JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commiss 00088246	sion Filers)	2 Total pages fi	iled: 50
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	Mr.	Juan Ramon			OFFICE	USE ONLY
NAME	1011.	Juan Ramon			Date Received	
					ELECTRONIC	ALLY FILED
					02/26/2024	
	NICKNAME	LAST		SUFFIX	02/20/2024	
		Alvarez				
4 CANDIDATE /	ADDRESS / PO BOX; AP		V·	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER		1/30ITE#, CIT	Τ,	ZIP CODE	Dute Hand delivered t	bi Date i Ostinaneu
MAILING	112 S. 12th Avenue					
ADDRESS					Receipt #	Amount
Change of Address	Ediphurg TV 78520					
Change of Address	Edinburg, TX 78539				Date Processed	
					Date Imaged	
					Dute imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	David				
INAME						
	NICKNAME	LAST			SUFFIX	
		Gorena				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO P	O BOX PLEASE);	APT	/ SUITE #; CITY;	51	ATE; ZIP CODE
ADDRESS	420 W. University					
(Residence or Business)	Ediaburg TV 70520					
	Edinburg, TX 78539					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER PHONE	(956) 381-5606					
PHONE	. ,					
8 REPORT						
TYPE	January 15	30th day before		Runoff	15th day after ca	Impaign treasurer
		Sour day before			appointment (off	
	July 15	X 8th day before	election 🗖 F	Exceeded modified	Final Report (Att	ach C/OH-FR)
		A builday belore		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202	4	
10 ELECTION		i				
TO ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024		eneral	Special		
			Cheran			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	None Hidalgo			District Judge Di		
		GO 1	O PAGE 2			
Formo provide d'Ess Tr	was Ethios Commission		biog state to a		\/_···	ion 1/2 E 1 0000- 47
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Vers	ion V3.5.1.9000c47

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 50

I

13 C / OH NAME	Alvarez, Juan Ramo	n (Mr.)	14 Filer ID 00088246	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offi	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		LING POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		, \$ 0.00
			10)	\$ 10,750.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	15)	\$ 0.00
TOTALS		ICAL EXPENDITURES		
		ICAL EXPENDITORES		\$ 172,622.22
CONTRIBUTION BALANCE	REPORTING PE			\$ 26,235.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	S OF THE LAST DAY	\$ 135,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		Mr. J	uan Ramon Alvarez	
		Signature of	f Candidate or Officeh	older
AFFIX NC	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 50 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. \$ 10,750.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. X SCHEDULE E(J): LOANS (JUDICIAL) \$ 135,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 172,622.22 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ 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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/50 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alvarez, Juan Ramon (Mr.) 00088246 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/27/2024 BRUSHCREEK INJURY & ACCIDENT RGV, LLC 6 Contributor address; City; State; Zip Code MCALLEN, TX 78504 Contributor's Principal Occupation 9 Contributor's Job Title 8 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 01/27/2024 HERNANDEZ LAW FIRM PC Contributor address; City; State; Zip Code EDINBURG, TX 78539 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/26/2024 LAW OFFICE OF M. TERESA CORONADO Contributor address; City; State; Zip Code EDINBURG, TX 78539 Contributor's Principal Occupation Contributor's Job Title

If contributor is a child, law firm of parent(s) (if any)

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

\$1,500.00

\$2,500.00

\$250.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this 1	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/50				
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 (\$)			
01/30/2024	RUY MIRELES LAW FIRM PLLC		\$1,500.00			
	6 Contributor address; City; State; Zip Code					
	MISSION, TX 78572					
8 Contributor's I	Principal Occupation	9 Contributor's Job Title				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)			
	s a child, law firm of parent(s) (if any)					
Date 01/27/2024	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)			
01/27/2024	VILLALOBOS & VILLALOBOS PC		\$1,500.00			
	Contributor address; City; State; Zip Code					
Contributor's	MCALLEN, TX 78504	Contributor's Job Title				
Contributors	Principal Occupation					
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (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 (\$)			
01/27/2024	ZAMORA, JOAQUIN (Mr.)		\$2,000.00			
	Contributor address; City; State; Zip Code					
	MCALLEN, TX 78504					
Contributor's I	I Principal Occupation	Contributor's Job Title				
ADA PROSE	ECUTOR	ADA PROSECUTOR				
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)			
DISTRICT A	TTORNEY'S OFFICE					
If contributor is	s a child, law firm of parent(s) (if any)					
Formo provide d	by Tayas Ethics Commission www.ethic	e stato ty us	Version V/3 5 1 0000c/7			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/50 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alvarez, Juan Ramon (Mr.) 00088246 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 01/26/2024 \$1,500.00 law office of catarina s. alvarado 6 Contributor address; City; State; Zip Code MCALLEN, TX 78504 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): 1 The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/50 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 (\$) 02/16/2024 First community bank \$135,000.00 8 Lender address; 6 Is lender a City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date Yes Mcallen, TX 78504 12 Lender's Principal Occupation 13 Lender's Job Title 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) 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)

