CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth 00088328	ics Commission Filers)	2 Total pages filed: 20			OFFICE US	SE ONLY			
L						Date Received				
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Francisco		MI	ELECTRONICAL 02/26/2024	LY FILED			
		NICKNAME	LAST		SUFFIX					
			Ponce			Data Lland delivered or D	ata Daatmarkad			
4		January 15	Runoff	Other (s	pecify)	Date Hand-delivered or D	ate Postmarked			
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount			
		X 30th day before election	15th day after campointment (office							
		8th day before election	Final Report (Attac			Date Processed				
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged				
	COVERED	01/01/2024	THROUGH	02/24/2024		-				
6	EXPLANATION OF (CORRECTION								
	02/24/24. When I trie	ould have been from 1/1/24 ed to do my 8 day report the ver expenditures from 02/02	computer would not le	,	,					
7	AFFIDAVIT		Isw	ear, or affirm, under pe	analty of periupy	that this corrected r	enort is true			
				correct.	maily of perjury,	, that this conected i	eport is true			
			Che	ck the box next to any	and all applicab	le statements:				
				Semiannual reports was made in good fa misrepresent the info	ith and without a					
			X	Other reports: Is report not later than to that the report as orig swear, or affirm, that filed was made in go	he 14th busines jinally filed is ina any error or om	accurate or incomple	I learned ete. I			
					Mr. Francisco	Ponce				
				Signatu	re of Candidate	or Officeholder				
	AFFIX NOTARY ST	AMP / SEAL ABOVE								
	Sworn to and subso	ribed before me, by the sai	d		, this th	e	day			
	of	, 20, to cert	ify which, witness my	hand and seal of office						
	Signature of offic	er administering oath	Printed name of o	ficer administering oat	h T	itle of officer adminis	stering oath			
		Remember To At Nee		The Campaign F nd Explain Corre		ort Form				
Fo	rms provided by Tex	xas Ethics Commission	rms provided by Texas Ethics Commission www.ethics.state.tx.us V3.5.1.9000c47f							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00088328						2 Total pages filed: 20		
3	CANDIDATE /	MS / MRS / MR F	IRST		MI	OFFICE U			
	OFFICEHOLDER	Mr. F	rancisco						
	NAME		Tarioiseo			Date Received			
						ELECTRONICA	LLY FILED		
		NICKNAME L	AST		SUFFIX	02/26/2024			
					501 HX				
		F	once						
4	CANDIDATE /	ADDRESS / PO BOX; APT / S	UITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
	OFFICEHOLDER	1088 Highway 85							
	MAILING ADDRESS					Receipt #	Amount		
	ADDRE35								
	Change of Address	Carrizo Springs, TX 78834				Date Processed			
						Date i recocca			
						Date Imaged			
_									
5	CAMPAIGN TREASURER	MS / MRS / MR FI	RST		MI				
	NAME	Mr. F	rancisco G.						
		NICKNAME L/	AST		SUFFIX				
			once		0011.00				
			Unce						
6	CAMPAIGN	STREET ADDRESS (NO PO BO	DX PLEASE);	APT	r / SUITE #; CITY;	STA	TE; ZIP CODE		
	TREASURER ADDRESS	1088 Highway 85							
	ADDITESS								
	(Residence or Business)								
		Carrizo Springs, TX 78834							
-	CAMPAIGN	AREA CODE PHONE	NUMBER E	VTENCION					
7	TREASURER			EXTENSION					
	PHONE	(830) 876-8386							
8	REPORT					_			
	TYPE	January 15 X	30th day before	election	Runoff	15th day after cam appointment (office			
					E sus de desentre de la la	-			
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)		
					1 0				
9	PERIOD	Month Day Year			Month Day	Year			
	COVERED	01/01/2024	TF	IROUGH	02/24/2024	4			
10	ELECTION	ELECTION DATE			ELECTION TYPE				
		Month Day Year		rimary	Runoff	Other			
		03/05/2024							
			G	eneral	Special				
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)			
					Criminal District A	Attorney District 2	.93 rd		
1						,			
\vdash									
1									
1									
1			GO T	O PAGE 2					
L									
For	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 20

