FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051930 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Ronald NAME Date Received **ELECTRONICALLY FILED** 07/05/2024 NICKNAME LAST **SUFFIX** Ron Rangel CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Rosario NAME NICKNAME LAST **SUFFIX** Rosie Reyes **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 226-9900 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Criminal District Court Judge District 379 Bexar

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Rangel, Ronald (The	Honorable)	14 Filer ID (00051930	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
46 CONTRIBUTION		ZED DOUTION CONTRIBUTIONS OF USD THAN	UPLEDOES LOANS	
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 250.00
EXPENDITURE TOTALS	` `	ZED POLITICAL EXPENDITURES	<u> </u>	\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 40,033.17
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 29,346.71
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 penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Ronald Range	el
			Candidate or Officehol	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			J V L I	3 of 11		
18		R NAM gel, R	neld (The Honorable)	19 Filer ID 00051930	(Ethics	Commission Filers)
20		EDULI E OF S	S	UBTOTAL AMOUNT		
	1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	250.00	
	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
	3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
	4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	39,398.17
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
	8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
	9.	X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				635.00
	10.	0. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHE	DULE A	(J)1
	The Instru	ction Guide explains how to complete this f	Total pages Scher Sch: 1/1 Rpt: 4/2				
2	FILER NAME			3	Filer ID (Ethics (Commission	Filers)
	Rangel, Ron	nald (The Honorable)			00051930		
4	Date	5 Full name of contributor ut-of-state PAC (ID#:_		7	Amount of Contrib	oution (\$)	
	05/05/2024	Ambrosino, Roberto (Mr.)					\$250.00
		6 Contributor address; City; State; Zip Code					
		San Antonio, TX 78257					
8	Contributor's I	Principal Occupation	9 Contributor's Job Title				
	Attorney		Attorney				
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	oous	e (if any)		
	self-employe	ed					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/6 Rpt: 5/11	Rangel, Ronald (The Honorable)	00051930
4 Date	5 Payee name	-
01/12/2024	AmericanBank	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$5.00	803 West Commerce St.	
	San Antonio, TX 78207	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Monthly maintenance fee
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	ght Office held
expenditure to benefit C/O		gnt Office field
Data		
Date 02/12/2024	Payee name AmericanBank	
		-
Amount (\$)	Payee address; City; State; Zip Coo	de la companya de la
\$5.00	803 West Commerce St.	
	San Antonio, TX 78207	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly maintenance fee
		·
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght Office held
expenditure to benefit C/O	-1	
Date	Payee name	
03/12/2024	AmericanBank	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$5.00	803 West Commerce St.	
	San Antonio, TX 78207	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, tooodinang, Barmang	Check if Austin, TX, officeholder living expense
		Monthly maintenance fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç	ght Office held
experialities to beliefft C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 6/11	Rangel, Ronald (The Honorable)	00051930
4	Date	5 Payee name	
	04/12/2024	AmericanBank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	803 West Commerce St.	
		San Antonio, TX 78207	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if trave	l outside of Texas. Complete Schedule T.
	LAPENDITORE		in, TX, officeholder living expense
		Monthly mai	ntenance fee
_	Opening the ONLY if allowed	Overlides (Office helder cover	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/12/2024	AmericanBank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	803 West Commerce St.	
		San Antonio, TX 78207	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ Accounting/Banking	outside of Texas. Complete Schedule T.
		I — I — I	in, TX, officeholder living expense ntenance fee
		I Worlding Hide	menance lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cince field
-	Data	Davis rema	
	Date 01/02/2024	Payee name Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.70	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			d fundraising platform
			31
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Con	nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	ı								Filer ID	(Ethics Commission Filers)
L	Sch: 3/6 Rpt: 7/11	L	Rangel, Ror	nald (The Honora	able)					00051930	
4	Date	5	Payee name								
	05/08/2024		Anedot, Inc.								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$10.30		1340 Poydra	as Street, Suite 1	L770						
			New Orlean	s, LA 70112							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees			<i>'</i>		Check if travel of			plete Schedule T.
								_		officeholder living	
								Cloud-based	ıull	iuraisiriy pla	wom.
9	Complete ONLY if direct	<u> </u>	andidate/Offi	ceholder name		Office sou	ah+			Office he	ald
g	Complete ONLY if direct expenditure to benefit C/OI		anuluate/Offi	Lenoider name		mice SOU	yrıt			Onice ne	ciu
	Date		Payee name								
	04/18/2024		Ardiente, Ni	colette M. (Ms.)							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$100.00		P.O. Box 44	6							
			Helotes, TX	78024							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Mad	de By			=			plete Schedule T.
