JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete	this form. 1 Filer ID (Ethics Commission 00088246	on Filers)	2 Total pages file 2 ⁹	
3 CANDIDATE /	MS / MRS / MR FIF	25T	MI		
OFFICEHOLDER NAME		an Ramon	IVII	OFFICE L	JSE ONLY
				ELECTRONICA	ALLY FILED
	NICKNAME LA	ST	SUFFIX	02/05/2024	
	Ah	varez			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE #; CITY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	112 S. 12th Avenue				
ADDRESS				Receipt #	Amount
Change of Address	Edinburg, TX 78539				
				Date Processed	
				Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR	ST		MI	
TREASURER	Mr. Da	vid			
NAME					
	NICKNAME LAS			SUFFIX	
		rena		30111X	
	60	lena			
6 CAMPAIGN	STREET ADDRESS (NO PO BO)		SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER		rlease), Ari/	30ITE #, CITT,	31A	TE, ZIF CODE
ADDRESS	420 W. University				
(Residence or Business)					
	Edinburg, TX 78539				
7 CAMPAIGN	AREA CODE PHONE N	JMBER EXTENSION			
TREASURER	(956) 381-5606				
PHONE	()				
8 REPORT TYPE					
ITPE	January 15 X	0th day before election	unoff	15th day after can appointment (offic	
	July 15	th day before election	ceeded modified	Final Report (Atta	
			porting limit	_	·
9 PERIOD	Month Day Year		Month Day	Year	
COVERED	01/01/2024	THROUGH	01/25/2024	4	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	X Primary	Runoff	Other	
	03/05/2024				
		General	Special		
		<u> </u>			
11 OFFICE	OFFICE HELD (if any)	1	L2 OFFICE SOUGHT		
			District Judge Dis	SUICT 332	
		GO TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Versi	on V3.5.1.9000c47

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 29

L

13 C / OH NAME	Alvarez, Juan Ramor	n (Mr.)	14 Filer ID 00088246	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been made d officeholders are required to report this in	e without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		I. IZED POLITICAL CONTRIBUTIONS(OTH ES OF LOANS, OR CONTRIBUTIONS M.		\$ 0.00
				\$ 40,000.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES (IZED POLITICAL EXPENDITURES	JF LOANS)	\$ 0.00
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 78,374.03
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS (RIOD	OF THE LAST DAY OF THE	\$ 38,020.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO	DANS AS OF THE LAST DAY	\$ 100,000.00
17 AFFIDAVIT			ler penalty of perjury, that the ac ncludes all information required on Code.	
			Mr. Juan Ramon Alvarez	
		Siç	gnature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to c	ertify which, witness my hand and seal of o	office.	
Signature of offi	cer administering oath	Printed name of officer administerin	g oath Title of office	er administering oath
-orms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c47

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 29 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088246 Alvarez, Juan Ramon (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 40,000.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. X SCHEDULE E(J): LOANS (JUDICIAL) \$ 120,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 39,623.93 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 38,750.10 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

The Instructi	ion Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/29		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Alvarez, Juan F	Ramon (Mr.)		00088246	
4 Date 5	Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
01/18/2024	Brasure, Chris (Mr.)		\$1,500.00	
6	Contributor address; City; State; Zip Code			
	McAllen, TX 78504	9 Contributor's Job Title		
8 Contributor's Prir	ncipal Occupation			
Attorney		Attorney		
10 Contributor's em		11 Law firm of contributor's sp	bouse (if any)	
Brasure Law F				
12 If contributor is a	a child, law firm of parent(s) (if any)			
Date	—	:)	Amount of Contribution (\$)	
01/24/2024	Chavana, Vito (Mr.)		\$500.00	
	Contributor address; City; State; Zip Code			
	MaAllan TX 70504			
Constributorilo Driv	McAllen, TX 78504	Constributorio Job Title		
Attorney	ncipal Occupation	Contributor's Job Title Attorney		
Contributor's em	nlover/law firm	Law firm of contributor's sp	nouse (if any)	
Vito Luis Chava				
	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
01/23/2024	Creative Hotel Group	/	\$500.00	
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Contributor's Prir	ncipal Occupation	Contributor's Job Title		
Contributor's em	ployer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is a	a child, law firm of parent(s) (if any)			
	V Toxas Ethics Commission	cs state ty us	Version V/3 5 1 0000c/71	

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/29		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Alvarez, Juar	n Ramon (Mr.)		00088246	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/03/2024	De La Garza Law Firm		\$2,500.00	
	6 Contributor address; City; State; Zip Code		1	
	Edinburg, TX 78539			
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title		
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/23/2024	Emmanuel Espinoza Law Group, PLLC		\$1,500.00	
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Contributor's F	rincipal Occupation	Contributor's Job Title		
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
	a child, law lith of parend(s) (it any)			
Data	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (#)	
Date 01/11/2024	Full name of contributor out-of-state PAC (ID#: Flores, Criselda (Ms.))	Amount of Contribution (\$) \$2,500.00	
01/11/2024	Contributor address; City; State; Zip Code		φ2,000.00	
	Contributor address, City, State, Zip Code			
	McAllen, TX 78501			
Contributor's P	rincipal Occupation	Contributor's Job Title		
Attorney		Attorney		
_	mployer/law firm	Law firm of contributor's sp	pouse (if any)	
	WORK WITH A LAW FIRM			
If contributor is	a child, law firm of parent(s) (if any)			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.9000c47	

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/29		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	n Ramon (Mr.)		00088246	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/25/2024	Flores, Moises (Mr.)		\$2,500.00	
	6 Contributor address; City; State; Zip Code			
	Weslaco, TX 78596			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
Law Office o	f Moises Flores Jr.			