		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 Od/Beverage Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/43 Rpt: 8/50	Alvarez, Juan Ramon (Mr.)	00088246
4	Date	Payee name	
	01/27/2024	7ELEVEN	
6	Amount (\$) \$20.00	Payee address; City; State; Zip Code 1415 E. UNIVERSITY DR. EDINBURG, TX 78539	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/26/2024	A+ ENTERPRISES	
	Amount (\$) \$316.63	Payee address; City; State; Zip Code 1901 CITRUS DR WESLACO, TX 78596	
	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. n, TX, officeholder living expense INER
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/20/2024	ACADEMY SPORTS + OUTDOORS	
	Amount (\$) \$464.02	Payee address;City;State;Zip Code651 E. TRENTON RD	
		EDINBURG, TX 78539	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense BLES, AND CHAIRS
	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	Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Expense Food/Beverage Expense Polling Expense Travel in District s/Donations Made By- Gift/Awards/Memorials Expense Printing Expense Travel out of District e/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed abc								
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/43 Rpt: 9/50		lvarez, Juan Ramon (Mr.)					00088246		
4	Date	5 P	ayee name							
	02/19/2024	A	CADEMY SPORTS + OUTDO	ORS						
6	Amount (\$)	7 P	ayee address; City;	State;	Zip Co	le				
	\$2,488.91	5	35 E. EXPRESSWAY 83							
		v	/ESLACO, TX 78599							
8	PURPOSE					b) Description				
ľ	OF		ategory (See Categories listed at the top olling Expense	of this sched	dule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austir	n, TX	, officeholder living) expense	
						TENTS, TAB	LE	S, AND CHA	AIRS	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	Of	ffice souç	ht		Office he	eld	
	Date	Р	ayee name							
	02/19/2024	A	CADEMY SPORTS + OUTDO	ORS						
⊢	Amount (\$)	P	ayee address; City;	State:	Zip Co	le				
	\$140.71		51 E. TRENTON RD							
	+	-								
		E	DINBURG, TX 78539							
	PURPOSE OF	(a) C	ategory (See Categories listed at the top	of this sched	dule)	b) Description				
	EXPENDITURE	E	vent Expense					ide of Texas. Com , officeholder living		
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	Complete ONLY if direct	Ca	ndidate/Officeholder name	Of	ffice sou	ht		Office he	ald	
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_	Date	Б	ayee name							
	02/13/2024		IM MEDIA TEXAS MCM							
				Ctata	710 000					
	Amount (\$)		ayee address; City;	State;	Zip Coo	le				
	\$9,475.00	Р	O BOX 3267							
		_								
		N	ICALLEN , TX 78502							
	PURPOSE OF		ategory (See Categories listed at the top	of this sched	dule)	b) Description				
	EXPENDITURE	A	dvertising Expense					ide of Texas. Com		
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	expenditure to benefit C/OI			U	ແດະ ວິດຕໍ່ໂ	in and a second s				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/43 Rpt: 10/50		Alvarez, Juan Ramon (N	Mr.)				00088246		
4	Date 01/28/2024		Payee name ALAMEDA RESTAURA	NT						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le				
	\$43.72		102 W. EDINBURG AV	E.						
_		<u> </u>								
8	PURPOSE OF EXPENDITURE		Category (See Categories liste Food/Beverage Expens		iedule)		n, TX,	de of Texas. Comp officeholder living DLLING SITE	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ht		Office he	ld	
	Date		Payee name							
	01/28/2024		ALAMEDA RESTAURA	NT						
	Amount (\$) \$299.14		Payee address; City; 102 W. EDINBURG AV		; Zip Co	le				
			ELSA , TX 78543							
	PURPOSE OF EXPENDITURE		Category (See Categories liste Food/Beverage Expens		iedule)		ι, TX,	de of Texas. Comp , officeholder living ETING		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Dffice sou	ht		Office he	ld	
	Date		Payee name					-		
	02/01/2024		Alanis, Maria							
	Amount (\$) \$1,400.00		Payee address; City; 1406 1st In	State;	; Zip Co	le				
			palmview, TX 78572							
	PURPOSE OF EXPENDITURE		Category (See Categories liste Salaries/Wages/Contrac	•	edule)			de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Dffice sou	ht		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/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:									
-	Sch: 4/43 Rpt: 11/50	Alvarez, Juan Ramon (Mr.) 00088246								
4	Date	Payee name	•							
	02/01/2024	Alanis, Maria								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,400.00	1406 1st In								
		palmview, TX 78572								
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/26/2024	BAZAN, CRYSTAL (Mrs.)								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$300.00	1503 W. KIWI AVE APT 4								
		PHARR, TX 78577								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/26/2024	BAZAN, CRYSTAL (Mrs.)								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$300.00	1503 W. KIWI AVE APT 4								
		PHARR, TX 78577								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense							
	Complete ONLY 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		Fee Foo Gifi nmittee Leg	od/Beverage Expe /Awards/Memoria gal Services		Office Over Polling Exp Printing Ex Salaries/W	rhead/F ense pense ages/C	Reimbursement Rental Expense contract Labor e this form.		Transportation E Travel in District Travel Out of Dis		e
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 5/43 Rpt: 12/50		Alvarez, Juan	Ramon (Mr.)					00088246		
4	Date	5	Payee name									
	02/14/2024		BRAND BOOS	STERS								
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	de					
	\$7,014.60		3607 S L LAN	E								
			MCALLEN, T	X 78503								
8	PURPOSE	(a)	Category (See C	ategories listed at	the top of this sch	iedule)	(b) 🛛	Description				
	OF EXPENDITURE		Advertising Ex				Ē				plete Schedule T.	
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Office	nolder name	C	Dffice sou	ght			Office h	eld	
	Date		Payee name									
	02/12/2024		BRAND BOOS	STERS								
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$12,015.75		3607 S L LAN	-	Claro	, <u> </u>						
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			MCALLEN , T	X 78503								
	PURPOSE OF	(a)	Category (See C	ategories listed at	the top of this sch	edule)	(b) [Description				
	EXPENDITURE		Advertising Ex	pense			F			de of Texas. Com officeholder living	nplete Schedule T.	
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	Complete ONLY if direct		andidate/Office	nolder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	02/07/2024		BRAND BOOS	STERS								
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$2,077.32		3607 S L LAN	E								
			MCALLEN, T	X 78503								
	PURPOSE	(a)	Category (See C	ategories listed at	the top of this sch	iedule)	(b) 🗅	Description				
	OF EXPENDITURE		Advertising Ex	pense			Ē				plete Schedule T.	
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	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nking Fees Office pense Food/Beverage Expense Polling Donations Made By - Gift/Awards/Memorials Expense Printin Officeholder/Political Committee Legal Services Salari						epayment/Reimbursement Solicitation/Fundraising Expense tverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/43 Rpt: 13/50		Alvarez, Jua	n Ramon	(Mr.)					00088246		
4	Date	5	Payee name									
	02/07/2024		BRAND BO	OSTERS								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$391.00		3607 S L LA	NE								
			MCALLEN ,	TX 78503								
8	PURPOSE	(a)	Category (Se	e Categories lis	ted at the top of this sch	edule)	(b) [Description				
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							F	PUSH CARD	S			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder na	me C	Office sou	ght			Office h	eld	
	Date		Payee name									
	02/06/2024		BRAND BO	OSTERS								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$7,697.81		3607 S L LA									
			MCALLEN ,	TX 78503								
	PURPOSE	(a)	Category (Se	e Categories lis	sted at the top of this sch	iedule)	(b) [Description				
	OF EXPENDITURE		Advertising	Expense			Ę				nplete Schedule T.	
							L	BANNER/ YA		officeholder living		
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	Complete ONLY if direct		Candidate/Offic	oboldor no	mo (Office sou	aht			Office h	old	
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_	Data	<u> </u>										_
	Date 02/02/2024		Payee name BRAND BO	ASTEDS								
					01-1-1	71-0-	-1 -					
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$1,299.00		3607 S L LA	NE								
			MCALLEN ,	TX 78503								
	PURPOSE	(a)	Category (Se	e Categories lis	sted at the top of this sch	nedule)	(b) [Description				
	OF EXPENDITURE		Advertising			,	Γ				nplete Schedule T.	
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder na	me (Office sou	ght			Office h	eia	

