     | Trejo, Maria               | a   |                            |                 |                                |     |   |
|   | Amount (\$)   |       | Payee addre                | ess; City;  | State                      | ; Zip Co        | ode                            |     |   |
|   | \$500.00  |       |                            |   |                            |                 |                                |     |   |
|   | Reimbursement from                                  |       |                            |   |                            |                 |                                |     |   |
|   | x political contributions intended                  |       | Pharr, TX 7                | '8577   |                            |                 |                                |     |   |
|   | PURPOSE   | (     | Category (s                | ee Categories list  | ted at the top of this sch | nedule)         | Description                    | CI  | heck if travel outside of Texas. Complete Schedule T.                               |
|   | OF<br>EXPENDITURE                                   | ;     | Salaries/Wa                | ages/Contra   | act Labor                  |                 |                                | CI  | heck if Austin, TX, officeholder living expense                                     |
|   | EX. ENDITORE  |       |                            |   |                            |                 | general contract               | lab | oor   |
|   |   |       |                            |   |                            |                 |                                |     |   |
|   | Complete ONLY if direct expenditure to benefit      | Can   | didate/Office              | holder name   |                            |                 | Office sought                  |     | Office held   |
|   | C/OH  |       |                            |   |                            |                 |                                |     |   |
|   | Date  | Π.    | Dayaa nama                 |   |                            |                 |                                |     |   |
|   | 09/28/2023  | ı     | Payee name<br>Trejo, Maria |   |                            |                 |                                |     |   |
|   | Amount (\$)   | —     | Payee addre                |   | State                      | ; Zip Co        | nde                            |     |   |
|   | \$1,000.00  | '     | i ayee addie               | oity,   | Oldic                      | , <u>Zip</u> Ot | oue.                           |     |   |
|   | Reimbursement from                                  |       |                            |   |                            |                 |                                |     |   |
|   | x political contributions intended                  | ١     | Pharr, TX 7                | '8577   |                            |                 |                                |     |   |
|   | PURPOSE<br>OF                                       | l     |                            |   | ted at the top of this sch | nedule)         | Description                    | =   | theck if travel outside of Texas. Complete Schedule T.                              |
|   | EXPENDITURE   | ;     | Salaries/Wa                | ages/Contra   | act Labor                  |                 | L                              | _   | check if Austin, TX, officeholder living expense                                    |
|   |   |       |                            |   |                            |                 | general contract               | ıαD | JUI   |
|   | Complete ONLY if direct                             | Con   | didata/Office              | holder nome   |                            |                 | Office cought                  |     | Office hold   |
|   | expenditure to benefit                              | Cari  | uiuate/OIIICe              | holder name   |                            |                 | Office sought                  |     | Office held   |
|   | C/OH  |       |                            |   |                            |                 |                                |     |   |
|   |   |       |                            |   |                            |                 |                                |     |   |
|   |   |       |                            |   |                            |                 |                                |     |   |

## SCHEDULE **G**

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

|   | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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 G:  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  | ١ |
|   | Sch: 78/82 Rpt: 90/94  | Contreras, Jesus (The Honorable) 00062099   | ١ |
| 4 | Date   | 5 Payee name  | ٦ |
|   | 12/12/2023   | Trejo, Maria  | ١ |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  | ┪ |
|   | \$800.00  Reimbursement from political contributions   |   |   |
|   | intended   | Pharr, TX 78577   |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | ١ |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   | ١ |
|   |  | general contract labor  | ١ |
|   |  |   |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  | 1 |
|   | 12/20/2023   | Trejo, Maria  | ١ |
|   | Amount (\$)  | Payee address; City; State; Zip Code  | ┨ |
|   | \$700.00   |   | ١ |
|   | Reimbursement from   |   | ١ |
|   | X political contributions intended   | Pharr, TX 78577   | ١ |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.        | ┨ |
|   | OF   | Salaries/Wages/Contract Labor  Check if Austin, TX, officeholder living expense   | ١ |
|   | EXPENDITURE  | general contract labor  | ١ |
|   |  |   | ١ |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  | ٦ |
|   | 07/02/2023   | Trevino, Francisco  | ١ |
|   | Amount (\$)  | Payee address; City; State; Zip Code  | ┨ |
|   | \$1,200.00   |   | ١ |
|   | Reimbursement from political contributions intended  | Donna, TX 78537   |   |
|   | PURPOSE  | Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.        | 1 |
|   | OF<br>EXPENDITURE  | Salaries/Wages/Contract Labor   | ١ |
|   |  | general contract labor  |   |
|   |  |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held   |   |
|   |  |   |   |