	LA LADITORE		Candidate/C	Officeholder/Politi	ical Comm	ittee		—		officeholder living	
								Board trustee			unity Colleges District
L	Complete ONLY if direct	<u> </u>	andidate/Offi	ceholder name		Office corr	ab+		•	Office he	old
	expenditure to benefit C/O		ai iuiuale/Oπi	сеношен патте	Ü	Office sou	yııı			Office ne	eiu
		_									
	Date		Payee name	lia Zanati-t- 400	0						
	02/20/2024	⊢		lio Zapatista 438							
	Amount (\$)	ı	Payee addres	ss; City;	State;	Zip Co	de				
	\$100.00		2404 Leal								
L		L	San Antonic	, TX 78207							
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				ш			plete Schedule T.
								Lulac banque		officeholder living ala	g expense
								_s.co sanquo	- 9		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld
	expenditure to benefit C/O						J			200 110	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·						
	Sch: 4/6 Rpt: 8/11	Rangel, Ronald (The Honorable) 00051930						
4	Date	5 Payee name						
	02/23/2024	Monarch Trophy						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,186.50	16227 San Pedro Ave.						
		San Antonio, TX 78232						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Fiesta medals						
		Fiesta ffiedals						
_	Complete ONLY if direct	Condidate (Office holder years Office county						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/09/2024	National Pen Company, LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4,044.12	PO Box 847203						
		Dallas, TX 75284						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense						
		Pens						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	v						
	<u> </u>							
	Date	Payee name						
	04/10/2024	Rangel, Ronald						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$20,000.00	P.O. Box 5538						
		San Antonio, TX 78201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Loan repayment from loan dated 6/30/2023						
		Louir repayment from louir duted 0/30/2023						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 9/11	Rangel, Ronald (The Honorable) 00051930
4	Date	5 Payee name
	04/10/2024	Rangel, Ronald
6	Amount (\$) \$1,219.16	7 Payee address; City; State; Zip Code P.O. Box 5538 San Antonio, TX 78201
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for campaign expenditures from personal funds from 1/1/2020 through 12/31/2020
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2024	Rangel, Ronald
	Amount (\$) \$4,441.16	Payee address; City; State; Zip Code P.O. Box 5538 San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for campaign expenditures from personal funds from 1/1/2021 through 6/30/2022
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2024	Rangel, Ronald
	Amount (\$) \$4,569.08	Payee address; City; State; Zip Code P.O. Box 5538
		San Antonio, TX 78201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for campaign expenditures from 7/1/22 through 12/31/23
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 6/6 Rpt: 10/11	Rangel, Ronald (The Honorable) 00051930
4	Date	5 Payee name
	02/06/2024	Rodriguez, Henry (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2404 Leal
		San Antonio, TX 78207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Ticket sponsorship for Pinatas in the Barrio Fiesta
		event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	06/25/2024	Viva Politics, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1850 Fredericksburg Dr.
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting and campaign management fees
		Consulting and campaign management rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash	Data	Davies norms
	Date 06/05/2024	Payee name Zarriello, Alana
	Amount (\$)	Payee address; City; State; Zip Code
	\$579.15	1001 S. WW White Rd.
		San Antonio, TX 78220
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	purchase of podcast software Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchase of podcast software for Beyond the Gavel
		with Judge Ron Rangel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/1 Rpt: 11/11	Rangel, Ro	nald (The Honorable)				00051930		
4	Date	5 Payee name							
	05/15/2024	Bexar County Democratic Party							
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode				
	\$150.00	1844 Fredr	icksburg Rd.						
	Reimbursement from political contributions intended	San Antoni	San Antonio, TX 78201						
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin, TX, officeholder living expense		
	EXPENDITORE				Hole sponsorship	o for	miniature golf fundraiser		
9	Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH					Office held			
	Date	Payee name					-		
	01/11/2024	Dream Voi							
\vdash	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode				
	\$85.00	l [*]	mmerce St., Suite 200	, _,p 30					
	Reimbursement from	1100 2. 00	minored out, outle 200						
	x political contributions intended	San Antoni	o, TX 78205						
	PURPOSE	Category (s	see Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Event Expe	ense			Ch	eck if Austin, TX, officeholder living expense		
					ticket to Dream V	Vee	k breakfast		
L									
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
H		<u> </u>							
	Date	Payee name							
L	06/25/2024	Rick Moror	ies - Texas Bombas Baseb	all Gold					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode				
	\$400.00	710 4th St.							
	Reimbursement from								
	political contributions intended	Floresville,	TX 78114						
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin, TX, officeholder living expense		
	_/				Campaign name	on	baseball jerseys		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		