	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 E Gift/Awards/Men Imittee Legal Services The Instruction	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: 7/43 Rpt: 14/50		Alvarez, Juan Ramon (I	Mr.)				00088246		
4		5	Payee name							
	02/05/2024		BRAND BOOSTERS							
6	Amount (\$) \$433.00	7	Payee address; City; 3607 S L LANE MCALLEN , TX 78503	State;	; Zip Coo	le				
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense		,	Check if travel	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ht		Office held		
	Date		Payee name							
	02/21/2024		BUCKHORN GRILL							
	Amount (\$) \$100.85		Payee address; City; 506 SANTA ROSA AVE EDCOUCH , TX 78538	-	Zip Coo	le				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories liste Event Expense	d at the top of this sch	edule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense V POLITICAL EVENT		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ht		Office held		
	Date		Payee name							
	02/02/2024		Barajas, Efrain (Mr.)							
	Amount (\$) \$1,360.00		Payee address; City; 3429 Norma Ave.	State;	; Zip Coo	le				
			McAllen, TX 78503							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories liste Salaries/Wages/Contra	•	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Dffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	g Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense e Food/Beverage Expense Polling Expense Travel in District ations Made By - sholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel of District sholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	_
	Sch: 8/43 Rpt: 15/50		Alvarez, Juan Rar	non (Mr.)					00088246		
4	Date	5	Payee name								
	01/30/2024		Barajas, Efrain (M	r.)							
6	Amount (\$)	7	Payee address;	City; S	State; Zip C	ode					
	\$690.00		3429 Norma Ave.								
			McAllen, TX 7850	3							
8	PURPOSE	(a)	Category (See Catego	pries listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Consulting Expen		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							, TX,	officeholder living	g expense	
							GOTV				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office so	ught			Office h	eld	
	Date		Payee name								
	02/02/2024		Barajas, Efrain (M	r.)							
	Amount (\$)		Payee address;	City;	State; Zip C	ode					-
	\$1,360.00		3429 Norma Ave.		· ·						
	¢1,000100		012011011107.001								
			McAllen, TX 7850	3							
	PURPOSE OF	(a)	Category (See Catego		nis schedule)	(b)	Description				
	EXPENDITURE		Salaries/Wages/C	ontract Labor					de of Texas. Com officeholder living	plete Schedule T.	
							GOTV	, 17,		Jevhense	
							0011				
	Complete ONLY if direct		Candidate/Officehold	er name	Office so	Lught			Office h	eld	\neg
	expenditure to benefit C/Oł				0	agin			0		
-	Date		Payee name								╡
	02/20/2024		Beans tacos & wir	nas							
			Payee address;	-	Stata: Zip C	odo					\neg
	Amount (\$) \$500.00		314 w. Santa rosa		State; Zip C	oue					
	\$200.00		514 W. Salita 1056	l ave.							
			Edcouch, TX 7853	38							
	PURPOSE	(a)	Category (See Catego	pries listed at the top of t	his schedule)	(b)	Description				
	OF EXPENDITURE		Polling Expense							nplete Schedule T.	
									officeholder living	g expense	
							Polling location	on			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office so	ught			Office h	eld	
	experiatione to benefit C/Of										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 9/43 Rpt: 16/50	Alvarez, Juan Ramon (Mr.)	00088246							
4	Date	5 Payee name								
	02/21/2024	CHIKFILA								
6	Amount (\$) \$102.36	7 Payee address; City; State; Zip Code 1200 N WESTGATE DR								
		WESLACO , TX 78596								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IEETING							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/29/2024	CIRCLE K								
	Amount (\$) \$109.00	Payee address; City; State; Zip Code 955 W. IH-2 DONNA , TX 78537								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense Check if travel or Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense FFS FOR EVENT							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/27/2024	DOLLAR GENERAL								
	Amount (\$) \$9.20	Payee address; City; State; Zip Code 302 E. CANO ST.								
		EDINBURG, TX 78539								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense VENT							
	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		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: 10/43 Rpt: 17/50	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date	Payee name				
	02/21/2024	DOLLAR GENERAL				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$29.53	302 E. CANO ST.				
		EDINBURG, TX 78539				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
	EXPENDITORE		, TX, officeholder living expense			
		FOOD AND E	BEV FOR POLLING SITE			
_						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/20/2024	DOLLAR GENERAL				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$32.78	1510 S BENTSEN PALM DR				
		PALMVIEW, TX 78572				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense BEV FOR POLLING SITE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/20/2024	DOLLAR GENERAL				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$38.30	203 E FERGUSON AVE				
		PHARR, TX 78577				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense BEV POLL SITE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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		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: 11/43 Rpt: 18/50	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date 02/23/2024	5 Payee name DOLLAR GENERAL				
6	Amount (\$) \$37.90	7 Payee address; City; State; Zip Code 302 E. CANO ST. EDINBURG, TX 78539				
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense BEV POLL SITE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/22/2024	DQ GRILL AND CHILL				
	Amount (\$) \$35.44	Payee address; City; State; Zip Code 400 N SHARY RD				
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense SEV POLL SITE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/18/2024	Dollar Tree				
	Amount (\$) \$24.36	Payee address;City;State;Zip Code1901 W Expressway 83				
		Weslaco, TX 78596				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EVENT			
	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		nmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction Ge	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/43 Rpt: 19/50			an Ramon (Mr.)					00088246	
4	Date	5	Payee name							
	01/31/2024		Espinoza, 、	lose Juan (Mr.)						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$300.00		203 Rebec	ca Drive						
			Edinburg, 7	X 78542						
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF		Advertising			iouulo)	Check if travel		de of Texas. Com	
	EXPENDITURE		-						officeholder living	expense
							MOBILE SIG	N		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name	1						
	01/26/2024		FELDMAN	S						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$705.26			RESSWAY 83	·					
	+									
			WESLACC	, TX 78596						
	PURPOSE OF	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b) Description			
	EXPENDITURE		Event Expe	ense					de of Texas. Com	
							BEVERAGE			
							DEVENNOE	10		
_	Complete ONLY if direct		Candidato/Off	iceholder name) Dffice sou	aht		Office he	ald.
	expenditure to benefit C/Oł		Januluale/Oli		(Jince soui	ynt		Office fie	eiu.
		_								
	Date		Payee name							
	02/20/2024		FLORES, 0							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$600.00		2509 PASE	O ENCANTADO) ST					
			MISSION ,	TX 78572						
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Salaries/W	ages/Contract La	abor				de of Texas. Com	
	EXPENDITORE							, TX,	officeholder living	expense
							GOTV			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght		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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office C Polling Printing Salaries	Overhea Expens Exper S/Wage	nse es/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: 13/43 Rpt: 20/50		Alvarez, Juan Ramon (Mr.)					00088246
4	Date	5	Payee name					
-	02/14/2024		Flores, Ernesto					
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	Code			
	\$1,000.00		2509 paseo encantado					
			mission, TX 78572					
8	PURPOSE OF		Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense
						GOTV	I, IA,	, onceroider inving expense
						0011		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office so	bught			Office held
	Date		Payee name					
	02/05/2024		Flores, Ernesto					
	Amount (\$)		Payee address; City; St	ate; Zip C	Code			