12 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 (\$)	
01/24/2024	Jaime Hernandez law firm, pllc		\$2,500.00	
	Contributor address; City; State; Zip Code			
	edinburg, TX 78504			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/25/2024	Khit, Luis (Mr.)		\$2,500.00	
	Contributor address; City; State; Zip Code		•	
	Palmhurst, TX 78573			
Contributor's F	l Principal Occupation	Contributor's Job Title		
Chiropractor		owner/Chiropractor		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
Khit Chiropra	actic			
If contributor is	s a child, law firm of parent(s) (if any)			
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.9000c47	

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	n Ramon (Mr.)		00088246		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
01/09/2024	Law Office of Diana Fuentes Aguilar		\$500.00		
	6 Contributor address; City; State; Zip Code				
	· · · · · · · · · · · · · · · · · · ·				
	Weslaco, TX 78599				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:	\ \	Amount of Contribution (\$)		
)			
01/23/2024	Law Office of Edna Escaname Cedillo		\$1,500.00		
	Contributor address; City; State; Zip Code				
	Edinburg, TX 78539				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	•			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
01/10/2024	Law Office of Efrain Molina Jr., PLLC		\$2,500.00		
	Contributor address; City; State; Zip Code				
	Edinburg, TX 78539				
Cantributaria	-	Constributorio Job Title			
Contributors F	Principal Occupation	Contributor's Job Title			
O sustaila standa a	and the set from	l			
Contributors e	employer/law firm	Law firm of contributor's sp	ouse (ii any)		
If contributor is	s a child, law firm of parent(s) (if any)				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Alvarez, Jua	n Ramon (Mr.)		00088246		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
01/25/2024	Law Office of Emerson Arellano, pllc		\$2,500.00		
	6 Contributor address; City; State; Zip Code				
	edinburg , TX 78539				
8 Contributor's	Principal Occupation	9 Contributor's Job Title	1		
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor i	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
01/24/2024	Law Office of Hector Hernandez,Jr., PLLC		\$2,500.00		
	Contributor address; City; State; Zip Code		1		
	Edinburg, TX 78539				
Contributor's I	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
01/23/2024	Law Office of Jorge Luis Ortegon		\$1,500.00		
	Contributor address; City; State; Zip Code				
	Ediburg, TX 78539				
Contributor's I	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Alvarez, Jua	n Ramon (Mr.)		00088246		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
01/22/2024	Law Office of Michael E. Flanagan		\$1,500.00		
	6 Contributor address; City; State; Zip Code				
	McAllen, TX 78501				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
01/24/2024	Law Office of Rene A. Flores PLLC)	\$2,500.00		
01/2 1/2021	Contributor address; City; State; Zip Code				
	Contributor address, City, State, Zip Code				
	mission, TX 78572				
Contributorio		Contributor's Job Title			
Contributors	Principal Occupation				
Contributor's	employer/law firm	Law firm of contributor's sp			
Contributors		Law IIIII of Contributor 5 Sp			
lf contributor i	s a child, law firm of parent(s) (if any)				
	s a child, law little of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
01/25/2024	M & J Interlocks, LLC		\$500.00		
	Contributor address; City; State; Zip Code				
	Edinburg, TX 78542				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				

The Instrue	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/29		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Alvarez, Jua	n Ramon (Mr.)		00088246	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/11/2024	Quezada, Joel (Mr.)		\$2,500.00	
	6 Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