13 C / OH NAME	Ponce, Francisco (M	.)	14 Filer ID 00088328	(Ethics Commis	ssion Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or offic	eholder's knowl	edge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00	
	3)	\$	1,840.25			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	8,271.28	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT	-			-		
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		Mr. F	Francisco Ponce			
Signature of Candidate or Officeholder						
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	(day	
		ertify which, witness my hand and seal of office.				
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering	oath	
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5	5.1.9000c47f	

SUBTOTALS - C/OH		СС	FORM C/OH OVER SHEET PG 3 4 of 20
18 FILER NAME Ponce, Francisco (Mr.)		19 Filer ID 00088328	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POL	ITICAL CONTRIBUTIONS		\$ 1,490.25
2. X SCHEDULE A2: NON-MONETARY	(IN-KIND) POLITICAL CONTRIBUTIONS		\$ 350.00
3. X SCHEDULE B: PLEDGED CONTR	IBUTIONS		\$ 0.00
4. X SCHEDULE E: LOANS			\$ 0.00
5. X SCHEDULE F1: POLITICAL EXPE	NDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 0.00
6. X SCHEDULE F2: UNPAID INCURRI	ED OBLIGATIONS		\$ 0.00
7. X SCHEDULE F3: PURCHASE OF IN	VESTMENTS FROM POLITICAL CONTRIBUTIO	ONS	\$ 0.00
8. X SCHEDULE F4: EXPENDITURES	MADE BY CREDIT CARD		\$ 6,942.92
9. X SCHEDULE G: POLITICAL EXPEN	IDITURES FROM PERSONAL FUNDS		\$ 1,328.36
10. SCHEDULE H: PAYMENT FROM F	POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EX	PENDITURES FROM POLITICAL CONTRIBUTIC	DNS	\$
12. SCHEDULE K: INTEREST, CREDIT TO FILER	TS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$
			·

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

\models				=		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/20	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Ponce, Fran	icisco (Mr.)			00088328	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/27/2024	Ponce, Francisco (Mr.)	1			\$75.00
	I	6 Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
	I		!			
	I		1			
<u> </u>		Carrizo Springs, TX 78834	<u> </u>			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	01/23/2024	Ponce, Francisco (Mr.)				\$350.00
	I		1			
	Corrigo Coringo TV 70024					
⊢	Carrizo Springs, TX 78834			ŕ		
	Principal occu attorney	upation / Job title (See Instructions)	Employer (See Instructions	3)		
			self	, –		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/02/2024 Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code		!			\$200.00
			1			
	I		1			
	I	Carrizo Springs, TX 78834	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	Attorney		Self	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	01/28/2024	Full name of contributor out-of-state PAC (ID#: Ponce, Francisco (Mr.)				\$125.75
		Contributor address; City; State; Zip Code				Ψ120
	I	CUITIBUTOR duress, City, State, Lip Coul	1			
	I		1			
	I	Carrizo Springs, TX 78834	1			
	Principal occupation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	01/29/2024	Ponce, Francisco (Mr.)				\$250.00
Contributor address; City; State; Zip Code		Contributor address; City; State; Zip Code		1		
	I		1			
		Carrizo Springs, TX 78834				
Γ	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Self			
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 6/20 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Ponce, Francisco (Mr.) 00088328 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 01/18/2024 \$350.00 Ponce, Francisco (Mr.) 6 Contributor address; City; State; Zip Code Carrizo Springs, TX 78834 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 01/18/2024 \$139.50 Ponce, Francisco (Mr.) Contributor address; City; State; Zip Code Carrizo Springs, TX 78834 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	SCHEDULE	A2
SCHEDULE AZ		~ ~
	SCHEDULE	AZ