	\$2,000.00	0.00 2509 paseo encantado						
			mission, TX 78572					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	s schedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense
	Openalists ONUN if dive at			0.4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office so	bugni			Office held
	Date		Payee name					
	02/14/2024		Flores, Ernesto					
	Amount (\$)		Payee address; City; St	ate; Zip C	Code			
	\$1,000.00		2509 paseo encantado					
			mission, TX 78572		-			
	PURPOSE OF		Category (See Categories listed at the top of this	s schedule)	(b)	Description	0	ide of Toylog, Complete Schoolule T
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct	C	andidate/Officeholder name	Office so	Jught			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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ttee Legal Services The Instruction Guide ex	C P Se P S	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/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 FI	LER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 14/43 Rpt: 21/50		varez, Juan Ramon (Mr.)					00088246
4	Date 01/30/2024		ayee name ores, Maria Rodriguez (Ms.)					
6	Amount (\$)	7 Pá	ayee address; City;	State; 2	Zip Cod	9		
	\$1,270.00		24 W Caffery Ave.					
			narr, TX 78577					
8	PURPOSE	(a) C	ategory (See Categories listed at the top of	of this schedu	ule) (Description		
	OF EXPENDITURE	S	alaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	Offi	ice soug	nt		Office held
	Date	Pa	ayee name					
	01/30/2024	F	ores, Maria Rodriguez (Ms.)					
	Amount (\$)	Pa	ayee address; City;	State; 2	Zip Cod	9		
	\$1,270.00	72	24 W Caffery Ave.					
			narr, TX 78577			_		
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of Onsulting Expense	of this schedu	ule) (ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	Offi	ice sougl	nt		Office held
	Date	Pa	ayee name					
	02/22/2024		ores, SYLVIA					
	Amount (\$)	Pa	ayee address; City;	State; 2	Zip Cod	9		
	\$2,000.00	2!	509 paseo encantado					
		m	ission, TX 78572					
	PURPOSE OF		ategory (See Categories listed at the top of alaries/Wages/Contract Labor	of this schedu	ule) (Description Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir GOTV	ı, TX,	, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	Offi	ice sougl	nt		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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense ittee Legal Services The Instruction Guide expl	Office C Polling I Printing Salaries	Verhea Expens Exper Wage	ise s/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 F	LER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 15/43 Rpt: 22/50		lvarez, Juan Ramon (Mr.)					00088246
4	Date	5 P	ayee name					
	02/01/2024	G	onzalez De Santillana, Adriana (I	Mrs.)				
6	Amount (\$)	7 P	ayee address; City; S	State; Zip C	Code			
	\$750.00	2	212 North 47th Street					
		Ν	IcAllen, TX 78501					
8	PURPOSE	(a) C	ategory (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		dvertising Expense	· · · · · · ,			outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE						ı, ТХ,	, officeholder living expense
						MEDIA		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ought			Office held
_	Date	р	ayee name					
	02/21/2024		EB					
_								
	Amount (\$)			State; Zip C	ode			
	\$30.10	5	12 E EDINBURG AVE					
		E	LSA, TX 78543					
	PURPOSE	(a) C	ategory (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		ood/Beverage Expense			·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						FOOD AND I	BE\	V FOR POLL SITE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	ought			Office held
	Date	P	ayee name					
	02/20/2024		EB					
	Amount (\$)	P	ayee address; City; S	State; Zip C	Code			
	\$89.50		00 E GRIFFIN PARKWAY	·····, [- ·				
		Ν	IISSION, TX 78572					
	PURPOSE	(a) C	ategory (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE	F	ood/Beverage Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						FOOD AND I	RF/	V PULL SITE
	0 1 1 0 1 1 1 1			05	<u> </u>			01111
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office so	bught			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 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:	P FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 16/43 Rpt: 23/50	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date 02/21/2024	Payee name HEB				
6	Amount (\$) \$112.97	Payee address; City; State; Zip Code 1211 E. FRONTAGE RD ALAMO, TX 78516				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense POLLING SITE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/21/2024	HEB				
	Amount (\$) \$2.17	Payee address; City; State; Zip Code 1211 E. FRONTAGE RD ALAMO, TX 78516				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense POLLING SITE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/19/2024	HEB				
	Amount (\$) \$61.57	Payee address;City;State;Zip Code6010 W EXPRESSWAY 83				
		PALMVIEW, TX 78272				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense POLLING SITE			
	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	Event Expense Loan Repayment/Reimbursemu Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense nmittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 17/43 Rpt: 24/50	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date	Payee name				
	01/26/2024	HEB				
6	Amount (\$) \$59.98	Payee address; City; State; Zip Code 3010 N. WESTGATE DR. WESLACO , TX 78596				
8	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense R EVENT			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/26/2024	HEB				
	Amount (\$) \$189.75	Payee address; City; State; Zip Code 1004 N. TEXAS BLVD WESLACO, TX 78596				
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Jstin, TX, officeholder living expense R POLITICAL EVENT			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/20/2024	HEB				
	Amount (\$) \$48.13	Payee address; City; State; Zip Code 1211 E. FRONTAGE RD				
		ALAMO, TX 78516				
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense POLLING SITE			
	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	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	B Filer ID (Ethics Commission Filers)			
	Sch: 18/43 Rpt: 25/50	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date 02/20/2024	Payee name HEB				
6	Amount (\$) \$54.92	Payee address; City; State; Zip Code 6010 W. EXP 83 PALMVIEW, TX 78272				
8	PURPOSE OF EXPENDITURE	Check if Austin, 1	utside of Texas. Complete Schedule T. FX, officeholder living expense EV FOR POLLING SITE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/19/2024	HEB				
	Amount (\$) \$156.48	Payee address; City; State; Zip Code 1211 E. FRONTAGE RD ALAMO, TX 78516				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense OLLING SITE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/23/2024	HEB				
	Amount (\$) \$242.80	Payee address;City;State;Zip Code1004 N. TEXAS BLVD.				
		WESLACO , TX 78596				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense OLITICAL EVENT			
	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		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: 19/43 Rpt: 26/50	Alvarez, Juan Ramon (Mr.)	00088246		
4	Date 02/19/2024	5 Payee name HEB			
6	Amount (\$) \$180.00	 Payee address; City; State; Zip Code 2700 W. FREDDY GONZALEZ DR. EDINBURG, TX 78539 			
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/21/2024	HEB			
	Amount (\$) \$39.07	Payee address; City; State; Zip Code 1004 N. TEXAS BLVD. WESLACO , TX 78596			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense Check if travel out:	side of Texas. Complete Schedule T. X, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/21/2024	HEB			
	Amount (\$) \$240.00	Payee address; City; State; Zip Code 512 E. EDINBURG AVE.			
		ELSA, TX 78543			
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living 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	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 20/43 Rpt: 27/50	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date	Payee name				
	02/19/2024	HEB				
6	Amount (\$) \$150.00	Payee address;City;State;Zip Code1004 N. TEXAS BLVD.				
		WESLACO , TX 78596				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/21/2024	HEB				
	Amount (\$) \$12.35	Payee address;City;State;Zip Code512 E. EDINBURG AVE.				
		ELSA, TX 78543				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EV EVENT			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/19/2024	HEB				
	Amount (\$) \$180.00	Payee address;City;State;Zip Code1004 N. TEXAS BLVD.				
		WESLACO , TX 78596				
	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			