	Principal Occupation	9 Contributor's Job Title		
Accountant		unemployed		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
unemployed				
12 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 (\$)	
01/25/2024	Saenz, Jorge (Dr.)		\$5,000.00	
	Contributor address; City; State; Zip Code			
	Weeless TX 79506			
Contributorio	Weslaco, TX 78596	Contributor's Job Title		
Medical Doc	Principal Occupation	owner/Physician		
	employer/law firm	Law firm of contributor's sp	nouse (if any)	
Texas Pain 0				
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/25/2024	Thornton, Biechlin, Reynolds & Guerra)	\$500.00	
	Contributor address; City; State; Zip Code			
	McAllen, TX 78217			
Contributor's F	I Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): 1 The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 11/29 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alvarez, Juan Ramon (Mr.) 00088246 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 01/25/2024 Canales, Melisa (Mrs.) \$20,000.00 8 Lender address; 6 Is lender a City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date No Weslaco, TX 78596 12 Lender's Principal Occupation 13 Lender's Job Title Attorney 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) Х X None 19 GUARANTOR 22 Amount Guaranteed (\$) 20 Name of guarantor INFORMATION X not applicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
		n Guide explains how to complete this f	orm.	Sch: 2/2	ges Schedule E(J): 2 Rpt: 12/29		
2	FILER NAME Alvarez, Juan Ra	amon (Mr.)	3 Filer ID 000882	(Ethics Commission Filers) 46			
4	TOTAL OF UN	ITEMIZED LOANS			\$		
5	Date of loan 01/02/2024	7 Name of lender Out-of-state PA TEXAS NATIONAL BANK	C (ID#:)	9 Loan Amount (\$) \$100,000.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 10.529%		
	Yes	EDINBURG, TX 78540			11 Maturity Date 01/02/2025		
12	Lender's Principal	Occupation	13 Lender's Job Title		L		
14	Lender's Employe	/Law Firm	15 Law Firm of lender's spous	e (if any)			
16	i If lender is child, la	w firm of parent(s) (if any)					
17	Description of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
	X not applicable	21 Guarantor address; City; State;	Zip Code				
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27	' If guarantor is child	l, law firm of parent(s) (if any)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa mittee Legal Se	verage Expense rds/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/15 Rpt: 13/29	Alvarez, Juan Rai	mon (Mr.)				00088246	
4	Date 01/06/2024	Payee name 107 CAFE						
6	Amount (\$) \$513.89	Payee address; 4129 W. UNIVER EDINBURG, TX 7	SITY DR	; Zip Cod	e			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MEET & GREET EVENT						
9	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehold	er name (Office soug	ht		Office he	ld
	Date	Payee name						
	01/19/2024	ACADEMY SPOF	TS + OUTDOORS					
	Amount (\$) \$216.48	Payee address; 651 E. TRENTON EDINBURG, TX 7	RD	; Zip Cod	e			
	PURPOSE OF EXPENDITURE		ories listed at the top of this sch	nedule)		n, TX, (le of Texas. Comp officeholder living ES	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name (Office soug	ht		Office he	ld
	Date	Payee name						
	01/22/2024	Alanis, Maria						
	Amount (\$) \$1,000.00	Payee address; 1406 1st In	City; State	; Zip Cod	e			
		palmview, TX 785	72					
	PURPOSE OF EXPENDITURE	Category _{(See Categ} Advertising Exper	bries listed at the top of this sch	nedule) (le of Texas. Compofficeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehold	er name (Office soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
		Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/15 Rpt: 14/29		Alvarez, Juan Ramon (Mr.)	1				00088246	Ϋ́Υ	
4	Date	5	Payee name							
	01/12/2024		Barajas, Efrain (Mr.)							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$480.00		3429 Norma Ave.							
			McAllen, TX 78503							
8	PURPOSE	(a)				(b) Description				
ľ	OF	("	Category (See Categories listed at Advertising Expense	the top of this sch	iedule)		el outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Aus	tin, TX	, officeholder living	expense	
						GOTV				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office he	ld	
	Date		Payee name							
	01/09/2024		Beto Garza Campaign							
	Amount (\$)		Payee address; City;	State:	; Zip Co	de				
	\$300.00		909 barnes st	,	, 1					
	\$000.00									
			Mission, TX 78572							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Event Expense	the top of this sch	edule)	(b) Description	el outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE							, officeholder living		
						Burger Bas	h Ev	ent Expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office he	eld	
	Date		Payee name							
	01/22/2024		Cantu, Jose Luis							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$150.00		614 scotty st	State,	, zip coi	uc				
	φ150.00		014 300lly 31							
			san juan, TX 78589							
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Event Expense					ide of Texas. Com		
							tin, TX	, officeholder living	expense	
						Sandbags				
	Operations Operations				D#:-			011	1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	gnt		Office he	910	
	,									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Polling Expense Travel in District Travel of District Travel out of Dis						quipment & Related Expense			
1	Total pages Schedule F1:	2 FILE	R NAME				3 Fil	ler ID	(Ethics Commission Filers)		
	Sch: 3/15 Rpt: 15/29	Alva	rez, Juan Ramon (Mr.)				00	0088246			
4	Date	5 Paye	e name								
01/25/2024 City of Donna											
6	Amount (\$)	7 Paye	e address; City;	State; Z	Zip Code						
	\$400.00	307	South 12th Street								
		Doni	na, TX 78537								
8	PURPOSE	(a) Cate	OORY (See Categories listed at the to	n of this schodu	(b) Description					
	OF	Fees			(ine)		outside o	of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	i, TX, offi	ceholder living	expense		
						Fee to Place	Politic	cal Signs i	in the City		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		late/Officeholder name	Offi	ce sough	t		Office he	eld		
	Date	Paye	e name								
	01/16/2024	Cort	ez, David (Mr.)								
	Amount (\$)	Pave	e address; City;	State; Z	Zip Code						
	\$125.00		Oregon Drive		•						
	\$120100	0020									
		Edin	burg, TX 78541								
	PURPOSE OF	(a) Cate	OORY (See Categories listed at the to	p of this schedu	lle) (b) Description					
	EXPENDITURE		ributions/Donations Made						plete Schedule T.		
		Can	didate/Officeholder/Politica	al Committe	ee	Check if Austin, TX, officeholder living expense Sponsorship for Bar-B-Q Cookoff					
						Sponsorship		аг-в-Q СО	OKUII		
	Complete ONLY if direct	Candio	late/Officeholder name	Offi	ce sough	+		Office he	ald		
	expenditure to benefit C/OI			Oni	ce sough	L		Onice ne	fiu -		
_	Data	Davia									
	Date 01/10/2024		e name DMANS								
			_								
	Amount (\$)		e address; City;	State; Z	Zip Code						
	\$323.58	809	E. EXPRESSWAY 83								
		WES	SLACO, TX 78596								
	PURPOSE	(a) Cate	OORY (See Categories listed at the to	p of this schedu	lle) (b) Description					
	OF EXPENDITURE	Food	l/Beverage Expense						plete Schedule T.		
						Check if Austin					
						BEVERAGE	SHOF	K EVENTS	5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	Offi	ce sough	t		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gift nmittee Leg	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T					Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 4/15 Rpt: 16/29		Alvarez, Juan	Ramon (Mr.)					00088246			
4	Date	5	Payee name									
	01/17/2024 Flores, Ernesto											
6 Amount (\$) 7 Payee address; City; State; Zip Code												
	\$1,500.00		2509 paseo er	ncantado								
	mission, TX 78572											
8	PURPOSE OF	(a)	Category (See C		top of this sch	edule)	(b) Description					
	EXPENDITURE		Advertising Ex	pense					ide of Texas. Corr , officeholder living	nplete Schedule T.		
							GOTV	un, 17		g expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	older name	C	Dffice sou	ght		Office h	eld		
	Date		Payee name									
	01/17/2024		Flores, Maria F	Rodriguez (Ms.)							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$600.00		724 W Caffery	Ave.								
			Pharr, TX 785	77								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising Ex							nplete Schedule T.		
	_/						Check if Austin, TX, officeholder living expense					
							GOTV					
	Complete ONLY if direct	Candidate/Officeholder name Office sought 0						Office h	eld			
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	01/19/2024		Garza, Irene									
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$500.00		1018 e mcintyi	re								
			-									
			edinburg , TX	78541								
	PURPOSE OF	(a)	Category (See C		top of this sch	edule)	(b) Description					
	EXPENDITURE		Consulting Exp	bense						nplete Schedule T.		
							Consultant	un, ix	, officeholder living	y expense		
							Conountaint					
-	Complete ONLY if direct	Ľ	Candidate/Officeh	older name	(Office sou	aht		Office h	eld		
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor 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 F1:		3 Filer ID (Ethics Commission Filers)								
	Sch: 5/15 Rpt: 17/29	Alvarez, Juan Ramon (Mr.)	00088246								
4	Date 01/10/2024	Payee name Gonzalez De Santillana, Adriana (Mrs.)									
6											
6 Amount (\$) 7 Payee address; City; State; Zip Code \$750.00 2212 North 47th Street											
	Φ150.00										
		McAllen, TX 78501									
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense								
		Promoter	, TX, Uniceriolder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder name Office sought	Office held								
⊨	Date	Payee name									
	01/19/2024	Gonzalez De Santillana, Adriana (Mrs.)									
-	Amount (\$)	Payee address; City; State; Zip Code									
	\$250.00	2212 North 47th Street									
	φ200.00										
		McAllen, TX 78501									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		outside of Texas. Complete Schedule T.								
			Check if Austin, TX, officeholder living expense								
		FIGHIOLEI									
_	Complete ONIL V if direct	andidate/Officeholder name Office sought	Office held								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Onicenoider name Onice sought	Once held								
╞	Data										
	Date 01/19/2024	Payee name									
		HEB									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$84.98	1212 S CLOSNER									
		EDINBURG, TX 78539									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		outside of Texas. Complete Schedule T.								
			n, TX, officeholder living expense								
		FOOD FOR									
⊢	0 1 1 0 1 1 1 1										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	·										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 6/15 Rpt: 18/29	Alvarez, Juan Ramon (Mr.)	00088246								
4	Date 01/25/2024	Payee name HOBBY LOBBY									
6	6 Amount (\$) \$112.43 7 Payee address; City; State; Zip Code 7600 N 10TH ST BLDG 300 MCALLEN, TX 78504										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/10/2024	HOLIDAY WINE & LIQUOR									
	Amount (\$) \$142.87	Payee address; City; State; Zip Code 809 EXPRESSWAY 83 MCALLEN, TX 78504									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT BEVERAGES									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/05/2024	Kool River Media Entertainment									
	Amount (\$) \$1,000.00	Payee address;City;State;Zip Code821 South Valley View Rd.									
		Donna, TX 78537									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Fhrow Down Advertisement Expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Legal Ser	erage Expense Is/Memorials Expense	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 7/15 Rpt: 19/29		Alvarez, Juan Ramon (Mr.) 00088								
4	Date	5	Payee name								
	01/09/2024		Longhorn Steakho	use							
6	Amount (\$)	7	Payee address;	City; State	e; Zip Co	de					
	\$233.31		701 E Expressway	83							
Weslaco, TX 78599											
8	PURPOSE OF	(a)		ies listed at the top of this sc	hedule)	(b) Description					
	EXPENDITURE		Food/Beverage Ex	pense				ide of Texas. Compl			
								, officeholder living e	expense		
						CAMPAGIN		ETING			
_					0.0	1.		011111			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholde	r name	Office sou	gnt		Office hel	a		
	Date		Payee name								
	01/05/2024		McAllen Chamber	of Commerce							
	Amount (\$)	-	Payee address;	City; State	; Zip Co	de					
	\$160.00		1200 Ash Ave.		, <u>_</u> .p 00						
	Φ100.00		1200 ASIT AVC.								
			McAllen, TX 78501	-							
	PURPOSE	(a)	Category (See Categor	ies listed at the top of this sc	hedule)	(b) Description					
	OF EXPENDITURE		Advertising Expense	se				outside of Texas. Complete Schedule T.			
	-					Check if Austin, TX, officeholder living expense Printing of Event Invitations					
						Printing of Event Invitations					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						d			
_	Date	_									
	01/02/2024		Payee name McAllen Chamber	of Commerce							
	Amount (\$)			City; State	e; Zip Co	de					
	\$600.00		1200 Ash Ave.								
			McAllen, TX 78501								
	PURPOSE	(a)	Category (See Categor	ies listed at the top of this sc	hedule)	(b) Description					
	OF EXPENDITURE		Advertising Expense	se				ide of Texas. Compl			
							n, TX	, officeholder living e	expense		
						Push Cards					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ght		Office hel	d		

	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 Expe Inmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME	-		-	3	Filer ID (Ethi	ics Commission Filers)		
	Sch: 8/15 Rpt: 20/29	-	Alvarez, Juan Ramon (Mr.)					00088246	,		
4	Date	5	Payee name								
	01/24/2024		McAllen Chamber of Commerc	е							
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	е					
	\$1,100.00		1200 Ash Ave.								
McAllen, TX 78501											
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	b) Description					
	OF		Advertising Expense		cuulc)		outs	ide of Texas. Complete Se	ichedule T.		
	EXPENDITURE		0				I, TX	, officeholder living expension	ise		
						Push Cards					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	Office soug	ht		Office held			
	Date		Payee name								
	01/16/2024		McAllen Chamber of Commerc	е							
	Amount (\$)	-	Payee address; City;	State [.]	Zip Coo	e					
	\$135.00		1200 Ash Ave.	otato,	2.0 000						
	φ100.00		1200 ASILAVE.								
			McAllen, TX 78501								
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	edule)	b) Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Complete So			
						Check if Austin, TX, officeholder living expense PRINTING EVENT INVITES					
							vL	NT INVITES			
	Complete ONLY if direct		`andidate/Officeholder name			ht		Office held			
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H									
	Date		Payee name								
	01/19/2024		McAllen Digital Media								
	Amount (\$)		Payee address; City;	State;	Zip Coo	e					
	\$1,100.00		204 e cano								
			edinburg, TX 78539								
	PURPOSE OF		Category (See Categories listed at the top	o of this sche	edule)	b) Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Complete So			
	-					Video for TV		, officeholder living expension	ISE		
							00	initie cidi			
	0 11 0 0 0 0										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ht		Office held			
	Superioration to benefit 0/01										
1											

	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 hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead/R pense pense /ages/Co	Reimbursement ental Expense ontract Labor this form.		Travel in District Travel Out of District	ment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	thics Commission Filers)		
	Sch: 9/15 Rpt: 21/29		Alvarez, Juan Ramon (Mr.)					00088246			
4	Date	5	Payee name								
	01/08/2024		Murillo, Caridad (Ms.)								
6	Amount (\$)	7		e; Zip Co	de						
\$1,000.00 206 West 3rd Street											
San Juan, TX 78589											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) D	escription					
	EXPENDITURE		Consulting Expense			4		de of Texas. Complete officeholder living exp			
					L C	onsultant	,	onioonolaon innig oxp			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held											
	Date		Payee name								
	01/08/2024		Murillo, Mario (Mr.)								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$300.00		1013 E. 13th Street								
			San Juan, TX 78589								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Polling Expense		4		de of Texas. Complete officeholder living exp				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough				ught Office held					
	Date		Payee name								
	01/11/2024		PARTYCITY								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$97.86		305 E TRENTON RD								
			EDINBURG, TX 78539								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Event Expense	hedule)		4	TX,	de of Texas. Complete officeholder living exp /ENT			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 10/15 Rpt: 22/29	Alvarez, Juan Ramon (Mr.)	00088246								
4	Date 01/22/2024	5 Payee name PTO ESCANDON ELEMENTRY									
6 Amount (\$) 7 Payee address; City; State; Zip Code											
\$200.00 110 E TRENTON RD EDINBURG, TX 78542											
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PTO 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/05/2024	RADIO UNITED									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,100.00	2520 E EXPRESSWAY 83									
		MISSION, TX 78572									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/18/2024	Revv Up									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2,515.00	1919 Ash Circle									
		Ediburg, TX 78539									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I G								
ļ	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Committee Legal Services 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)								
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)								
-	Sch: 11/15 Rpt: 23/29	Alvarez, Juan Ramon (Mr.)	00088246								
4	Date 01/25/2024	Payee name Revv Up									
6 Amount (\$) 7 Payee address; City; State; Zip Code \$5,880.00 1919 Ash Circle Ediburg, TX 78539											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Phone Banking											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/17/2024	Rodrigo, Omar (Mr.)									
	Amount (\$) \$280.00	Payee address; City; State; Zip Code 1017 Shasta Ave.									
		McAllen, TX 78504									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Golf Tournament Entertainment 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/09/2024	SAMS CLUBS									
	Amount (\$) \$596.12	Payee address; City; State; Zip Code 7601 N 10TH									
		MCALLEN, TX 78504									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT SUPPLIES											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Imittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense 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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 12/15 Rpt: 24/29		Alvarez, Juan Ramon (Mr.)					00088246				
4	Date	5	Payee name									
	01/10/2024	SAMS CLUBS										
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de						
	\$291.63		7601 N 10TH									
			MCALLEN, TX 78504									
8	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description						
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						SOLITEIEST	01					
9	Complete ONLY if direct		andidate/Officeholder name		Office sou	nht		Office held				
ľ	expenditure to benefit C/OI					jiit						
	Date		Pavee name									
	01/25/2024		SAMS CLUBS									
_				Stato	; Zip Co	10						
	Amount (\$)		Payee address; City;	State,	, zip co	le						
	\$559.68		7601 N 10TH									
			MCALLEN, TX 78504									
	PURPOSE OF EXPENDITURE	(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 SUPPLIES FOR EVENT						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	Jht		Office held				
	Date		Payee name									
	01/19/2024	I	STRIPES									
	Amount (\$)		Payee address; City;	State;	; Zip Co	de						
	\$117.00		100 N. NOLANA LOOP									
			PHARR, TX 78577									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	o of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ENT				
-	Complete ONLY if direct		andidate/Officeholder name	0	Office sou	iht		Office held				
	expenditure to benefit C/OI					, ,						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra						Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID	(Ethics Commission Filers)			
_	Sch: 13/15 Rpt: 25/29	-	Alvarez, Juan Ramon (Mr.)				00088246	(
4	Date	5	Payee name								
	01/08/2024		Salazar, Gabriel Michael (Mr.)							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$3,000.00		1417 Kendalia								
San Antonio, TX 78224											
8	PURPOSE	(a)	Category (See Categories listed at	t the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Com			
							ι, TΧ	, officeholder living	expense		
						Data					
						-					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	ald		
	Date		Payee name								
	01/24/2024		Saldana, Anaid								
_	Amount (\$)		Payee address; City;	State	; Zip Coo	le					
	\$750.00		202 e eagle st	olato,	, בוף סטנ						
	\$150.00		202 C Cagic St								
			san juan, TX 78589								
	PURPOSE	(a)	Category (See Categories listed at	t the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Com	•		
					GOTV						
						GOTV					
						1.4		0#14			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						210			
_	Date		Payee name								
	01/22/2024		Salinas, Irma (Ms.)								
	Amount (\$)		Payee address; City;	State	; Zip Coo	10					
	\$500.00		1307 e mall	Sidle,	, zip cot						
	\$500.00		1307 C Mail								
			edinburg, TX 78539								
_	51155005		_								
	PURPOSE OF		Category (See Categories listed at	t the top of this sch	edule)	(b) Description	oute	ide of Texas. Com	nlete Schedule T		
	EXPENDITURE		Advertising Expense					, officeholder living			
						Block Walkin			•		
							-				
-	Complete ONLY if direct	L(andidate/Officeholder name	(Office soug	ht		Office he	eld		
	expenditure to benefit C/Oł				12 2006			2			
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trai Food/Beverage Expense Polling Expense Trai y - Gift/Awards/Memorials Expense Printing Expense Trai					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/15 Rpt: 26/29		z, Juan Ramon (Mr.)					00088246			
4	Date	5 Payee	name								
	01/17/2024	Salina	s, Irma (Ms.)								
6	Amount (\$)	7 Payee	address; City;	State;	Zip Cod	е					
	\$500.00	1307 e	e mall								
		edinbu	ırg, TX 78539								
8	PURPOSE	(a) Catego	ry (See Categories listed at the t	on of this sche	edule) (b) Description					
	OF		Iting Expense		, auto,	·	outsi	de of Texas. Comp	plete Schedule T.		
	EXPENDITURE		0			Check if Austin	ı, TX,	officeholder living	expense		
						GOTV					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	0	office sough	nt		Office he	ld		
	Date	Payee	name								
	01/04/2024	Tracto	r Supply								
	Amount (\$)		address; City;	State [.]	Zip Cod	<u></u>					
				State,	Zip Cou	6					
	\$248.43	1002 \	N Expressway 83								
		Wesla	co, TX 78596								
	PURPOSE OF EXPENDITURE	a) Catego WOOI	ry (See Categories listed at the t	top of this sche	edule) (Check if Austin	ı, TX,	de of Texas. Comp officeholder living	expense		
						WOOD FOR	BÜ	ILDING SIG	IN		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	0	ffice soug	nt		Office he	ld		
	Date	Payee	name								
	01/06/2024	V & M									
	Amount (\$)	Payroo	address; City;	Stato:	Zip Cod	0					
	.,		outh Iowa Ave.	State,	Zip Cou	C					
	\$8,396.33	401 5	Juli Iowa Ave.								
		Wesla	co, TX 78596								
	PURPOSE	(a) Catego	ry (See Categories listed at the t	top of this sche	edule)	b) Description					
	OF EXPENDITURE	Adver	ising Expense					de of Texas. Comp			
								officeholder living			
						Printing of S	nirt	s, Koozies a	na caps		
L											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	0	ffice soug	nt		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 15/15 Rpt: 27/29	Alvarez, Juan Ramon (Mr.)	00088246		
4	Date 01/05/2024	5 Payee name VALADEZ, ANNETTE			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	2106 northgate drive weslaco, TX 78599			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
0	OF	Consulting Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense COORDINATOR		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/17/2024	Vicencio, Rafael			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	1020 alta vista dr			
		alamo , TX 78516			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/12/2024	WALMART SUPERCENTER			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$214.34	1310 N TEXAS BLVD			
		WESLACO, TX 78596			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense NT		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Accou Consi Contr	rtising Expense unting/Banking ulting Expense ibutions/ Donations Made By andidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimburs Office Overhead/Rental Ex Polling Expense Printing Expense Salaries/Wages/Contract L	pense Tra Tra Tra	licitation/Fundraising ansportation Equipme avel in District avel Out of District ГНЕR (enter a catego	nt & Related I	
		The Inst	ruction Guide explains h	ow to complete this fo	orm.			
1 Total	pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch:	1/2 Rpt: 28/29	Alvarez, Juan Ram	on (Mr.)			00088246		
	DIT CARD	Name of final	ncial institution	5 TOTAL OF U				
ISSUI	ER	AMERICAN	NEXPRESS	EXPENDITU CHARGED T CARD		\$		
6 PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	r Paid		
		\$8,491.50	01/25/2024					
7 PAYE	E	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
				801 n jackson	rd			
		ΚΝΥΟ ΤΥ ΚΤΕΥ ΤΥ	/ XRIO					
				mcallen, TX 7	8501			
	POSE OF ENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	-	Advertising Expense		TV AD				
	Political	—						
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Cr ffice sought	neck if Austin, TX,	officeholder living exp Office held	oense	
expendi	blete <u>ONLY</u> if direct ture to benefit C/OH		-	-				
PAYN	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	r Paid		
		\$4,415.75	01/11/2024					
PAYE	EE	(a) Payee name	•	(b) Payee addre	ess;	City,	State,	Zip Code
		IHEARTMEDIA MU	II TI_	901 e pike blv	ď			
		(a) Catagony		weslaco, TX 7	/8596			
	POSE OF ENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description RADIO AD				
	Political	Advertising Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		ock if Austin TX	officeholder living exp	00050	
	blete ONLY if direct	Candidate/Officeholder	•	ffice sought	leek ii Austin, 17,	Office held	Jense	
· ·	ture to benefit C/OH			C C				
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	r Paid		
		\$2,585.70	01/10/2024					
PAYE	EE	(a) Payee name	•	(b) Payee addre	ess;	City,	State,	Zip Code
		ΚΥΝΟ ΤΥ ΚΤΕΥ ΤΥ		801 n jackson	rd			
					0504			
	POSE OF	(a) Category		(b) Description	8501			
		(See Categories listed at the top	of this schedule)	RADIO AND 1	ΓV AD			
	Political	Advertising Expense						
	Non-Political		of Texas. Complete Schedule		neck if Austin, TX,	officeholder living exp	bense	
	olete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held		
expendi	ture to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense is/Memorials Expense rices	Office Overhead/Rental Expense T Polling Expense T Printing Expense T Salaries/Wages/Contract Labor O	blicitation/Fundraising Expense 'ansportation Equipment & Related Expense 'avel in District 'avel Out of District THER (enter a category not listed above)	
Ļ			ruction Guide explains n	ow to complete this form.		
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)	
	Sch: 2/2 Rpt: 29/29	Alvarez, Juan Ram			00088246	
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
		\$10,729.26	01/25/2024			
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
		OLIVE BRANCH M	IEDIA	1100 e jasmine ave ste 2	05	
				mcallen, TX 78501		
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this ashadula)	(b) Description		
		Advertising Expense	of this schedule)	MARKETING FEE		
	X Political	5				
	Non-Political		of Texas. Complete Schedule		officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	fice sought	Office held	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
		\$12,527.89	01/25/2024			
	PAYEE	(a) Payee name MOBILE VIDEO TA	APES INC	(b) Payee address; 900 e expressway 83	City, State, Zip Code	
				weslaco, TX 78596		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	weslaco, TX 78596 (b) Description CAMPAGIN VIDEO		
		(See Categories listed at the top Advertising Expense	of Texas. Complete Schedule	(b) Description CAMPAGIN VIDEO	officeholder living expense	
е	EXPENDITURE	(See Categories listed at the top Advertising Expense	of Texas. Complete Schedule	(b) Description CAMPAGIN VIDEO	officeholder living expense Office held	