	The Instru	ction Guide explains how to complete this f	form. 1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/20					
2	FILER NAME			3	3 Filer ID (Ethics Commission Filers)			
	Ponce, Frar	ncisco (Mr.)			00088328			
4	TOTAL OF	UTIONS	\$			0.00		
 5 Date 02/22/2024 6 Full name of contributor □ out-of-state PAC (ID#: Ponce, Francisco R. (Mr.) 7 Contributor address; City; State; Zip Code Carrizo Springs , TX 78834)	8		In-kind contribution description olitical t-shirts de of Texas. Complete Sche	dule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			11 Employer (FOR NON-JUDICIAL) (See instructions)					
attorney			Self					
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See instructions)					
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributo	or's	spouse (if any) (FOF	R JUDICIAL)		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 8/20
Ponce, Francisco (Mr.)	3 Filer ID (Ethics Commission Filers) 00088328
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
7 Pledgor Address; City; State; Zip Code	8 Amount of 9 In-kind description pledge (\$) (If applicable) Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	ctions)

LOANS		SCHEDU	LE E	
The Instruction Guide explains how to complete this form.		ges Schedule E: 1 Rpt: 9/20		
2 FILER NAME Ponce, Francisco (Mr.)	3 Filer ID 000883	ID (Ethics Commission Filers) 88328		
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00	
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate		
		11 Maturity Date		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions))			
14 Description of Collateral 15 Check if personal funds we None	re deposited	l into political account (See Instructions))	
Image: marked system Image: marked system 16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guarante	ed (\$)	
not applicable 18 Guarantor address; City; State; Zip Code				
20 Principal occupation 21 Employer (See Instructions)			

	EXPENDITURE CATEGORI							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		- Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I		
		The Inst	ruction Guide explains he	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
	Sch: 1/6 Rpt: 10/20	Ponce, Francisco (Mr.)	00088328				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
	ISSUER	Bank of	f America	EXPENDITURES CHARGED TO A CREI CARD	от \$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$85.87	02/17/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		United States Post	al Service	572 West Carter Street	:			
			Asherton , TX 78827					
8	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Advertising Expense	of this schedule)	Mail Out Political flyers				
	X Political	· · · · · · · · · · · · · · · · · · ·						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin,	TX, officeholder living ex	pense		
9	Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held			
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$65.77	02/16/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				401 N. 5th Street				
		United States Post	a Service					
				Carrizo Springs, TX 78	834			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Advertising Expense		Mail out political flyer				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1		TX, officeholder living ex	pense		
	Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held			
e	xpenditure to benefit C/OH		[4					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
		\$108.20	02/06/2024					
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(d) Payee name		2277 N. UsHwy 83	eny,	otato,	Lip couo	
United States Postal Service		al Service						
				Crystal City, TX 78839				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Mail out flyers				
l	X Political	Advertising Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin,	TX, officeholder living ex	pense		
\vdash	Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held			
e	xpenditure to benefit C/OH							
-								

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categoi	nt & Related	
		The Inst	ruction Guide explains h	ow to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 2/6 Rpt: 11/20	Ponce, Francisco (I	Mr.)		00088328		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	⊤ \$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
		\$68.00	02/12/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				401 N. 5th Street			
		United States Posta	al Service				
				Carrizo Springs, TX 788	34		
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description			
		Advertising Expense	of this schedule)	Mail out political flyers			
	X Political						
	Non-Political		of Texas. Complete Schedule		X, officeholder living exp	ense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
		\$1,900.00	01/08/2024				
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		Crazy Chaon Daliti		11525 Dr B220			
		Crazy Cheap Politic	ai siyris				
				Austin, TX 78758			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Political Signs			
		Advertising Expense	,	Pullical Signs			
	X Political						
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		X, officeholder living exp Office held	ense	
e e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Onicenoider	name Oi	fice sought	Office field		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
		\$2,055.93	01/30/2024	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		φ2,000.90	01/30/2024				
-	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				11525 Stonehollow Dr. E			
		Crazy Cheap Politic	cal Signs				
				Austin, TX 78758			
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Political Signs			
	Non-Political		of Toyon Complete Called L		V. officebold - Thin-		
-		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	fice sought	X, officeholder living exp Office held	lense	
P	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH		nume OI	noo oougin	Onice Held		
Ľ,							