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                              | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/ | Expense<br>Wages/Contract Labor |        | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |      |
|---|--|------------------------------|---|---------------------------------------|---------------------------------|--------|---|------|
|   |  |                              | The Instruction Guide explains  | s how to co                           | omplete this form.              |        |   |      |
| 1 | Total pages Schedule G:<br>Sch: 79/82 Rpt: 91/94   | 2 FILER NAMI                 | E<br>Jesus (The Honorable)  |                                       |                                 | 1      | Filer ID (Ethics Commission Filers 00062099   | )    |
| _ | •  |                              |   |                                       |                                 |        |   |      |
| 4 | Date<br>08/08/2023   | 5 Payee name<br>Trevino, Fra |   |                                       |                                 |        |   |      |
| 6 | Amount (\$)  | 7 Payee addre                | ss; City; State   | e; Zip Co                             | ode                             |        |   |      |
|   | \$1,000.00   |                              |   |                                       |                                 |        |   |      |
|   | Reimbursement from   |                              |   |                                       |                                 |        |   |      |
|   | X political contributions intended   | Donna, TX                    | 78537   |                                       |                                 |        |   |      |
| 8 | PURPOSE  |                              |   | ah adula)                             | (b) Description [               | ☐ Ch   | neck if travel outside of Texas. Complete Schedul   | Δ Τ  |
| 0 | OF   | 1                            | ee Categories listed at the top of this sc                              | cnedule)                              | (b) Description                 | =      | neck if Austin, TX, officeholder living expense   | C 1. |
|   | EXPENDITURE  | Salaries/w                   | ages/Contract Labor   |                                       | general contract                |        |   |      |
|   |  |                              |   |                                       | general contract                | · iabc | 51  |      |
| 9 | Complete ONLY if direct  | Candidate/Office             | holder name   |                                       | Office sought                   |        | Office held   |      |
| 9 | expenditure to benefit   | Candidate/Office             | noidei name   |                                       | Office Sought                   |        | Office field  |      |
|   | C/OH   |                              |   |                                       |                                 |        |   |      |
|   | Date   | Payee name                   |   |                                       |                                 |        |   |      |
|   | 12/23/2023   | Trevino, Fra                 | ancisco   |                                       |                                 |        |   |      |
|   | Amount (\$)  | Payee addre                  | ss; City; State   | e; Zip Co                             | ode                             |        |   |      |
|   | \$400.00   |                              |   |                                       |                                 |        |   |      |
|   | Reimbursement from   |                              |   |                                       |                                 |        |   |      |
|   | X political contributions intended   | Donna, TX                    | 78537   |                                       |                                 |        |   |      |
|   | PURPOSE  | Category (s                  | ee Categories listed at the top of this sc                              | chedule)                              | Description                     | Ch     | neck if travel outside of Texas. Complete Schedul   | e T. |
|   | OF   |                              | ages/Contract Labor   | ,                                     | ' [                             | Ch     | neck if Austin, TX, officeholder living expense   |      |
|   | EXPENDITURE  |                              | 3   |                                       | general contract                | labo   | or  |      |
|   |  |                              |   |                                       |                                 |        |   |      |
|   | •  | Candidate/Office             | holder name   |                                       | Office sought                   |        | Office held   |      |
|   | expenditure to benefit C/OH  |                              |   |                                       |                                 |        |   |      |
|   | 0,011  |                              |   |                                       |                                 |        |   |      |
|   | Date   | Payee name                   |   |                                       |                                 |        |   |      |
|   | 11/27/2023   | Valera, Arn                  | neni  |                                       |                                 |        |   |      |
|   | Amount (\$)  | Payee addre                  | ss; City; State   | e; Zip Co                             | ode                             |        |   |      |
|   | \$200.00   |                              |   |                                       |                                 |        |   |      |
|   | Reimbursement from political contributions   |                              |   |                                       |                                 |        |   |      |
|   | x political contributions intended   | Weslaco ,                    | TX 78596  |                                       |                                 |        |   |      |
|   | PURPOSE  | Category (S                  | ee Categories listed at the top of this sc                              | chedule)                              | Description                     | Ch     | eck if travel outside of Texas. Complete Schedul  | e T. |
|   | OF<br>EXPENDITURE  | Salaries/Wa                  | ages/Contract Labor   |                                       |                                 | Ch     | eck if Austin, TX, officeholder living expense  |      |
|   |  |                              |   |                                       | general contract                | labo   | or  |      |
|   |  |                              |   |                                       |                                 |        |   |      |
|   | Complete ONLY if direct expenditure to benefit   | Candidate/Office             | holder name   |                                       | Office sought                   |        | Office held   |      |
|   | C/OH   |                              |   |                                       |                                 |        |   |      |
|   |  |                              |   |                                       |                                 |        |   |      |
|   |  |                              |   |                                       |                                 |        |   |      |
|   |  |                              |   |                                       |                                 |        |   |      |

