# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

# FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete	e this form.	1 Filer ID		2 Total pages file	ed:
The SS S/S/I mondoner	zalac explaine non to complete	, tino 1011111	(Ethics Commission File 00086267	ers)	1:	2
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mrs.	Lina M.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/25/2024	
	10000	Garza		<b>30.</b>		
		<del></del>			Date Hand-delivered or	Date Postmarked
4 CANDIDATE	ADDRESS / PO BOX; AP	PT / SUITE #; C	CITY; STATE; ZIP (	CODE	- Date Hand doo.c.	Date i ostinarios
ADDRESS	10205 N 26th				Receipt #	Amount
Change of Address	McAllen, TX 78504	Date Processed				
Change of Addicess						
					Date Imaged	
<b>5</b> CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Rolando				
IVAIVIL						
	NICKNAME	LAST			SUFFIX	
		Rodriguez				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE)	; APT / SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	1101 N. 33rd St.		,			
(Residence or Business)	Hidalgo, TX 78577					
7 CAMPAIGN	AREA CODE	PHONE N	NUMBER		EXTENSION	
TREASURER PHONE	(726) 582-4018					
FIIONL						
8 REPORT TYPE						
6 KEI OKI III E	January 15	30th day	y before convention / ele	ection	Runoff	
	July 15	X 8th day	before convention / elec	ction	☐ Final report (A	ttach SC C/OH-FR)
	July 13	λ οιι σαγ	Delote Convention / Cic.	Luon I	Final report (7)	lldcii 3C C/OIT i Ny
9 PERIOD	Month Day	Year			Month D	Day Year
COVERED	01/26/2024		THROUGH			4/2024
10 CONVENTION /		Year	11 OFFIC		STATE CHAI	
ELECTION DATE	03/05/2024		SOUG	iHi	X COUNTY CH	
12 POLITICAL PARTY	Republican			OUNTY (If Applica	able)	
			П	idalgo		
		GO	TO PAGE 2			

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

## FORM SC C/OH COVER SHEET PG 2

2 of 12

13 CANDIDATE NAME	Garza, Lina M. (Mrs.	)		<b>14</b> Filer ID 00086267	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowled	es by political committees to supp dge or consent. Candidates are re				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME				
⊔ °	GENERAL						
		COMMITTEE ADI	DRESS				
	SPECIFIC						
		COMMITTEE CAN	MPAIGN TREASURER NAME				
		COMMITTEE CAP	MPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	\$	0.00				
	\$	4,495.00					
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						0.00	
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	597.34	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFADAVIT			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
			Mrs	s. Lina M. Garza			
			Sign	ature of Candidate			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid		, this the		_ day	
			s my hand and seal of office.				
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of offic	cer administeri	ng oath	

## SUBTOTALS - SC C/OH

## FORM SC C/OH COVER SHEET PG 3

			OVER OTILE	3 of 12
18 CANDIDA Garza, L	ATE NAME ina M. (Mrs.)	<b>19</b> Filer ID 00086267	(Ethics Commissio	n Filers)
	LE SUBTOTALS = SCHEDULE		SUBTOTAL A	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,495.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,897.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/12	
2	FILER NAME Garza, Lina	M. (Mrs.)			3	Filer ID (Ethics Commission 00086267	n Filers)
4	Date 02/08/2024	Carolyne, Sanchez	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Mission, TX 78571	sion, TX 78571  Job title (See Instructions)  9 Employer (See Instructions)				
Ü	Retired	pation 7 300 title (See matractions)	ľ	Retired	')		
	Date 01/30/2024	Full name of contributor out-contributor contributor address; City; State; Zip of		Amount of Contribution (\$)	\$320.00		
		McAllen, TX 78504					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Colusa LLC	5)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00	
		McAllen, TX 78504					
	•	,		Employer (See Instructions Colusa LLC	i)		
	Date 02/02/2024	Gutierrez , Laura (Mrs.)		)		Amount of Contribution (\$)	\$500.00
	Principal occupation / Job title (See Instructions)  Business Owner  Colusa LLC  Date  O2/02/2024  Gutierrez , Laura (Mrs.)  Contributor address; City; State; Zip Code  Mission, TX 78573  Principal occupation / Job title (See Instructions)  Owner Manager  Date  Full name of contributor out-of-state PAC (ID#:  O2/08/2024  Hinojosa, Liuz  Contributor address; City; State; Zip Code				5)		
		Hinojosa, Liuz				Amount of Contribution (\$)	\$100.00
	Principal occu Office Manag	pation / Job title (See Instructions)		Employer (See Instructions Lift Truck Supply	5)		
	Soc mana(						

WONE	TARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
The Instru	uction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/12	
2 FILER NAME			3	Filer ID (Ethics Commission 00086267	on Filers)
Garza, Lina  4 Date 02/02/2024	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$1,000.00
	Mcallen, TX 78504				
8 Principal occu Business O	' '	9 Employer (See Instructions indep	s)		
Date 02/01/2024		)		Amount of Contribution (\$)	\$250.00
Principal occ	McAllen, TX 78504	Employer (See Instructions	<u>c)</u>		
Nurse	upation / Job title (See Instructions)	Independent	5)		
Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_Palma, Raul  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Edinburg, TX 78539				
Principal occi Ing Civil	cupation / Job title (See Instructions)	Employer (See Instructions Business Owner	s)		
Date 02/01/2024		indep  Full name of contributor	\$500.00		
Principal occi BailBond	cupation / Job title (See Instructions)		s)		
Date 02/08/2024	Sanchez, Yolisma  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
	1 '				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
2	FILER NAME Garza, Lina			3	Filer ID (Ethics Commission Filers) 00086267
4	Date 02/08/2024	5 Full name of contributor  out-of-state PAC (ID#: Santos, Emilio 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00
8	Principal occu	McAllen, TX 78501  upation / Job title (See Instructions)	9 Employer (See Instructions	  -  s)	
	indp		Retired		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Valdez, Silvia Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00
	Principal occu	Mission, TX 78574 upation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> s)	

### 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		Legal Services  The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	,
L	Sch: 1/6 Rpt: 7/12	Garza, Lin						00086267		
4	Date	5 Payee name	е							
	01/30/2024	American /	Aerlines							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$389.20	1 Skyview	Dr							
		Forthworth	ı, TX 76155							
8	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District			므		ide of Texas. Com , officeholder living	plete Schedule T.	
						Tickets to FL-				
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office he	eld	
F	Date	Payee name	2							_
	02/05/2024	Brand Boo								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$324.75	3607 South								
	<b>492 9</b>									
		Mcallen, T	X 78501							
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	g Expense			<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						12x24 Magne		, conconcider inving	у охронов	
						Q-8				
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	<del></del>							_
	02/05/2024	Brand Boo								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$805.38	3607 Sout								
	,									
		Mcallen, T	X 78501							
	PURPOSE OF	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	g Expense			ш		ide of Texas. Com , officeholder living	plete Schedule T.	
						Yard Signs -			g expense	
						. a. a oigiis -	-41	3.0,		
$\vdash$	Complete ONLY if direct	I Candidate/∩f	ficeholder name	Office so	<u>l</u> uaht			Office he	eld	
I	expenditure to benefit C/OI			2.1100 30	~9·11			O.Hoo H		
$\vdash$										
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 8/12	Garza, Lina M. (Mrs.)		00086267
4	Date	5 Payee name		<b>'</b>
	02/05/2024	HEB		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$20.06	Trenton 10 th		
		Mcallen, TX 78504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Sodas , BWalking Team
				Codds, Dividining Team
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	
_	Date	Payee name		
	02/05/2024	HEB		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$65.30	Trenton 10 th		
		Mcallen, TX 78504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Gas - Block -Walk - Team
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
_	Date	Payao nama		
	02/01/2024	Payee name Home Depot		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.70	801 Trenton	uc	
	4200			
		Mcallen, TX 78504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fender Washer Zinz	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Material, Nails, 4x8 Signs-
	0 1. 0			000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	ght	Office held

### 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/Political ( Credit Card Payment	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	2 FILER NAME 3 Filer ID (Ethics Commission Filer)	lers)
Sch: 3/6 Rpt: 9/12	Garza, Lina M. (Mrs.) 00086267	
4 Date	5 Payee name	
02/08/2024	Monitor	
6 Amount (\$) 7	7 Payee address; City; State; Zip Code 1400 East Nolana Mcallen, TX 78504	
8 PURPOSE (		
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Adv, High Impact	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/01/2024	Panda Express	
Amount (\$) \$26.33	Payee address; City; State; Zip Code Trenton	
	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  Lunch/Team  Yard Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 02/01/2024	Payee name Romaga Pluming Hardware	
Amount (\$) \$34.96	Payee address; City; State; Zip Code 5942 S Xage Bvl	
	Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Material- Rod.  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Q-33.  18 =18 Yard Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guid	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed abov	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 4/6 Rpt: 10/12	Garza, Lin	a M. (Mrs.)					00086267		
4	Date	5 Payee name	е							
	02/01/2024	Sam's Clul	b							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$32.05	1400 E Ja	ckson							
		Ave, TX 78	3503							
8	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment & F	Related		_		de of Texas. Com		
		Expense				Gasoline - Tr		officeholder living		
							<b></b> .	.o . a. a o.g.		
9	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
F	Date	Payee name	<del></del>							
	01/30/2024	Skiplagge.	com							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$20.00	POBOX 31	L8							
		NY, NY 10	116							
	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>=</b>		de of Texas. Com		
						Airfare fee.	, 1,	officeholder living	j experise	
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	e							
	01/30/2024	Tractor Su	pply							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$159.00	6823 S Ca	ge							
		Pharr, TX	78577							
	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	g Expense					de of Texas. Com	•	
						Metal TPS 5		officeholder living	g expense	
						32 units for 8		signs		
_	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office so	l ught			Office he	eld	
	expenditure to benefit C/OI			- Tilloc 30	~9·11			0oc 110		
$\vdash$										
ட										0000 17

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services  The Instruction Guide explains I	Salaries/Wages/C		OTHER (enter a	category not listed above)
1 Total pages Schedule F1: 2 FILER NAM	ΛΕ			3 Filer ID	(Ethics Commission Filers)
·	na M. (Mrs.)			00086267	
4 Date 5 Payee nam	e				
01/30/2024 Walmart					
6 Amount (\$) 7 Payee add	ress; City; State;	Zip Code			
\$99.40   1724 W U	niversity Dr				
	TX 78539				
I AE I	(See Categories listed at the top of this sch	edule) (b) [	Description	(=	
EXPENDITURE Food/Bev	erage Expense			outside of Texas. Comp TX, officeholder living	
			Пеат-Yard Si		
				<b>-</b>	
Complete ONLY if direct Candidate/O expenditure to benefit C/OH	fficeholder name C	Office sought		Office he	ld
Date Payee nam	e				
01/31/2024 Walmart					
Amount (\$) Payee add	ress; City; State;	Zip Code			
\$10.53   3000 S Ja		•			
·					
Hidalgo, T	X 78557				
	(See Categories listed at the top of this scho	edule) (b) [	Description		
EXPENDITURE Straps ma	ıterial		<b></b>	outside of Texas. Comp TX, officeholder living	
			Adv - Set sign		САРСПЭС
			3		
Complete ONLY if direct Candidate/O expenditure to benefit C/OH	fficeholder name C	Office sought		Office he	ld
Date Payee nam					
	O- SAVE AMERICA				
Amount (\$) Payee add	•	Zip Code			
\$1,000.00   1776 Wils	on Blvd				
Arlington,	VA 22209				
PURPOSE (a) Category	(See Categories listed at the top of this sch	edule) (b) [	Description		
	ons/Donations Made By	.   [	<b>-</b>	outside of Texas. Comp	
Candidate	e/Officeholder/Political Comm			TX, officeholder living	expense
			Donation DJT		
Complete ONLY if direct Candidate/O	fficeholder name C	Office sought		Office he	ld
expenditure to benefit C/OH	moenoluel name C	mice sought		Office fie	iu

## SCHEDULE F1

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

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expens Gift/Awards/Memorials   Legal Services	e Expense	Polling Expe Printing Expe	ense ges/Contract Labor		Travel in Distric		
	Credit Card Payment			The Instruction Gu	ide explains l	now to com	plete this form.				
1	Total pages Schedule F1: Sch: 6/6 Rpt: 12/12	2	FILER NAM Garza, Lina					3	Filer ID 00086267	(Ethics Commission File	ers)
┰	Date	5	Payee name	<u> </u>							
	02/12/2024	ľ	hwtrgv	<del>,</del>							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code	e				
	\$400.00		POBOX 66	576							
L			Mcallen, T			1					
8	PURPOSE OF	(a)		See Categories listed at th	e top of this sche	edule) (I	b) Description				
	EXPENDITURE		Advertising	j Expense					side of Texas. Con K, officeholder livin	nplete Schedule T.	
							Event- Foru		k, onicendaer iivin	y expense	
							Event-1 ord	4111			
Ļ											
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	ficeholder name	C	Office sough	ıt		Office h	eld	
	- р										