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
	The Inst	ruction Guide explains he	ow to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 3/6 Rpt: 12/20	Ponce, Francisco (I	Mr.)		00088328		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	ыт \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$125.00	01/30/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Eagle Pass Busine	ss Journal	P.O. Drawer 2160			
			Eagle Pass, TX 78852			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Political Newspaper ad			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin,	TX, officeholder living exp	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$125.75	01/28/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	H.E.B.		2030 N. 1st			
	п.с.р.					
			Carrizo Spriings, TX 78	834		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description food items and sandwic	hes for meet and	d areet	
X Political	Event Expense				greet	
Non-Political		of Texas. Complete Schedule 1		TX, officeholder living exp	20200	
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		fice sought	Office held	pense	
expenditure to benefit C/OH			0			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$139.00	01/10/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Zavala County Sen	tinol	202 E. Nueces			
	(a) Category		Crystal City, TX 78839 (b) Description			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Newspaper ad			
X Political	Advertising Expense					
Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gift/Award	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a categol	nt & Related I	
	The Inst	ruction Guide explains he	ow to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 4/6 Rpt: 13/20	Ponce, Francisco (I	Mr.)		00088328		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	т \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$168.00	01/24/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			202 E. Nueces			-
	Zavala County Sen	tinel				
			Crystal City, TX 78839			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Advertising Expense		Newspaper ad			
X Political						
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T		X, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			fice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$1,500.00	01/11/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Gram		2431 Del Rio Blvd			
	(a) Category		Eagle Pass, TX 78834 (b) Description			
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Political Ad			
X Political	Advertising Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austin T	X, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	•	fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$58.87	02/12/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	United States Posta	al Service	410 S. Bibb			
PURPOSE OF	(a) Category		Eagle Pass , TX 78852 (b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Mail out political flyers			
X Political	Advertising Expense					
Non-Political		of Texas. Complete Schedule T		X, officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Award	erage Expense Is/Memorials Expense	Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Solicitation/Fundraising Expense Fransportation Equipment & Rela Fravel in District Fravel Out of District OTHER (enter a category not liste	
	The Inst	ruction Guide explains he	ow to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)
Sch: 5/6 Rpt: 14/20	Ponce, Francisco (Mr.)		00088328	
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED		
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI CARD	т \$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$219.88	02/09/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
	(a) Fayee hame		275 Wyman Street	City, Stat	
	Vista Print		275 Wyman Street		
			Waltham, MA 02451		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Expense for Political Flye	ers	
X Political	Advertising Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	Check if Austin T	K, officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held	
expenditure to benefit C/OH			5		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$130.00	02/14/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
		19	202 E. Nueces		
	Zavala County Sen	itinei			
			Crystal City, TX 78839		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description		
	Advertising Expense	or this schedule)	Newspaper ad		
X Political					
Non-Political		of Texas. Complete Schedule T		K, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$108.20	02/17/2024			
PAYEE				0.1	7. 0. 1
PATEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code
	United States Posta	al Service	2277 N. Hwy83		
			Crystal City, TX 78839		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Mail Out Political Flyers		
X Political	Advertising Expense				
Non-Political		of Texas. Complete Schedule 1		K, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held	
expenditure to benefit C/OH					

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Award	ense rage Expense s/Memorials Expense	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)	
		The Inst	ruction Guide explains I	how to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
	Sch: 6/6 Rpt: 15/20	Ponce, Francisco (I	Mr.)		00088328	
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED		
	ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT CARD	「 \$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
		\$84.45	02/20/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode
		United States Posta	al Service	410 S. Bibb		
				Eagle Pass , TX 78852		
8	PURPOSE OF	(a) Category		(b) Description		
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Mail out political flyers		
	X Political	Advertising Expense				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin, TX	, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held	
е	xpenditure to benefit C/OH					