	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	3 Filer ID (Ethics Commission Filers)		
	Sch: 21/43 Rpt: 28/50	Alvarez, Juan Ramon (Mr.)	00088246		
4	Date 02/23/2024	Payee name HEB			
6	Amount (\$) \$78.95	Payee address; City; State; Zip Code 512 E EDINBURG AVE ELSA, TX 78543 ELSA, TX 78543			
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense EV FOR POLL SITE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/21/2024	HEB			
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 1004 N TEXAS WESLACO , TX 78596			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date 02/19/2024	Payee name HEB			
	Amount (\$) \$440.00	Payee address; City; State; Zip Code 200 E GRIFFIN PARKWAY			
		MISSION, TX 78572			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

				EXPENDIT	URE CATEGOR	RIES FOR	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
-	T-tel regro Cobadula E1	1									(Ethios Con	iocion Filore)
1	Total pages Schedule F1: Sch: 22/43 Rpt: 29/50		Alvarez, Juan	Ramon (M	r.)				3	Filer ID 00088246	(Ethics Con	nmission Filers)
4	Date	5	Payee name									
	02/23/2024		HEB									
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Coo	de					
	\$243.06		200 E GRIFFI	N PARKW	AY							
			MISSION, TX 78572									
8	PURPOSE	(a)	Category (See (Categories listed	at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverag							de of Texas. Com		т.
										officeholder living		
								FOOD AND E	3EV	/ POLL SITI	Ξ	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	02/20/2024		HERNANDEZ, GLORIA									
Amount (\$) Payee address; City; State; Zip Code												
	\$600.00		5401 EDITH [Olalo,	, בוף סטי						
	\$000.00											
			MISSION , TX	78574								
PURPOSE OF EXPENDITURE							Check if travel	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H					Office held					
	Date		Payee name									
	02/07/2024		IHEARTMEDI	A MULTI-F	URPOSE GR	OUP						
-	Amount (\$)		Payee address;			; Zip Co	de					
	\$7,673.43		901 e pike blv		State,	, zip cou	ue					
	\$7,073.43		901 e pike biv	u								
			weslaco, TX 7	8596								
	PURPOSE	(a)	Category (See (Categories listed	at the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Advertising Ex	pense						de of Texas. Com		т.
									, TX,	officeholder living	expense	
								RADIO				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght			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	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/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 NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 23/43 Rpt: 30/50	Alvarez, Juan Ramon (Mr.) 00088246								
4	Date	Payee name								
	02/23/2024	JANIES CAFE								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$40.32	1525 N. TEXAS BLVD.								
		WESLACO, TX 78596								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
-	OF		putside of Texas. Complete Schedule T.							
	EXPENDITURE		, TX, officeholder living expense							
		FOOD FOR F	POLLING SITE							
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	Payee name								
	02/20/2024	JANIES CAFE								
	Amount (\$)	Payee address; City; State; Zip Code								
\$38.97 1525 N. TEXAS BLVD.										
	400101									
		WESLACO , TX 78596								
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE		putside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/Oł									
	Date	Payee name								
	02/22/2024	JUAN BOTAS DRIVE THRU								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$31.25	611 S. TEXAS BLVD.								
		WESLACO, TX 78596								
-	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF Ecod/Beverage Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE		, TX, officeholder living expense							
		BEV AND FC	OOD FOR POLLING SITE							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held							
	expenditure to benefit C/OI									

