# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

Mrs.   Cecilia   Date Received   ELECTRONICALLY FILED   Date Received   ELECTRONICALLY FILED   Date Received   ELECTRONICALLY FILED   Date Postmarked   Da							
OFFICEHOLDER NAME  Mrs. Cecilia  NICKNAME LAST Castellano  ADRESS / PO BOX: APT / SUITE #: CITY: CofficEholDER MAILING ADDRESS / Von Ormy, TX 78073  Mrs. Cecilia  Mrs. Cecilia  Date hand-delivered or Cele Potensided A30 Savannah Heights ADDRESS  Ormage of Address  Von Ormy, TX 78073  Mrs. Cecilia  Mrs. Cecili	The C/OH Instruction (	Guide explains how to compl	ete this form.	(Ethics Commis	sion Filers)		
NAME  NTS.  Ceclula  NICKNAME  LAST Castellano  ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  MAILING ADDRESS / A	3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE L	JSE ONLY
CANDIDATE   Castellano		Mrs.	Cecilia			Date Received	
NICKNAME LAST Castellano  ADDRESS / PO BOX: APT / SUITE #: CITY; ZIP CODE ADDRESS CHAPAIGN TREASURER NAME  CAMPAIGN TREASURER ADDRESS (Mostering of Business)  CAMPAIGN TREASURER ADDRESS (Mostering of Business)  TO CAMPAIGN TREASURER PHONE  TO CAMPAIGN TREASURER PHONE  TO CAMPAIGN TREASURER PHONE  TO CAMPAIGN TREASURER TYPE  January 15 July 15 Bith day before election Exceeded modified reporting limit  Final Report (Match CIOH-FR)  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  TO FICE HELD (If any) None  To Special  TO STATE; TO TYPE  THROUGH  TO THROUGH  TO TYPE  THROUGH  TO THROUGH  TO TYPE  THROUGH  TO THROUGH  TO TYPE  THROUGH  TO TYPE  THROUGH  TO THROUGH  THROUGH  TO THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  THROUGH  TO THROUGH  THROUGH  TO THROUGH  THROUGH  TO THROUGH  TO THROUGH  THROUGH  TO THROUGH  T							ALLY FILED
A CANDIDATE / OFFICE HOLDER ADDRESS / PO BOX; APT / SUITE 9; CITY; ZIP CODE MINING ADDRESS / Von Ormy, TX 78073  ADDRESS / PO BOX; APT / SUITE 9; CITY; ZIP CODE MINING ADDRESS / Von Ormy, TX 78073  ADDRESS / PO BOX; APT / SUITE 9; CITY; ZIP CODE MINING ADDRESS / Von Ormy, TX 78073  ADDRESS / PO BOX; APT / SUITE 9; CITY; ZIP CODE MINING		NICKNAME			CUEELV		
A DDRESS / PO BOX: APT / SUITE #; CITY; ZIP CODE ONE   ADDRESS / PO BOX: APT / SUITE #; CITY; AS O Savannah Heights Von Ormy, TX 78073    College of Address   Address		NICKNAME			SUFFIX	02/03/2024	
OFFICE HOLDER MALING ADDRESS  Change of Address  Von Ormy, TX 78073  Von Ormy, TX 78073  Von Ormy, TX 78073  Pacept if			Castellario				
MALING ADDRESS Change of Address Von Ormy, TX 78073  430 Savannan Heights ADDRESS Change of Address Von Ormy, TX 78073  430 Savannan Heights ADDRESS Change of Address Von Ormy, TX 78073  430 Savannan Heights ADDRESS Change of Address  Mrs. Cecilia  NICKNAME  LAST Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE N; CITY; STATE; ZIP CODE Somerset Rd Somerset Rd Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  APT / SUITE N; CITY; STATE; ZIP CODE STATE	•	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
ADDRESS Change of Address Von Ormy, TX 78973    Date Processed   Date Imaged		430 Savannah Heights					
Cate Integerd  TREASURER NAME  Mrs. Cecilia  NICKNAME  LAST Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (Residence or Business) (Residence or Business)  AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION (210) 365-6663  REPORT TYPE  AREA CODE PHONE NUMBER EXTENSION  AREA CODE PHONE NUMBER EXTENSION  But day before election Exceeded modified reporting limit  AND PRINCIPLE PRINCIPLE  AND PRINCIPLE PRINCIPLE  But day before election Pundified Final Report (Attach CIOH-FR)  PERIOD COVERED  Month Day Year Phone Number ELECTION TYPE Pundoth Day Year O1/01/2024  THROUGH 01/25/2024  10 ELECTION  ELECTION DATE Pundoff Principle Pundoff P	•					Receipt #	Amount