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

| Accounting/Валкіпд Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment |   |                       | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex<br>Printing E<br>Salaries/V | xpense<br>Nages/Contract Labor |             | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |  |
|---|---|-----------------------|--|--|--------------------------------|-------------|--|--|
|   |   |                       | The Instruction Guide explains                                     | how to co                              | omplete this form.             |             |  |  |
| 1   | Total pages Schedule G:                             | 2 FILER NAME          | Ē  |  |                                | 3           | Filer ID (Ethics Commission Filers)  |  |
|   | Sch: 80/82 Rpt: 92/94                               | Contreras,            | Jesus (The Honorable)  |  |                                |             | 00062099   |  |
| 4   | Date  | 5 Payee name          |  |  |                                |             |  |  |
|   | 07/01/2023  | Vento Reye            |  |  |                                |             |  |  |
| 6   | Amount (\$)   | <b>7</b> Payee addre  | ess; City; State   | ; Zip Co                               | ode                            |             |  |  |
|   | \$3,500.00  |                       |  |  |                                |             |  |  |
|   | Reimbursement from                                  |                       |  |  |                                |             |  |  |
|   | X political contributions intended                  | Weslaco, T            | X 78596  |  |                                |             |  |  |
| 8   | PURPOSE   | (a) Category (S       | see Categories listed at the top of this sch                       | nedule)                                | (b) Description                | =           | neck if travel outside of Texas. Complete Schedule T.  |  |
|   | OF<br>EXPENDITURE                                   | Salaries/Wa           | ages/Contract Labor  |  |                                | Ch          | neck if Austin, TX, officeholder living expense  |  |
|   |   |                       |  |  | general contract               | labo        | or   |  |
|   |   |                       |  |  |                                |             |  |  |
| 9   | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Office      | holder name  |  | Office sought                  |             | Office held  |  |
|   |   |                       |  |  |                                |             |  |  |
|   | Date  | Payee name            |  |  |                                |             |  |  |
|   | 08/12/2023  | Vento Reye            | es, Norma  |  |                                |             |  |  |
|   | Amount (\$)   | Payee addre           | ess; City; State   | ; Zip Co                               | ode                            |             |  |  |
|   | \$1,500.00  |                       |  |  |                                |             |  |  |
|   | Reimbursement from                                  |                       |  |  |                                |             |  |  |
|   | X political contributions intended                  | Weslaco, T            | X 78596  |  |                                |             |  |  |
| _   | PURPOSE   | _                     | see Categories listed at the top of this sch                       | nedule)                                | Description                    | <b>T</b> Ch | neck if travel outside of Texas. Complete Schedule T.  |  |
|   | OF  |                       | ages/Contract Labor  |  |                                | =           | neck if Austin, TX, officeholder living expense  |  |
|   | EXPENDITURE   | Calalics, VVI         | agos, cominact Labor   |  | general contract               | _<br>labo   | or   |  |
|   |   |                       |  |  |                                |             |  |  |
| $\vdash$  | Complete ONLY if direct                             | L<br>Candidate/Office | holder name  |  | Office sought                  |             | Office held  |  |
|   | expenditure to benefit                              |                       | <del>-</del>   |  |                                |             |  |  |
|   | C/OH  |                       |  |  |                                |             |  |  |
|   | Date  | Payee name            |  |  |                                |             |  |  |
|   | 11/15/2023  | Vento Reye            |  |  |                                |             |  |  |
| $\vdash$  | Amount (\$)   | Payee addre           | ess; City; State   | ; Zip Co                               | ode                            |             |  |  |
|   | \$400.00  | 1,, 22 3.3.4.0        | ,  | . , ,                                  |                                |             |  |  |
|   | Reimbursement from                                  |                       |  |  |                                |             |  |  |
|   | x political contributions intended                  | Weslaco, T            | X 78596  |  |                                |             |  |  |
|   | PURPOSE   | Category (S           | see Categories listed at the top of this sch                       | nedule)                                | Description                    | =           | neck if travel outside of Texas. Complete Schedule T.  |  |
|   | OF<br>EXPENDITURE                                   | Salaries/W            | ages/Contract Labor  |  |                                | _           | neck if Austin, TX, officeholder living expense  |  |
|   |   |                       |  |  | general contract               | labo        | or   |  |
| L   |   |                       |  |  |                                |             |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Office      | holder name  |  | Office sought                  |             | Office held  |  |
|   |   |                       |  |  |                                |             |  |  |
|   |   |                       |  |  |                                |             |  |  |
|   |   |                       |  |  |                                |             |  |  |