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense verhead/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 G: Sch: 1/5 Rpt: 16/20	2 FILER NAME Ponce, Francisco (Mr.)	3 Filer ID (Ethics Commission Filers) 00088328	
4 Date 02/09/2024	5 Payee name Garza, Trisha (Mrs.)	I	
6 Amount (\$) \$100.00 Reimbursement from political contributions intended	 7 Payee address; City; State; Zip Code 16 Old Loma Vista Road Batesville, TX 78829 		
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 Political worker, handing out flyers, carrying voters	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
02/16/2024	Garza, Trisha (Mrs.)		
Amount (\$) \$100.00	Payee address; City; State; Zip C 16 Old Loma Vista Road	Code	
	Batesville, TX 78829 Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Political worker, passing out flyers, carrying people to vote	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 02/09/2024	Payee name Maldonado, Vivian (Ms.)		
Amount (\$) \$100.00	Payee address; City; State; Zip C 16 Old Loma Vista Road	Code	
Reimbursement from political contributions intended	Batesville, TX 78829		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense political worker, delivering flyers, carrying voters to vote	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS	SCHEDULE G	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense 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 G: Sch: 2/5 Rpt: 17/20	2 FILER NAME Ponce, Francisco (Mr.)		3 Filer ID (Ethics Commission Filers) 00088328	
4 Date 02/16/2024	5 Payee name Maldonado, Vivian (Ms.)			
6 Amount (\$) \$100.00	 7 Payee address; City; State; Zip C 16 Old Loma Vista Road Batesville, TX 78829 	7 Payee address; City; State; Zip Code 16 Old Loma Vista Road		
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 delivering flyers, carrying people to vote	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date	Pavee name			
02/06/2024	United States Postal Service			
Amount (\$) \$108.20 Reimbursement from political contributions	Payee address; City; State; Zip C 2277 N Highway 83	ode		
intended	Crystal City, TX 78839			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense al flyers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date	Payee name			
02/17/2024	United States Postal Service			
Amount (\$) \$85.87	Payee address; City; State; Zip C 572 West Carter Street	ode		
Reimbursement from political contributions intended	Asherton, TX 78827			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense YerS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held	

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling f / - Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense verhead/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 G: Sch: 3/5 Rpt: 18/20	2 FILER NAME Ponce, Francisco (Mr.)	3 Filer ID (Ethics Commission Filers) 00088328	
4 Date 02/16/2024	5 Payee name United States Postal Service		
6 Amount (\$) \$65.77 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 401 N. 5th Street Carrizo Springs, TX 78834		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense mailing out political flyers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date	Payee name		
02/17/2024	United States Postal Service		
Amount (\$) \$108.20	Payee address; City; State; Zip C 2277 North Hwy 83	Code	
political contributions intended	Crystal City, TX 78839		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Mailing political flyers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Date 02/20/2024	Payee name United States Postal Service		
Amount (\$) \$84.45	Payee address; City; State; Zip C 410 S. Bibb	code	
Reimbursement from political contributions intended	Eagle Pass , TX 78852		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Mail out Political flyers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E / - Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense ixpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 4/5 Rpt: 19/20	2 FILER NAME Ponce, Francisco (Mr.)	3 Filer ID (Ethics Commission Filers) 00088328		
4 Date 02/12/2024	5 Payee name United States Postal Service			
6 Amount (\$) \$68.00	7 Payee address; City; State; Zip Code 401 N. 5th Street			
8 PURPOSE OF EXPENDITURE	Carrizo Springs, TX 78834 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail out political flyers		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	 Candidate/Officeholder name	Office sought Office held		
Date 02/12/2024	Payee name United States Postal Service			
Amount (\$) \$58.87	Payee address; City; State; Zip Code 410 S. Bibb Eagle Pass , TX 78852			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailing out political flyers		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date 02/09/2024	Payee name Vista Print			
Amount (\$) \$219.00	Payee address;City;State;Zip Code275 Wyman Street			
Reimbursement from political contributions intended	Waltham, MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing Ex	ayment/Reimbursement rrhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 5/5 Rpt: 20/20	2 FILER NAME Ponce, Francisco (Mr.)		3 Filer ID (Ethics Commission Filers) 00088328	
4	Date 02/14/2024	5 Payee name Zavala County Sentinel		•	
6	Amount (\$) \$130.00	7 Payee address; City; State; Zip Code 202 E. Nueces			
	Reimbursement from political contributions intended	Crystal City, TX 78839			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description [[Newspaper polit	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ical ad.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	