Cate Integerd  TREASURER NAME  Mrs. Cecilia  NICKNAME  LAST Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (Residence or Business) (Residence or Business)  AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION (210) 365-6663  REPORT TYPE  AREA CODE PHONE NUMBER EXTENSION  AREA CODE PHONE NUMBER EXTENSION  But day before election Exceeded modified reporting limit  AND PRINCIPLE PRINCIPLE  AND PRINCIPLE PRINCIPLE  But day before election Pundified Final Report (Attach CIOH-FR)  PERIOD COVERED  Month Day Year Phone Number ELECTION TYPE Pundoth Day Year O1/01/2024  THROUGH 01/25/2024  10 ELECTION  ELECTION DATE Pundoff Principle Pundoff P	Change of Address	Von Ormy, TX 78073					
5 CAMPAIGN TREASURER NAME  Mrs.						Date Processed	
5 CAMPAIGN TREASURER NAME  Mrs.						Date Imaged	
TREASURER NAME  Mrs. Cecilia  NICKNAME  LAST SUFFIX  Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS (Nesidence or Business)  7 CAMPAIGN TREASURER PHONE  7 CAMPAIGN TREASURER PHONE  8 REPORT JULy 15 Solid day before election Runoff Appointment (officeholder only)  15th day after campaign treasurer appointment (officeholder on						Date imageu	
TREASURER NAME  Mrs. Cecilia  NICKNAME  LAST SUFFIX  Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS (Nesidence or Business)  7 CAMPAIGN TREASURER PHONE  7 CAMPAIGN TREASURER PHONE  8 REPORT JULy 15 X 30th day before election Runoff Appointment (officeholder only)  15th day after campaign treasurer appointment (officeholder o	5 CAMPAIGN	MS / MPS / MP	FIRST		MI		
NAME  NICKNAME  LAST Castellano  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 20956 Somerset Rd Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION (210) 365-6663  8 REPORT TYPE  January 15 July 15 Rth day before election Exceeded modified reporting limit Exceeded modified reporting limit Exceeded modified reporting limit Exceeded modified reporting limit Final Report (Attach C/OH-FR)  9 PERIOD COVERED  Month Day Year O1/01/2024 THROUGH Month Day Year O3/05/2024  10 CFFICE  Month Day Year O3/05/2024  11 OFFICE  OFFICE HELD (if any) None  12 OFFICE SOUGHT (if known) State Representative District 80					IVII		
Castellano  Castellano  Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 20956 Somerset Rd Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  REASURER PHONE  AREA CODE (210) 365-6663  8 REPORT TYPE  January 15 Sth day before election Runoff Pinal Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year O1/01/2024  THROUGH  THROUGH  RUNOff Streeded modified Pinal Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Primary O1/01/2024  THROUGH  THROUGH  STATE; ZIP CODE APT / STATE; ZIP CODE	NAME	IVII 5.	Cecilia				
Castellano  Castellano  Castellano  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 20956 Somerset Rd Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  REASURER PHONE  AREA CODE (210) 365-6663  8 REPORT TYPE  January 15 Sth day before election Runoff Pinal Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year O1/01/2024  THROUGH  THROUGH  RUNOff Streeded modified Pinal Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Primary O1/01/2024  THROUGH  THROUGH  STATE; ZIP CODE APT / STATE; ZIP CODE							
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)  7 CAMPAIGN TREASURER PHONE  AREA CODE 20956 Somerset Rd Somerset, TX 78069  AREA CODE 210) 365-6663  8 REPORT TYPE  January 15  January 15  Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year 01/01/2024  THROUGH  None  PELECTION DATE Month Day Year 03/05/2024  10 OFFICE  OFFICE HELD (if any) None  STATE; ZIP CODE APT / SUITE #; CITY; STATE; APT / SUITE #; CITY; STATE APT / SUITE A		NICKNAME			SUFFIX		
TREASURER ADDRESS (Residence or Business)  20956 Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  210) 365-6663  8 REPORT TYPE  January 15 Suth day before election Buth day before election Exceeded modified reporting limit reporting limit Final Report (Attach C/OH-FR)  10 ELECTION  ELECTION DATE Month Day Year 01/01/2024  THROUGH  Month Day Year 01/01/2024  THROUGH  Month Day Year 03/05/2024  11 OFFICE  OFFICE HELD (if any) None  PHONE NUMBER EXTENSION Runoff State Representative District 80			Castellano				