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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: 24/43 Rpt: 31/50		Alvarez, Juan Ramon (Mr.) 00088246								
4	Date	5	5 Payee name								
	02/22/2024		JUAN BOTAS DRIVE THRU								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$23.73		611 S. TEXAS BLVD.								
			WESLACO, TX 78596								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this och	odula)	(b) Description					
ľ	OF	(")	Food/Beverage Expense	top of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		r ood/Bovorago Expondo			Check if Austin	n, TX	, officeholder living expense			
						FOOD AND	BE	V FOR POLL SITE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ht		Office held			
	Date		Payee name								
02/24/2024 JUAN BOTAS DRIVE THRU											
Amount (\$) Payee address; City; State; Zip Code											
	\$16.74										
			WESLACO, TX 78596								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense V FOR POLL SITE			
						FOOD AND		V FOR FOLL SITE			
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	ıht		Office held			
	expenditure to benefit C/OI			C		int		Office field			
_	_	_									
	Date		Payee name								
	02/06/2024		KNVO TV KTFV TV XRIO								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$4,522.00		801 N JACKSON RD								
			MCALLEN, TX 78501								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description					
	OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.										
								, officeholder living expense			
						TELEVISION	1				
						• -					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	lht		Office held			
	F										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	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: 25/43 Rpt: 32/50		Alvarez, Juan Ramon (Mr.) 00088246								
4	Date	5	Payee name								
	02/19/2024		LA PERLA MEAT MARKET								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$111.96		116 JADE 9	ST.							
			WESLACO	, TX 78596							
8	PURPOSE OF				d at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Event Expe	nse					side of Texas. Com <, officeholder living		
								_	-		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nam	e (Office sou	ght		Office he	əld	
	Date		Payee name								
02/02/2024 LA PESCA SEAFOOD											
Amount (\$) Payee address; City; State; Zip Code											
	\$75.29 524 W. UNIVERSITY DR.										
			EDINBURG	, TX 78539							
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 CAMPAIGN MEETING											
	Complete ONLY if direct expenditure to benefit C/O	g					Office he	əld			
	Date		Payee name								
	02/20/2024		Lamar								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$2,137.50		2001 Indust	rial Way							
				-							
			San Benito,	TX 78586		i					
	PURPOSE OF EXPENDITURE		Category _{(S} , Advertising		d at the top of this sch	nedule)		avel outs ustin, TX	side of Texas. Com <, officeholder living ETIN		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nam	e (Office sou	ght		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		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: 26/43 Rpt: 33/50	Alvarez, Juan Ramon (Mr.)	00088246							
4	Date	Payee name								
	02/09/2024	MEDINA, DONATO								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3,000.00	1701 ORCHID AVE. MCALLEN, TX 78504								
8	PURPOSE OF EXPENDITURE									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/14/2024									
Amount (\$) Payee address; City; State; Zip Code										
	\$150.00 1701 ORCHID AVE.									
		MCALLEN, TX 78504								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense LE							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name								
	02/22/2024	MURPHY USA								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 626 N. CESAR CHAVEZ RD								
		ALAMO, TX 78516								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	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	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office 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: 27/43 Rpt: 34/50	Alvarez, Juan Ramon (Mr.) 00088246							
4	Date 02/22/2024	Payee name MURPHY USA							
6	Amount (\$) \$88.00	 Payee address; City; State; Zip Code 626 N. CESAR CHAVEZ RD ALAMO, TX 78516 							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) GAS (b) Description 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date 02/22/2024	Payee name MURPHY USA							
	Amount (\$) Payee address; City; State; Zip Code \$88.00 626 N. CESAR CHAVEZ RD ALAMO, TX 78516								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/11/2024	MY PLACE RESTAURANT							
	Amount (\$) \$740.20	Payee address; City; State; Zip Code 405 E. UNIVERSITY DR.							
		EDINBURG, TX 78539							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. . TX, officeholder living expense EVENT						
	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/Political Comm Credit Card Payment								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: 28/43 Rpt: 35/50		Alvarez, Juan Ramon (Mr.) 00088246								
4	Date	5	Payee name								
	01/30/2024		Martinez, EFRAIN (Mr.)								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$5,000.00		PO BOX 772								
			Edinburg, TX 78541								
8	PURPOSE	(a) (Category (See Categories listed at the top	of this sche	edule)	b) Description					
	OF EXPENDITURE		Consulting Expense					side of Texas. Complete Schedule T.			
								c, officeholder living expense			
							1017 (
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								Office held			
	Date		Payee name								
02/05/2024 Martinez, EFRAIN (Mr.)											
Amount (\$) Payee address; City; State; Zip Code											
	\$3,678.00		PO BOX 772		•						
	,										
	DUDDOOF		Edinburg, TX 78541			(L)					
	PURPOSE OF		Category (See Categories listed at the top	of this sche	edule)	b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Consulting Expense					a, officeholder living expense			
						CAMPAIGN	MA	NAGEMENT			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought						Office held			
	Date		Payee name								
	02/13/2024		McAllen Chamber of Commerce	е							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$145.00		L200 Ash Ave.								
			McAllen, TX 78501								
	PURPOSE OF		Category (See Categories listed at the top	of this sche	edule)	b) Description					
	OF Printing Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense										
								, oncenduer wing expense			
							2				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee Foo Gif nmittee Le	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: 29/43 Rpt: 36/50	Alvarez, Juan	Ramon (Mr.)			-	00088246	· · · · · ·		
4	Date	Payee name								
	01/26/2024	McAllen Chamber of Commerce								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,100.00	1200 Ash Ave								
		McAllen, TX 7	8501							
8	PURPOSE	Category (Saa	Categories listed at the top o	f this schoolule)	(b) Description	n				
-	OF	Advertising Ex		i this schedule)	· · ·		side of Texas. Comp	lete Schedule T.		
	EXPENDITURE	y			Check if	Austin, TX	X, officeholder living	expense		
					PUSHC	ARDS				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officel	holder name	Office so	ught		Office he	ld		
	Date	Payee name								
01/31/2024 Mendoza, Dora Olivares (Mrs.)										
Amount (\$) Payee address; City; State; Zip Code										
	\$1,000.00	4809 Curry Ro		<i>,</i> , ,						
	+_,000.00									
		Edinburg, TX	78542							
OF Consulting Expense					Check if	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ADVERTISING				
					ADVER	IISING				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						ld		
	Date	Payee name								
	01/31/2024		a Olivares (Mrs.)							
	Amount (\$)	Payee address;	City;	State; Zip C	ode					
	\$1,000.00	4809 Curry Ro		ouuto,p o						
	+_,000.00									
		Edinburg, TX	78542							
	PURPOSE OF		Categories listed at the top o	f this schedule)	(b) Description					
	EXPENDITURE	Salaries/Wage	es/Contract Labor				side of Texas. Comp X, officeholder living			
-	Complete ONLV if direct	Candidate/Officel	holder name	Office co	l		Office he	Id		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Januiuale/OIIICel		Office so	ugin		Unice ne	iu		
-										

	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: 30/43 Rpt: 37/50	Alvarez, Juan Ramon (Mr.)	00088246					
4	Date 01/31/2024	Payee name Mendoza, Dora Olivares (Mrs.)						
6	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4809 Curry Rd. Edinburg, TX 78542						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/06/2024	NEXSTAR MEDIA GROUP						
	Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 545 E JOHN W CARPENTER FWY IRVING, TX 75062						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. , TX, officeholder living expense DIA					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/08/2024	OFFICE DEPOT						
	Amount (\$) \$74.68	Payee address; City; State; Zip Code 2509 E EXPRESSWAY 83						
		MISSION, TX 78572						
	PURPOSE OF EXPENDITURE	OF Printing Expense						
	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	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens	se Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 31/43 Rpt: 38/50	Alvarez, Juan Ramon (Mr.)	00088246					
4	Date	Payee name						
	01/31/2024	Divares, Julia Delia (Mrs.)						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	.803 Crawfish Drive						
		Edinburg, TX 78542						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description					
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
			GOTV					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/31/2024	Dlivares, Julia Delia (Mrs.)						
Amount (\$) Payee address; City; State; Zip Code								
	\$1,000.00 1803 Crawfish Drive							
		Edinburg, TX 78542						
	PURPOSE OF	S ((construction of the						
	EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
			GOTV					
	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	-						
	Date	Payee name						
	02/16/2024	PUBLIC RESEARCH GROUP						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$12,943.80	.35 PASEO DEL PRADO SUITE 62						
	+==,0 10100							
		EDINBURG, TX 78539						
-	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description					
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
			MMS TEXTING SERVICES					
	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		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: 32/43 Rpt: 39/50	Alvarez, Juan Ramon (Mr.)	00088246						
4	Date 01/27/2024	Payee name RICK'S ICE CO.							
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 401 W. CLARK ST.							
		PHARR, TX 78577							
8 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 ICE FOR POLITICAL EVENT									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/22/2024	RIOS MEAT MARKET							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15.39	505 W. SANTA ROSA SUITE A EDCOUCH , TX 78538							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel of the comparison of the compari	outside of Texas. Complete Schedule T. TX, officeholder living expense MEETING						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
-	Date	Payee name							
	01/31/2024	RODRIGUEZ, ALICIA							
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 122 PETER ST							
		EDINBURG, TX 78539							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense L						
	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	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials ittee Legal Services The Instruction Gu	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: 33/43 Rpt: 40/50	Alvarez, Juan Ramon (Mr.)00088246								
4	Date 01/26/2024	Payee name RODRIGUEZ, LETICIA								
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 115 W 9TH ST SAN JUAN, TX 78589								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	01/26/2024	RODRIGUEZ, LETICIA								
	Amount (\$) \$500.00	Payee address; City; 15 W 9TH ST GAN JUAN, TX 78589	State; Zip Co	de						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Category Category Contract La			outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	02/20/2024	RODRIGUEZ, MARISELA								
	Amount (\$) \$420.00	Payee address; City; 509 PASEO ENCANTADC	State; Zip Co ST	de						
		AISSION, TX 78572								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at th Galaries/Wages/Contract La			outside of Texas. Complete Schedule T. , TX, officeholder living expense					
ļ	Complete ONLY if direct expenditure to benefit C/OF	ndidate/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 Gitt/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: 34/43 Rpt: 41/50	Alvarez, Juan Ramon (Mr.)	00088246								
4	Date	Payee name									
	02/20/2024	ROMO , MARIA									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$420.00	1511 SAN FRANCISCO ST									
		PALMVIEW, TX 78572									
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
		GOTV	TX, oncerolider hving expense								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/01/2024	Ramirez, Ruth (Ms.)									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,400.00 418 Saint Marie										
		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/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/01/2024	Ramirez, Ruth (Ms.)									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,400.00	418 Saint Marie									
		Mission, TX 78572									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T.								
		GOTV	TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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		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: 35/43 Rpt: 42/50	Alvarez, Juan Ramon (Mr.)	00088246					
4	Date 02/15/2024	5 Payee name Revv Up						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$6,930.00	1919 Ash Circle Ediburg, TX 78539						
8	PURPOSE	(a) Category (or organize listed at the transfit is a table of (b) Description						
0	OF	Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/01/2024	Revv Up						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$7,240.00	1919 Ash Circle Ediburg, TX 78539						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ING					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/26/2024	Rodriguez, Brenda (Ms.)						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 5608 Sugarland Drive						
		Edinburg, TX 78542						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living 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/Political Committee Credit Card Payment				Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Rei Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis						quipment & Related E		
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 36/43 Rpt: 43/50		Alvarez, Ju		(Mr.)					00088246		
4	Date	5	Payee name									
	01/26/2024		Rodriguez,	Brenda (M	s.)							
6	Amount (\$)	7	Payee addre	ss; City	State	; Zip Co	de					
	\$500.00		5608 Suga	rland Drive								
			Edinburg, T	X 78542								
8	PURPOSE	(a)	Category (S	ee Categories lis	sted at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Contr	act Labor					de of Texas. Com		
								GOTV	, тх,	officeholder living	expense	
								GUIV				
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	icenolder na	me	Office sou	gnt			Office he	eld.	
	Date		Payee name									
	01/29/2024		SALINAS, I	RMA (Mrs.)							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$500.00		1307 E MA	-								
	\$000100		1001 2 107									
			EDINBURG	G, TX 78539	9							
	PURPOSE OF	(a)			sted at the top of this sch	hedule)	(b)	Description				
	EXPENDITURE		Consulting	Expense						de of Texas. Com officeholder living		
								GOTV	, 17,	onicendider hving	expense	
								0011				
_	Complete ONLY if direct		Candidate/Off	iooboldor no		Office sou	abt			Office he	Nd	
	expenditure to benefit C/OI		Januluale/OII		ine		yn			Onice ne	au	
_		-										
	Date		Payee name		、							
	02/05/2024		SALINAS, I	RMA (Mrs.)							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$500.00		1307 E MA	HL ST								
			EDINBURG	, тх 78539	9							
	PURPOSE	(a)	Category (S	ee Categories lis	sted at the top of this sch	hedule)	(b)	Description				
	OF		Salaries/Wa			,		Check if travel of	outsid	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			0			l	Check if Austin,	, тх,	officeholder living	expense	
								GOTV				
	Complete ONLY if direct		Candidate/Off	iceholder na	me	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fe Fo Gi nmittee Le	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				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: 37/43 Rpt: 44/50		Alvarez, Juan	Ramon (Mr.)					00088246	
4	Date 02/05/2024		Payee name SALINAS, IRI	MA (Mrs.)						
6	Amount (\$)		Pavee address	· · ·	Stato	; Zip Co	10			
U	\$500.00		1307 E MAHL	ST	State	, Zip C 0	76			
			EDINBURG,	X 78539						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	holder name	C	Office sou	Jht		Office he	əld
	Date		Payee name							
	02/14/2024		SALINAS, IRI	MA (Mrs.)						
	Amount (\$) \$500.00		Payee address 1307 E MAHL		State	; Zip Co	le			
			EDINBURG,	FX 78539						
	PURPOSE OF EXPENDITURE		Category _{(See} Salaries/Wag			nedule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	holder name	(Dffice sou	ıht		Office he	eld
	Date		Payee name							
	01/27/2024		SAMS CLUBS	5						
	Amount (\$) \$397.00		Payee address 7601 N 10TH	City;	State	; Zip Co	le			
			MCALLEN, T	× 78504						
	PURPOSE OF EXPENDITURE		Category _{(See} Food/Beveraç	-	the top of this sch	nedule)	Check if Austir	n, TX,	ide of Texas. Com , officeholder living VERAGE FC	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office	holder name	(Dffice sou	ıht		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	Event Expense Loan Repayment/Reimburseme 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.						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
-	Sch: 38/43 Rpt: 45/50	Alvarez, Juan Ramon (Mr.)	00088246					
4	Date 02/21/2024	Payee name SAMS CLUBS						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$44.72 7601 N 10TH MCALLEN, TX 78504							
8	PURPOSE OF EXPENDITURE	ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense D BEV FOR POLLING SITE						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/26/2024	SOLIS, ALEJANDRO (Mr.)						
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 424 NORTH KENYON RD EDINBURG, TX 78541						
	PURPOSE OF EXPENDITURE		ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/26/2024	SOLIS, ALEJANDRO (Mr.)						
	Amount (\$) \$600.00	Payee address;City;State;ZipCode424 NORTH KENYON RD						
		EDINBURG, TX 78541						
	PURPOSE OF EXPENDITURE		ivel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense r banners					
	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/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 39/43 Rpt: 46/50	Alvarez, Juan Ramon (Mr.)	00088246						
4	Date	Payee name							
	02/15/2024	SOLIS, ROEL (Mr.)							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$800.00	2416 E ROGERS RD APT 3							
		EDINBURG, TX 78542							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Au	stin, TX, officeholder living expense						
		SIGN DIST	RIBUTION						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2024	SOSA, NATIVIDAD							
_	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	1500 SAN FELIPE DR							
	φ1,000.00	1300 SAN FELIFE DR							
		MISSION, TX 78572							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		vel outside of Texas. Complete Schedule T.						
	-		stin, TX, officeholder living expense						
		CAMPAIGI	N MANAGEMENT						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
-	Date	Payee name							
	01/27/2024	SPECS							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.28	1509 S. CAGE BLVD.							
		PHARR, TX 78577							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
		Event Expense	vel outside of Texas. Complete Schedule T.						
	EXPENDITURE		stin, TX, officeholder living expense						
		BEVERAG	E POLITICAL EVENT						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	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	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 40/43 Rpt: 47/50	Alvarez, Juan Ramon (Mr.)	00088246					
4	Date 01/29/2024	Payee name STRIPES						
6	Amount (\$) \$141.00	Payee address; City; State; Zip Code 1009 EXPRESSWAY 83 DONNA, TX 78537						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense SCRATCH OFFS FOR EVENT								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/21/2024	STRIPES						
	Amount (\$) \$40.43	Payee address; City; State; Zip Code 911 W EDINBURG AVE ELSA, TX 78543						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense BEV FOR POLL SITE					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/21/2024	SUBWAY						
	Amount (\$) \$36.40	Payee address; City; State; Zip Code 1123 E 9TH ST						
		MISSION, TX 78572						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense BEV POLL SITE					
	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							quipment & Related Expense	
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)	
	Sch: 41/43 Rpt: 48/50	Alvarez, Juan Ran	non (Mr.)				00088246	· · · · · ·	
4	Date 02/08/2024	Payee name Segura, Alberto (N	lr.)						
6	Amount (\$) \$2,250.00	 7 Payee address; City; State; Zip Code 1520 Begonia Elsa, TX 78542 							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name (Office soug	ht		Office he	ld	
	Date	ayee name							
	02/20/2024	ELEMUNDO 40							
	Amount (\$) \$2,550.00	Payee address; 200 S 10TH ST 2N ACALLEN , TX 78	ID FLOOR	; Zip Cod	e				
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Advertising Expen	ies listed at the top of this sch S C	nedule)		n, TX,	le of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name (Office soug	ht		Office he	ld	
	Date	ayee name							
	02/13/2024	HE MERCEDES	ENTERPRISE						
	Amount (\$) \$500.00	Payee address; 805 S MISSOURI		; Zip Cod	e				
		VERCEDES, TX 7	8570						
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Advertising Expen	ies listed at the top of this sch S C	nedule)			le of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	r 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense			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)		
1	Total pages Schedule F1:	2	FILER NAME							Filer ID	(Ethics C	Commission Filers)	
	Sch: 42/43 Rpt: 49/50			Juan Ramon (Mr.)						00088246			
4	Date	5	Payee name										
	02/01/2024		UPPER VALLEY MAIL SERVICES LLC										
6	Amount (\$)	7	7 Payee address; City; State; Zip Code										
	\$2,021.58		1418 BEECH AVE #109										
			MCALLEN , TX 78501										
8	PURPOSE	(a)	Category (Soo Ca	togorios listod at the t	top of this sch	odulo)	(b) Desc	cription					
-	OF OF Advertising Expanse				plete Sched	ule T.							
	EXPENDITURE						Пс	heck if Austin,	, тх,	officeholder living	expense		
		POLITICAL MAILER											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	older name	C	Office sou	pht			Office he	eld		
	Date		Payee name										
	02/14/2024 UPPER VALLEY MAIL SERVICES LLC												
	Amount (\$)	Payee address; City; State; Zip Code											
	.,	\$14,149.58 1418 BEECH AVE #109											
	+= .,=												
			MCALLEN , TX	78501									
	PURPOSE OF	(a)	Category (See Ca		top of this sch	edule)	(b) Desc	•					
EXPENDITURE			Advertising Expense					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							PROCESS MAILING						
								0200 11					
	Complete ONLY if direct		Candidate/Officeho	older name		Office sout	nht			Office he	hl		
expenditure to benefit C/OH													
_	Date Payee name												
	02/07/2024		UPPER VALLE	Y MAIL SERV	ICES LL	С							
	Amount (\$) Payee address; City; State; Zip Code												
	\$606.11 1418 BEECH AVE #109												
	\$000.11		1410 DELCITY										
		MCALLEN , TX 78501											
	PURPOSE	(a)	Category (See Ca	tegories listed at the t	top of this sch	edule)	(b) Desc	•					
	OF EXPENDITURE		Advertising Exp	ense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
							MAI		, TX,	officeholder living	expense		
							IVIAI						
		Ľ	Condidate Office -	ldor nome			sht			Office	Jd		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	nuel name	Ĺ	Office sou	JIIL			Office he	εiu		