## SCHEDULE G

### **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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |      | · ·  |                | Wages/Contract Labor | Travel Out of District OTHER (enter a category not listed above) |
|---|--|------|--|----------------|----------------------|--|
|   |  | _    | The Instruction Guide expla                        | ills flow to c | · ·                  |  |
| 1 | Total pages Schedule G:  | 2    | FILER NAME   |                | ;                    | 3 Filer ID (Ethics Commission Filers)                            |
|   | Sch: 81/82 Rpt: 93/94  |      | Contreras, Jesus (The Honorable)                   |                |                      | 00062099   |
| 4 | Date   | 5    | Payee name   |                |                      |  |
|   | 12/22/2023   |      | Villalon, Brenda                                   |                |                      |  |
| 6 | Amount (\$)  | 7    | Payee address; City; Sta                           | ate; Zip C     | ode                  |  |
|   | \$800.00   |      |  |                |                      |  |
|   | Reimbursement from   |      |  |                |                      |  |
|   | X political contributions intended   |      | Sullivan City, TX 78595                            |                |                      |  |
| 8 | PURPOSE  | (2)  |  | cobodulo)      | (b) Description      | Check if travel outside of Texas. Complete Schedule T.           |
| 0 | OF   | ارما | Category (See Categories listed at the top of this | scriedule)     | (b) Description      | Check if Austin, TX, officeholder living expense                 |
|   | EXPENDITURE  |      | Salaries/Wages/Contract Labor                      |                | general contract la  |  |
|   |  |      |  |                | gonoral contract is  |  |
| 9 | Complete ONLY if direct  | Cal  | ndidate/Officeholder name                          |                | Office sought        | Office held  |
| 9 | expenditure to benefit   | Cai  | ididate/Officeriolder flame                        |                | Office Sought        | Office field   |
|   | C/OH   |      |  |                |                      |  |
|   | Date   |      | Payee name   |                |                      |  |
|   | 10/01/2023   |      | Villarreal, Linda                                  |                |                      |  |
|   | Amount (\$)  | H    | Payee address; City; Sta                           | ate; Zip C     | ode                  |  |
|   | \$1,500.00   |      | 1204 E. Evans                                      | , ,            |                      |  |
|   | Reimbursement from   |      |  |                |                      |  |
|   | X political contributions intended   |      | Pharr , TX 78577                                   |                |                      |  |
|   | PURPOSE  | H    | Category (See Categories listed at the top of this | schedule)      | Description          | Check if travel outside of Texas. Complete Schedule T.           |
|   | OF   |      | Salaries/Wages/Contract Labor                      | ,              |                      | Check if Austin, TX, officeholder living expense                 |
|   | EXPENDITURE  |      |  |                | general campaign     | labor  |
|   |  |      |  |                |                      |  |
|   | Complete ONLY if direct  | Cai  | ndidate/Officeholder name                          |                | Office sought        | Office held  |
|   | expenditure to benefit C/OH  |      |  |                |                      |  |
|   | C/OI1  |      |  |                |                      |  |
|   | Date   |      | Payee name   |                |                      |  |
|   | 12/01/2023   |      | Villarreal, Linda                                  |                |                      |  |
|   | Amount (\$)  |      | Payee address; City; Sta                           | ate; Zip C     | ode                  |  |
|   | \$1,500.00   |      | 1204 E. Evans                                      |                |                      |  |
|   | Reimbursement from political contributions   |      |  |                |                      |  |
|   | X political contributions intended   |      | Pharr , TX 78577                                   |                |                      |  |
|   | PURPOSE  | T    | Category (See Categories listed at the top of this | schedule)      | Description          | Check if travel outside of Texas. Complete Schedule T.           |
|   | OF<br>EXPENDITURE  |      | Salaries/Wages/Contract Labor                      |                |                      | Check if Austin, TX, officeholder living expense                 |
|   |  |      |  |                | general campaign     | labor  |
|   |  |      |  |                |                      |  |
|   |  | Cai  | ndidate/Officeholder name                          |                | Office sought        | Office held  |
|   | expenditure to benefit C/OH  |      |  |                |                      |  |
|   |  |      |  |                |                      |  |
|   |  |      |  |                |                      |  |
|   |  |      |  |                |                      |  |

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 82/82 Rpt: 94/94 Contreras, Jesus (The Honorable) 00062099 Date Payee name 08/21/2023 Villarreal, Maria Candelaria 6 Amount (\$) Payee address; City; State; Zip Code 4825 E. Texas Rd \$400.00 Reimbursement from political contributions Х intended Edinburg, TX 78542 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Salaries/Wages/Contract Labor **EXPENDITURE** general contract labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/20/2023 Weslaco ISD Amount (\$) Payee address; City; State; Zip Code \$750.00 319 W. 4th St. Reimbursement from political contributions Χ Weslaco, TX 78596 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH