CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commit 00042411		2 Total pages f	iled: 20
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Jose			Date Received	
					ELECTRONIC	ALLY FILED
	AUCIALANE			CHEEN	07/15/2024	, , , , , , , , , , , , , , , , , , , ,
	NICKNAME	LAST Menendez		SUFFIX	01713/2024	
		Meriendez				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 100833					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78201				Data Darasasad	
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Estefana		1411		
NAME	IVIS.	LStelalia				
		LAST Martinas		SUFFIX		
		Martinez				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	BOX PLEASE);	AP	/ SUITE#; CITY	; ST.	ATE; ZIP CODE
ADDRESS	114 Olga Dr.					
(Residence or Business)						
	San Antonio, TX 78237					
7 CAMPAICNI	ADEA CODE DUONE	- NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(210) 432-2619					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
		Court day belore		L	appointment (off	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Att	ach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	06/30/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		П	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
III OFFICE	State Senator District 26 Be	exar		State Senator D		
	State Schator District 20 Bi	SAGI		State Seriator E	71311101 20	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Menendez, Jose (The	Honorable)	14 Filer ID 00042411	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made without officeholders are required to report this informat	it the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 21,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 25,150.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 750,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Ho	norable Jose Menende	ez
		Signature	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 20

				3 of 20
18 FILER NAM Menendez	ME z, Jose (The Honorable)	19 Filer ID 00042411	(Ethics Con	nmission Filers)
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,525.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	25,150.94
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	ı.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/20	
2	FILER NAME Menendez, 3	ose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 04/29/2024	 Full name of contributor Associated General Contractor Contributor address; City; State; 			7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 04/01/2024	Caffee, Sarah (Ms.) Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Hockley, TX 77447 pation / Job title (See Instructions)		Employer (See Instructions)		
		· · · · · · · · · · · · · · · · · · ·					
	Date O6/29/2024 Full name of contributor out-of-state PAC (ID#:) Castaneda Jr., Tristan (Mr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00
		Austin, TX 78701	1				
		pation / Job title (See Instructions) utive Consultant		Employer (See Instructions Self)		
	Date 03/01/2024	Full name of contributor X Comcast PAC Contributor address; City; State; Philadelphia, PA 19103	out-of-state PAC (ID#: <u>C002</u> Zip Code	248716)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/01/2024	Full name of contributor Invenergy Investment Compa Contributor address; City; State; Chicago, IL 60606				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/20	
2	FILER NAME Menendez,	Jose (The Honorable)		3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 04/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$7,500.00
8	Principal occu	San Antonio, TX 78278 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ San Antonio Fire & Police Pension Assn. PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Physician Assistants PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Surplus Lines Association PAC Contributor address; City; State; Zip Code Austin, TX 78766			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ZACOPAC Contributor address; City; State; Zip Code San Antonio, TX 78265			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

PLE	OGED CONTRIBUTION	IS				SCHEDULE B
T	he Instruction Guide explains I	how to complete	e this form.	1	Total pages Schedule B Sch: 1/1 Rpt: 6/20	:
2 FILER NA	AME ez, Jose (The Honorable)		3		nmission Filers)	
4 TOTAL	OF UNITEMIZED PLEDGES				\$	0.00
5 Date		out-of-state PAC (ID#: State; Zip Code		8	Amount of pledge (\$)	n-kind description (If applicable)
10 Dringing	occupation / Job title (See Instructions)	1.	14 = 1 (2 1 1	<u> </u>		Texas. Complete Schedule T.
10 Philicipal	occupation / Job title (See Instructions)	-	L1 Employer (See Instru	ICTIC	ons)	

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to c	omplete this f	orm.		al pages Schedule E: h: 1/1 Rpt: 7/20	
2	FILER NAME Menendez, Jose	e (The Honorable)				er ID (Ethics Commission Filers) 042411	
4	TOTAL OF UN	IITEMIZED LOANS			<u> </u>	\$ 0.0	00
5	Date of loan	7 Name of lender	out-of-state PA	C (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	on / Job title (See Instructions)		13 Employer (See Ins	structions)	-	_
14	Description of Coll	lateral		15 Check if personal	funds were depo	osited into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Ins	structions)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)	_
_	Sch: 1/13 Rpt: 8/20		Jose (The Honorable)					00042411	,	
4	Date	5 Payee name								
	03/19/2024	AUEDA								
6	Amount (\$)	7 Payee addre	ess; City; Sta	te; Zip Co	de					
	\$200.00	119 Param	ount Avenue							
		San Antoni	o , TX 78228							
8	PURPOSE	(a) Category (S	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Fees				_		de of Texas. Com		
						10 tickets to F		officeholder living		
						10 lickets to 1	11 1	atas iii tiic b	arno event	
9	Complete ONLY if direct	Candidate/Off	ïceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OF	-								
	Date	Payee name	}							
	01/24/2024	Alpha Pi Ze	eta Foundation							
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	de					_
	\$75.00	2610 Anna	Mae Drive							
		San Antoni	o , TX 78220							
	PURPOSE OF		See Categories listed at the top of this s	schedule)	(b)	Description				
	EXPENDITURE		ns/Donations Made By			=		de of Texas. Comp		
		Candidate/	Officeholder/Political Com	imittee		—		officeholder living Miss Blue Ro	evue Program	
						Donation to ti	ic	MISS DIGC IX	evae i rogiam	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	_
	expenditure to benefit C/O	1								
	Date	Payee name	!		_					
	06/28/2024	Arizona Ca	fe							
	Amount (\$)	Payee addre	ess; City; Sta	te; Zip Co	de					
	\$295.88	1111 South	n General McMullen							
		San Antoni	o , TX 78237							
	PURPOSE	(a) Category (S	See Categories listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			ш		de of Texas. Com		
						Food for subu		officeholder living		
						ו טטט וטו אטטנ	ai D	an ones iulii	GIIGUII	
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ald.	_
	expenditure to benefit C/O		icendidei name	Onice Sou	grit			Office He	สน	
_										_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
				The Instruction Gu	uide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/13 Rpt: 9/20		Menendez,	Jose (The Hono	orable)					00042411		
4	Date	5	Payee name									
	06/18/2024		Cabral, Cyn	thia (Ms.)								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	e					
	\$99.96		15210 Moss	s Way								
			San Antonio	o. TX 78232								
8	PURPOSE	(a)				T _{(t}	b)	 Description				
ľ	OF	"		ee Categories listed at t age Expense	ne top of this schedule)	,	-, 		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 OOG/Deven	age Expense				Check if Austin,	, TX,	officeholder livir	ig expense	
								Reimburseme	ent	for Father's	s Day snacks at	Senior
								centers.				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	sough	nt			Office h	ield	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	01/09/2024		Garcia Ever	nt Center								
	Amount (\$)		Payee addres	ss; City;	State; Ziņ	Code	e					
	\$300.00		1400 Callag	han Road								
			San Antonio	o, TX 78228								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedule)	(k	b)	Description				
	OF EXPENDITURE		Event Exper	nse				<u>—</u>			mplete Schedule T.	
								_		officeholder livir	Senior Sweethe	art
								Dance	,,,,,,	a space for	Schol Sweethe	ωιι
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Office	sough	nt			Office h	neld	
	expenditure to benefit C/O				J5	. coug.				· · · · · · · · · · · · · · · · · · ·		
\vdash	Date	Τ	Payee name									
	04/06/2024		Gonzales, S	Sergio (Mr.)								
		┢			State: 7ir	Code						
	Amount (\$) \$68.95		Payee addres	•	State; Zip	Coue	е					
	Φ00.95		6326 Spring	, rime								
			Can Antonia	TV 70240								
		<u> </u>	San Antonio			1						
	PURPOSE OF	(a)		ee Categories listed at t	he top of this schedule)	(k	b)	Description Charle if travel of	outoi	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Food/Bever	age Expense						officeholder livir		
											Property Tax ev	ent
	Complete ONLY if direct		 Candidate/Offi	ceholder name	Office	sough	nt			Office h	ield	
	expenditure to benefit C/O	Н				-						
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services 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: 3/13 Rpt: 10/20	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	06/18/2024	Gonzales, Sergio (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.96	6326 Spring Time
		San Antonio, TX 78249
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement for Father's Day snacks at Senior centers.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	06/28/2024	Gonzales, Sergio (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.50	6326 Spring Time
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Reimbursement for food for Elder Abuse and Fraud
		event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	David Control of the
	Date 06/28/2024	Payee name Harold's Art & Framing
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.80	2743 Roosevelt Ave.