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			yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor nplete 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:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 43/43 Rpt: 50/50		Alvarez, Juan Ramon (Mr.))				00088246			
4	Date	5	5 Payee name								
	01/26/2024		VALADEZ, ANNETTE								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
ľ	\$1,000.00	ľ	2106 northgate drive								
	\$1,000.00										
		weslaco, TX 78599									
8	PURPOSE OF	(a)	Category (See Categories listed at	the top of this sch	nedule)	(b) Description					
	EXPENDITURE Consulting Expense Consulting expense Check if travel outside of Texas. Complete Sch										
						GOTV	, 17,	, oneenolder inving	expense		
9	Complete ONLY if direct		Candidate/Officeholder name	(Office soug	iht		Office he	ld		
-	expenditure to benefit C/OI					,					
	Date		Payee name								
	02/09/2024		VALADEZ, ANNETTE								
_			· · · · · · · · · · · · · · · · · · ·	Ctata		10					
	Amount (\$)	Payee address; City; State; Zip Code 00 2106 northgate drive									
	\$2,000.00										
			weslaco, TX 78599								
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF OF Check if travel outside of Taxas Complete Schedule T										
EXPENDITURE			Consulting Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				GOTV							
						0017					
_	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ıht		Office he	ald.		
	expenditure to benefit C/Oł					, ne		Office fie			
_	Data	_									
	Date		Payee name								
02/22/2024 WALMART SUPERCENTER											
Amount (\$) Payee address; City; State; Zip Code											
	\$92.47 1724 W UNIVERSITY DR										
	EDINBURG, TX 78539										
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	nedule)	(b) Description					
			Food/Beverage Expense					ide of Texas. Comp			
	EXPENDITORE Check if Austin, TX, officeholder living expense FOOD AND BEV POLL SITE										
							DE,	V PULL SITE	<u>-</u>		
	0			-	2.45						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	Int		Office he	210		