

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00069193	<b>2</b> Total pages filed:  12		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Gloria M.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 02/03/2024	
	NICKNAME	LAST Rincones	SUFFIX		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	REDACTED PER 254.0313, GOV'T CODE			Receipt #	
				Amount	
				Date Processed	
			Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jesus R. Rick	MI		
	NICKNAME	LAST Canales	SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE	
	REDACTED PER 254.0313, GOV'T CODE				
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 546-7766	EXTENSION		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15				
	<input checked="" type="checkbox"/> 30th day before election				
		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	
		<input type="checkbox"/> Exceeded modified reporting limit		<input type="checkbox"/> Final Report (Attach C/OH-FR)	
<b>9</b> PERIOD COVERED	Month	Day	Year	Month	
	01/01/2024	THROUGH	01/25/2024	Year	
<b>10</b> ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary		
			<input type="checkbox"/> Runoff		
		<input type="checkbox"/> General			
		<input type="checkbox"/> Special			
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 445 Cameron		<b>12</b> OFFICE SOUGHT (if known) District Judge District 445		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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**13** C / OH NAME Rincones, Gloria M. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00069193

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	33.61
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	15,297.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,039.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	23,009.03

**17** AFFIDAVIT

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

The Honorable Gloria M. Rincones  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Rincones, Gloria M. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00069193
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<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 17,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,297.82
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 12.97

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/12
2 FILER NAME Rincones, Gloria M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069193
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlas, Hall & Rodriguez, LLP	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78501	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciccione, Edward	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Weslaco, TX 78596	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Ezequiel Reyna, Jr		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Katie (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Contributor's Principal Occupation Legal		Contributor's Job Title Attorney
Contributor's employer/law firm Dale and Klein, LLP		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/12
<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069193
<b>4</b> Date 01/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez & Tijerina, PLLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78520	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peralez Franz LLP <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ramon Worthington Nicolas & Cantu, PLLC <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/12
<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069193
<b>4</b> Date 01/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna Jr., Ezequiel (Mr.)	<b>7</b> Amount of Contribution (\$) \$1,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78599	
<b>8</b> Contributor's Principal Occupation Law		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Ezequiel Reyna, Jr		<b>11</b> Law firm of contributor's spouse (if any) N/A
<b>12</b> If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Ted (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Edinburg, TX 78539	
Contributor's Principal Occupation Safety Check		Contributor's Job Title Owner
Contributor's employer/law firm Court Ordered Solutions Safety Check LLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Daniel (Mr.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm The Sanchez Law Firm		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A N/A		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/12
2 FILER NAME Rincones, Gloria M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069193
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Ryan (Mr.)	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code  McAllen, TX 78501	
8 Contributor's Principal Occupation Law		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Ryan Solis Law Group		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Biechlin, Reynolds, Guerra	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina Legal Group, PC	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 8/12	<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069193
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<b>4</b> Date 01/10/2024	<b>5</b> Payee name Children's Museum of Brownsville
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 501 Ringgold St #5  Brownsville, TX 78520
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charity function
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/04/2024	Payee name Digital Print and Advertising
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Amount (\$) \$1,461.38	Payee address; City; State; Zip Code 2900 Central Blvd Ste B Brownsville, TX 78520
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing campaign signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name El Valle Noticias
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Amount (\$) \$850.00	Payee address; City; State; Zip Code 3032 Resaca Vista Dr.  Brownsville, TX 78526
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertisements
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 9/12	<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069193
<b>4</b> Date 01/01/2024	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$21.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertisements/boosting posts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2024	Payee name Facebook	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertisements/boosting posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Lowe's	
Amount (\$) \$572.83	Payee address; City; State; Zip Code 525 Ruben Torres Sr Blvd  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for placing campaign signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 10/12	<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069193
<b>4</b> Date 01/05/2024	<b>5</b> Payee name Lowe's	
<b>6</b> Amount (\$) \$356.69	<b>7</b> Payee address; City; State; Zip Code 525 Ruben Torres Sr Blvd  Brownsville, TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for placing campaign signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/11/2024	Payee name Lowe's	
Amount (\$) \$367.58	Payee address; City; State; Zip Code 525 Ruben Torres Sr Blvd  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for placing campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/20/2024	Payee name Lowe's	
Amount (\$) \$223.73	Payee address; City; State; Zip Code 525 Ruben Torres Sr Blvd  Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for placing campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 11/12	<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069193
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<b>4</b> Date 01/05/2024	<b>5</b> Payee name Mr. Amigo Association
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<b>6</b> Amount (\$) \$120.00	<b>7</b> Payee address; City; State; Zip Code 5 E. Elizabeth St  Brownsville, TX 78520
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name PenXpress
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Amount (\$) \$282.00	Payee address; City; State; Zip Code 1070H State Route 34 #196 Matawan, NJ 07747
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising materials
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/23/2024	Payee name Pink Ape Media
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Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 3101 Pablo Kisel Blvd Suite B4 Brownsville, TX 78526
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 12/12
<b>2</b> FILER NAME Rincones, Gloria M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069193
<b>4</b> Date 01/20/2024	<b>5</b> Name of person from whom amount is received Lowe's	<b>8</b> Amount (\$) \$12.97
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Brownsville, TX 78520	
<b>7</b> Purpose for which amount is received refund for supplies not needed		<input type="checkbox"/> Check if political contribution returned to filer