		San Antonio, TX 78214
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Framing resolution for constituent
		Than might be seen a
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			ense ges/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	 F	•			3	Filer ID	(Ethics Commission Filers)
_	Sch: 4/13 Rpt: 11/20		Jose (The Honora	able)				00042411	(
4	Date	5 Payee name)						
	02/22/2024	LULAC 424							
6	Amount (\$)	7 Payee addre	ess; City;	State:	Zip Cod				
	\$500.00	346 Senov		•	·				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		San Antoni	o , TX 78216						
8	PURPOSE	(a) Category (S	See Categories listed at the	top of this sche	edule)	Description			
	OF EXPENDITURE	Sponsorsh							nplete Schedule T.
	EXI ENDITORE					ш		K, officeholder living	
						Sponsorsnip	ot c	tne Biack a	nd Gold Banquet
9	Complete ONLY if direct expenditure to benefit C/O		ïceholder name	O	ffice sougl	nt		Office h	eld
	Date	Payee name	• • • • • • • • • • • • • • • • • • •						
	04/23/2024	Lopez , Ke	vin (Mr.)						
	Amount (\$)	Payee addre	ess; City;	State:	Zip Cod	 e			
	\$613.93	1	awn Avenue	,					
	Ψ020.00	000 11000.	aviii7tvoilao						
		0	TV 70040						
		San Antoni	o , TX 78212						
	PURPOSE OF	(a) Category (s	See Categories listed at the	top of this sche	edule)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Lab	or		<u> </u>			nplete Schedule T.
						Campaign s		k, officeholder living	g expense
						Campaign	CIVI	1003	
	0 1: 0 1 1 1 1	0 11 / 10						01111	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	O	ffice sougl	π		Office h	eia
	Date	Payee name							
	02/13/2024	Martinez, ∖	eronica (Ms.)						
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	e			
	\$300.00	210 Audrey	/ Lane Drive						
		San Antoni	o, TX 78216						
	PURPOSE	(a) Category (s	See Categories listed at the	top of this sche	edule)	b) Description			
	OF EXPENDITURE	Event Expe		·	<i>'</i>				nplete Schedule T.
	EXPENDITURE	-						K, officeholder living	
						DJ service f	or th	ne Senior S	weetheart Dance
	Complete ONLY if direct		iceholder name	O	ffice sougl	nt		Office h	eld
	expenditure to benefit C/OI	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		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.					Travel in Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1: Sch: 5/13 Rpt: 12/20	1	E , Jose (The Honora	ahle)			3	Filer ID 00042411	(Ethics Commission Filers)
Ļ	·			abie)				00042411	
4	Date 01/26/2024	5 Payee name Northwest	e Democrats						
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Cod	le			
	\$1,000.00	P.O.Box 6	81911						
		San Anton	io, TX 78268						
8	PURPOSE	(a) Category (See Categories listed at the	top of this sche	dule)	(b) Descri	ption		
	OF EXPENDITURE	Sponsorsh	iip					side of Texas. Con X, officeholder livin	
									Bowl LVIII event
						•	•	•	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ıht		Office h	eld
_	Date	Payee name	<u> </u>						
	06/28/2024	l	Democrats						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	le			
	\$950.00	P.O.Box 6	81911						
		San Anton	io, TX 78268						
	PURPOSE	(a) Category (See Categories listed at the	top of this sche	dule)	(b) Descri	ption		
	OF EXPENDITURE	Sponsorsh	iip					side of Texas. Con X, officeholder livin	
									Pat Maloney Sr. Public
							e Award		
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	ffice soug	ıht		Office h	eld
	Date	Payee name							
	02/23/2024	Ord, Julie	(Ms.)						
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	le			
	\$4,600.00	5650 Wort	h Parkway						
		Apt 1425							
		San Anton	io, TX 78257						
	PURPOSE	(a) Category (See Categories listed at the	top of this sche	dule)	(b) Descri	ption		
	OF EXPENDITURE	Salaries/W	ages/Contract Lab	or				side of Texas. Con	
								X, officeholder livin March social	media services
							,		
	Complete ONLY if direct expenditure to benefit C/Oł		ficeholder name	Of	ffice soug	ht		Office h	eld

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Men Legal Services The Instruction	•		/Wage	s/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed al	bove)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 6/13 Rpt: 13/20		Menendez,		Honorable)				00042411		,
4	Date	5	Payee name									
	04/23/2024		Ord, Julie (N	∕ls.)								