TREASURER ADDRESS (Residence or Business)  20956 Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  210) 365-6663  8 REPORT TYPE  January 15 Suth day before election Buth day before election Exceeded modified reporting limit reporting limit Final Report (Attach C/OH-FR)  10 ELECTION  ELECTION DATE Month Day Year 01/01/2024  THROUGH  Month Day Year 01/01/2024  THROUGH  Month Day Year 03/05/2024  11 OFFICE  OFFICE HELD (if any) None  PHONE NUMBER EXTENSION Runoff State Representative District 80							
ADDRESS (Residence or Business)  Somerset Rd Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  (210) 365-6663  8 REPORT TYPE  January 15 Stripe Subject of the phone in the phon		·	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
Somerset, TX 78069  7 CAMPAIGN TREASURER PHONE  8 REPORT TYPE  1 January 15  2 Sth day before election Runoff appointment (officeholder only)  1 July 15  3 8th day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR)  9 PERIOD COVERED  Month Day Year Month Day Year O1/01/2024  10 ELECTION DATE Month Day Year Seneral Special  11 OFFICE  OFFICE HELD (if any)  None  None  AREA CODE PHONE NUMBER EXTENSION  Runoff Institute appointment (officeholder only)  Runoff Institute appointment (officeholder only)  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH							
7 CAMPAIGN TREASURER PHONE  (210) 365-6663  8 REPORT TYPE    January 15	(Residence or Business)	Somerset Rd					
TREASURER PHONE  (210) 365-6663  REPORT TYPE  January 15  Sth day before election  Runoff  Pappointment (officeholder only)  Sth day before election  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  PRIOD COVERED  Month  Day  Year  01/01/2024  THROUGH  Month  Day  Year  03/05/2024  THROUGH  Primary  General  Primary  Runoff  Other  Special  12 OFFICE SOUGHT (if known)  State Representative District 80		Somerset, TX 78069					
TREASURER PHONE  (210) 365-6663  REPORT TYPE  January 15  Sth day before election  Runoff  Pappointment (officeholder only)  Sth day before election  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  PRIOD COVERED  Month  Day  Year  01/01/2024  THROUGH  Month  Day  Year  03/05/2024  THROUGH  Primary  General  Primary  Runoff  Other  Special  12 OFFICE SOUGHT (if known)  State Representative District 80							
TREASURER PHONE  (210) 365-6663  REPORT TYPE  January 15  Sth day before election  Runoff  Pappointment (officeholder only)  Sth day before election  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  PRIOD COVERED  Month  Day  Year  01/01/2024  THROUGH  Month  Day  Year  03/05/2024  THROUGH  Primary  General  Primary  Runoff  Other  Special  12 OFFICE SOUGHT (if known)  State Representative District 80	7 CAMPAICN	ADEA CODE DUON	IE NII IMDED - F	VIENCION			
8 REPORT TYPE  January 15  Sth day before election  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)  PERIOD COVERED  Month Day Year 01/01/2024  THROUGH  Month Day Year 03/05/2024  THROUGH  ELECTION TYPE Month Day Year 03/05/2024  Month Day Year O3/05/2024  THROUGH  DELECTION TYPE Month Day Year Digeneral  Special  12 OFFICE SOUGHT (if known) State Representative District 80			IE NUMBER E	EXTENSION			
TYPE  January 15  July 15  Sth day before election  Exceeded modified reporting limit  Month Day 15 North Day Year 01/01/2024  THROUGH  Month Day Year 03/05/2024  THROUGH  Perimary O3/05/2024  11 OFFICE  OFFICE HELD (if any) None  None  Runoff Run	PHONE	(210) 305-0003					
TYPE  January 15  July 15  Sth day before election  Exceeded modified reporting limit  Month Day 15 North Day Year 01/01/2024  THROUGH  Month Day Year 03/05/2024  THROUGH  Perimary O3/05/2024  11 OFFICE  OFFICE HELD (if any) None  None  Runoff Run	9 DEDODT						
3 July 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR)  PERIOD COVERED Month Day Year O1/01/2024 THROUGH Month Day Year O3/05/2024  10 ELECTION DATE Month Day Year O3/05/2024 Primary Runoff Other Special  11 OFFICE OFFICE HELD (if any) None State Representative District 80		January 15	30th day before	election $\square$	Runoff	7 15th day after car	nnaign treasurer
9 PERIOD COVERED  Month Day Year 01/01/2024  THROUGH  Month Day Year 01/25/2024  10 ELECTION DATE Month Day Year 03/05/2024  Month Day Year 03/05/2024  ELECTION TYPE Month Day Year 03/05/2024  General Special  11 OFFICE  OFFICE HELD (if any) None  12 OFFICE SOUGHT (if known) State Representative District 80			<u> </u>	о.оодон <u></u>	L		
9 PERIOD COVERED  Month Day Year 01/01/2024  THROUGH  Month Day Year 01/25/2024  10 ELECTION DATE Month Day Year 03/05/2024  Month Day Year 03/05/2024  Defence of the control of the cont		July 15	8th day before			Final Report (Atta	ch C/OH-FR)
THROUGH  10 ELECTION DATE  Month Day Year 03/05/2024  11 OFFICE  OFFICE HELD (if any) None  THROUGH  O1/25/2024  THROUGH  O1/25/2024  ELECTION TYPE Runoff Special  12 OFFICE SOUGHT (if known) State Representative District 80					reporting inflit		
10 ELECTION DATE Month Day Year 03/05/2024    General   Special     11 OFFICE   OFFICE HELD (if any) None   State Representative District 80		Month Day Year			Month Day	Year	
Month Day Year 03/05/2024	COVERED	01/01/2024	TH	IROUGH	01/25/202	4	
Month Day Year 03/05/2024							
11 OFFICE OFFICE HELD (if any) None State Representative District 80	10 ELECTION	ELECTION DATE			ELECTION TYPE		
11 OFFICE OFFICE HELD (if any) None 12 OFFICE SOUGHT (if known) State Representative District 80			XP	rimary	Runoff	Other	
None State Representative District 80		03/05/2024	∏G	eneral	Special		
None State Representative District 80							
None State Representative District 80	11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
GO TO PAGE 2							
GO TO PAGE 2							
GO TO PAGE 2							
GO TO PAGE 2							
			GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Castellano, Cecilia (N	astellano, Cecilia (Mrs.)  14 Filer ID (E							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without difficeholders are required to report this information	the candidate's or officeh	nolder's knowledge or					
Additional Pages	COMMITTEE TYPE	IITTEE TYPE COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 320.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 4,400.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 260.02						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9,123.66					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 25,157.40					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 30,000.00					
17 AFFIDAVIT	•			-					
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
			Cecilia Castellano						
		Signature of	Candidate or Officehold	er					
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
		aid	, this the	day					
of	, 20, to ce	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

#### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 16

				3 of 16				
18 FILER NAME Castellano, Cecilia (Mrs.)  19 Filer ID (Ethics Commission Filers) 00087851								
20 SCHEDUL NAME OF	SUBTOT	AL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,170.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,230.00				
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X	SCHEDULE E: LOANS		\$	5,000.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	9,123.66				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					
			-					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	.E <b>А1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/16		
2	FILER NAME Castellano, 0	Cecilia (Mrs.)		3	Filer ID (Ethics Commission 00087851	n Filers)
4	Date 01/18/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
		San Marcos, TX 78666				
8	Principal occu Professor	upation / Job title (See Instructions)	9 Employer (See Instructions Texas State University	s)		
	Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: Gonzalez, Jane Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	San Antonio, TX 78205 upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Medical Equ	ıipment	MedWheels, Inc			
	Date 01/06/2024	Full name of contributor out-of-state PAC (ID#: Wright, Kedrick Leon (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78201	)		Amount of Contribution (\$)	\$250.00
	Principal occu Program Ma	upation / Job title (See Instructions)	Employer (See Instructions LAN, Inc	s)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instru	action Guide explains how to complete this t	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/16					
2 FILER NAME	:	3 Filer ID (Ethics Commission Filers)						
	- Cecilia (Mrs.)		00087851					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 0.00					
<b>5</b> Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution					
01/05/2024	<u> </u>		contribution (\$) description					
	7 Contributor address; City; State; Zip Code		\$1,300.00 Office Rental					
			į į					
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)					
House Emp	loyee	State of Texas						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution					
01/20/2024	Medina, Manuel (Mr.)		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$1,368.00   Food/Beverages/Rental					
	, ,, , ,							
			į					
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.					
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)					
House Emp	loyee	State of Texas						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution					
01/19/2024	Medina, Manuel (Mr.)		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$562.00   Food/Beverage/Flyers					
			į į					
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.					
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)								
House Emp	loyee	State of Texas						
Contributor's	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

PLEI	DGED CONTRIBU	TIONS			SCHEDULE E	3
Т	he Instruction Guide exp	lains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 6/16	
2 FILER N	AME no, Cecilia (Mrs.)	3	Filer ID (Ethics Commission Filers) 00087851			
4	. OF UNITEMIZED PLEDG	ES				0.00
5 Date	<ul><li>6 Full name of pledgor</li><li>7 Pledgor Address;</li></ul>	out-of-state PAC (ID#		8	Amount of pledge (\$)  In-kind description (If applicable)	
			T.,	] [	Check if travel outside of Texas. Complete Scheo	Jule T
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ons)	

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this f	orm.	1	ges Schedule E: 1 Rpt:  7/16
2	FILER NAME Castellano, Ceci	ilia (Mrs.)		3 Filer ID 000878	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$ 0.00
5	Date of loan 01/25/2024	7 Name of lender out-of-state PA Castellano, Cecilia	C (ID#:	)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Von Ormy, TX 78703			11 Maturity Date 01/24/2026
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions	s)	
	President/CEO		Azteca Designs and Co		
14	Description of Coll  X None	lateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instructions	s)	

#### SCHEDULE F1

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to com	nplete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 8/16	Castellano, Cecilia (Mrs.)	00087851
4	Date	5 Payee name	<u>'</u>
	01/12/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le
l	\$67.86	19525 McDonald	
l			
		Lytle, TX 78052	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Fuel
			ruei
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
ľ	expenditure to benefit C/O		The Office Held
⊨	Date	Daylee name	
	01/05/2024	Payee name ATT	
⊢	Amount (\$)	Payee address; City; State; Zip Cod	10
	\$239.83	208 S Akard St	e
	φ239.03	200 3 Akalu St	
		Dallac TV 75201	
		Dallas, TX 75201	
l	PURPOSE OF	,	b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Phones
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/07/2024	Campbells Family Conssecions LLC	
	Amount (\$)	Payee address; City; State; Zip Cod	e
	\$30.55	9125 N State Hwy 16	
l		Poteet, TX 78065	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Food/Water for Volunteers
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
	expenditure to benefit C/O		Office field
$\vdash$			
L			

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 9/16	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	01/08/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.71	1598 US Hwy 90 East
		Castroville, TX 78009
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/08/2024	El Herredero #1 De Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.64	224 W. Main St
	Ψ29.04	224 W. Main St
		Uharlia TV 70004
		Uvalde, TX 78801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food/Water for Volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2024	Escamilla, Valentin
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	4020 San Agustin Ave
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 10/16	Castellano, Cecilia (Mrs.)		00087851
4	Date	5 Payee name		•
	01/05/2024	Exxon Express Pay		
6	Amount (\$) \$45.31	7 Payee address; City; State; Zip Co 3220 Zanderson Ave.	de	
	<b>\$10.01</b>	0220 Zandoroon / Wo.		
		Jourdanton, TX 78026		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	01/04/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$30.00	19561 S. FM 2790 W		
		Lytle, TX 78052		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit of or			
	Date	Payee name		
	01/05/2024	Home Depot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$43.52	435 Sunset Rd. West		
		San Antonio, TX 78209		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Strip Board
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala		ges	Contract Labor		OTHER (enter	r a category not liste	d above)
	·			The Instruction Gu	lide explains how t	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 4/9 Rpt: 11/16		Castellano,	Cecilia (Mrs.)						00087851		
4	Date	5	Payee name									
	01/04/2024		KSG Gutierr	rez Foods								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	е					
	\$24.28		305 N 5th S	t								
			Carrizo Spri	ngs, TX 78834								
8	PURPOSE	(2)	· ·			10	h)	Description				
ľ	OF	رم) ا		ee Categories listed at th	ne top of this schedule)	١,	IJ)	Description  Check if travel (	nutsi	de of Texas Co	omplete Schedule T.	
	EXPENDITURE		F000/Bever	age Expense				Check if Austin,				
								ப Food/Water f				
9	Complete ONLY if direct		^andidate/Offic	ceholder name	Office	sough	ht			Office	hald	
١	expenditure to benefit C/O		Janaidate/Onic	cerioider riame	Office	Jougi				Office	riciu	
_	Data	_										
	Date		Payee name									
	01/13/2024		Luby's San A	Antonio #8								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е					
	\$37.61		4541 Freder	ricksburg Rd.								
			San Antonio	, TX 78201								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this schedule)	(1	b)	Description				
	OF			age Expense	io top or time contentio)			_ ·	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livi	ing expense	
								Food/Water fo	or \	√olunteers		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	ht			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/08/2024		O'Reily Auto	) Parts								
	Amount (\$)		Payee addres		State; Zip	Code	_					
	\$37.01		407 US HW		State, Zip	Cour	C					
	το. 1οφ		407 03 1100	1 90 L								
			Castroville,	TX 78009								
	PURPOSE OF	(a)		ee Categories listed at th		(I	b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Exp	oense			ш			omplete Schedule T.	
								Check if Austin,			ing expense	
								Truck Equipm	ıcı	ıı		
_	Operation ONE VIII II	L_	0		2"		l- a			6′′′	L - L-I	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office	sough	nt			Office	nela	
		•										

#### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 12/16	Castellano, Cecilia (Mrs.) 00087851
4	Date	5 Payee name
	01/06/2024	Olive Garden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.08	7920 N IH 35
		San Antonio, TX 78218
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Food/Water for Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2024	Poteet Food Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.38	9384 Hwy 16 N
		Poteet, TX 78065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fuel
		T del
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/14/2024	Professional Campaign Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,400.00	5 Turin Court
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Voter Contact
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 6/9 Rpt: 13/16	Castellano, Cecilia (Mrs.) 00087851						
4	Date	5 Payee name						
	01/21/2024	Professional Campaign Services						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,400.00	5 Turin Court						
		San Antonio, TX 78257						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Voter Contact						
		Votes: Sommer						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/15/2024	Professional Campaign Services						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$324.48	5 Turin Court						
		San Antonio, TX 78257						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Voter Contact						
		Votes: Sommer						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
H	Date	Payee name						
	01/08/2024	Richardson Chevrolet						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$207.59	1539 NHwy 181						
		Floresville, TX 78114						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	2/11/2/10/12	Check if Austin, TX, officeholder living expense						
		Truck Equipment						
$\vdash$	Complete ONE V if direct	Condidate/Officeholder name Office county						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
<u> </u>								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 7/9 Rpt: 14/16	Castellano, Cecilia (Mrs.) 00087851							
4	Date	5 Payee name							
	01/04/2024	Shell Gas Station							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$58.41	Int 35 and Hwy 85							
		Dilley, TX 78017							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense  Fuel							
		1 401							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Davisa nama							
	01/06/2024	Payee name Shell Gas Station							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$42.80	6358 Old Pearsall Rd							
		San Antonio, TX 78242							
PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Fuel							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	01/07/2024	Super Stop							
Amount (\$)		Payee address; City; State; Zip Code							
	\$45.36	16111 N St Hwy 16							
	Ψ-10.00	10111 N Oct my 10							
		Poteet, TX 78065							
	DUDDOCE								
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Fuel							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
_	expenditure to benefit C/O	1							

#### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 8/9 Rpt: 15/16	Castellano, Cecilia (Mrs.) 00087851								
4	Date	5 Payee name								
	01/07/2024	Super Stop								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3.98	16111 N St. Hwy 16								
		Poteet, TX 78065								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the unique stated at Taylor Campiloto Schedule T								
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Food/Water for Volunteers								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	experientare to benefit 6/01	<u>'</u>								
	Date	Payee name								
	01/20/2024	Tejano Democrats SD 21								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$150.00	574 Kendalia Ave								
		San Antonio, TX 78221								
PURPOSE OF		(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By								
EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Bowling Event								
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	experiditure to benefit C/Oi									
	Date	Payee name								
	01/06/2024	Tractor Supply								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$85.90	550 South IH 35								
		Pearsall, TX 78061								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		T-Posts								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	onpolicitate to beliefit 6/01	•								

#### 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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1: Sch: 9/9 Rpt: 16/16	ı		Cecilia (Mrs.)						Filer ID 00087851	(Ethics Commission Filers)	
4	Date 01/18/2024		Payee name Webb County Democrats									
6	Amount (\$) \$150.00		Payee addres 101 W Villaç Laredo, TX	e Blvd	State;	Zip Co	de					
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M ffficeholder/Pol	ade By			느	, TX,	de of Texas. Com officeholder living		
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	eholder name	С	Office sou	ght			Office he	eld	
	Date		Payee name									$\neg$
	01/05/2024		Whataburge	r								
	Amount (\$) \$36.34	l	Payee addres 2173 West (		State;	Zip Co	de					
			Pleasanton,	TX 78064								
	PURPOSE OF EXPENDITURE			e Categories listed at age Expense	the top of this sche	edule)			, TX,	de of Texas. Com officeholder living <b>/olunteers</b>		
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	eholder name	С	Office sou	ght			Office he	eld	