6	Amount (\$)	7	Payee addres	ss; City;		State; Zip C	Code					
	\$2,300.00		5650 Worth	Parkway								
			Apt 1425									
			San Antonio	o, TX 78257								
8	PURPOSE	(a)	Category (Se			this schedule)	(b)	Description				
	OF EXPENDITURE	<u> </u>	Salaries/Wa			tilis scriedaic)	`		outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE		-	-				_		, officeholder livir	ng expense	
								April social m	ned	ia services		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder nan	ne	Office so	ought			Office h	neld	
H	Date		Payee name									
	05/01/2024		Ord, Julie (N	Иs.)								
	Amount (\$)	T	Payee addres	ss; City;		State; Zip C	Code					
	\$2,300.00		5650 Worth	Parkway								
			Apt 1425	-								
			San Antonio	, TX 78257								
	PURPOSE	(a)	Category (Se	ee Categories list	ed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa			,		\Box			mplete Schedule T.	
	LAI LINDITORL									, officeholder livir	ng expense	
								May social m	iedi	ia services		
L	Complete ONLY if direct	<u> </u>	Candidate/O#:	noholdor non	20	Office	l l			Office h	oold	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	Lenoider nan	ie	Office so	ougnt			Office r		
	Date	_	Payee name									
L	06/03/2024		Ord, Julie (N	Иs.)								
	Amount (\$)		Payee addres			State; Zip C	Code					
	\$2,300.00		5650 Worth	Parkway								
			Apt 1425									
			San Antonio	, TX 78257								
	PURPOSE	(a)	Category (Se	ee Categories list	ed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	-	•	•		Check if travel			mplete Schedule T.	
										, officeholder livir		
								Social Media	. 5 e	ervices for J	une	
	Complete ONLY if direct	L(Candidate/Offi	ceholder nan	 ne	Office so	uaht			Office h	neld	
	expenditure to benefit C/OI											

SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Out of District R (enter a category not listed above)									
_		· · · · · · · · · · · · · · · · · · ·										
1	Total pages Schedule F1: Sch: 7/13 Rpt: 14/20		ID (Ethics Commission Filers) 42411									
4	Date	5 Payee name										
•	02/01/2024	Peterson, Judy (Mrs.)										
6	Amount (\$) \$400.00	Payee address; City; State; Zip Code 1830 W Summit Ave										
		San Antonio, TX 78201-4934										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Salaries/Wages/Contract Labor	exas. Complete Schedule T.									
	LAFENDITORE	Check if Austin, TX, officeh	older living expense									
		Campaign work										
9	Complete ONLY if direct expenditure to benefit C/OI		Office held									
	Date	Payee name										
	04/24/2024	Peterson, Judy (Mrs.)										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$153.26											
	Ψ133.20	1000 W Summit / WC										
		San Antonio, TX 78201-4934										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	1 ood/beverage Expense	exas. Complete Schedule T.									
	2/11/2/10/11/2/12	Check if Austin, TX, officeh										
		Reimbursement for for Fiesta.	ood and supplies for Senior									
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Office held									
	Date	Payee name										
	05/01/2024	Peterson, Judy (Mrs.)										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$85.00											
	Φ03.00	1030 W Sullillit Ave										
		San Antonio, TX 78201-4934										
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	1 1 663	exas. Complete Schedule T.									
	LXI LINDITORL	Check if Austin, TX, officeh										
		Reimbursement for ca	ampaign P.O. Box rental									
	Complete ONII V If allows	Condidate/Officeholder name	Office hold									
	Complete ONLY if direct expenditure to benefit C/OI		Office held									
	,											

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Mer Legal Services The Instructi		Sala		ges/0	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	l above)
1	Total pages Schedule F1:	2	FII FR NAME							3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 8/13 Rpt: 15/20	Ĺ	Menendez,		Honorable	e)				<u> </u>	00042411	,	30.07
4	Date	5	Payee name										
	06/08/2024		Peterson, J	udy (Mrs.)									
6	Amount (\$) \$57.73	7	Payee address 1830 W Sur San Antonio	nmit Ave	L-4934	State; Zip	Code	е					
8	PURPOSE	(a)	Catagony				(t	h)	Description				
١	OF	(۵)	Category (Se Food/Bever			of this schedule)	,	י ,ני 1		outsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expen	SE			i	=		officeholder livin		
									Reimburseme centers.				at Senior
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nar	ne	Office	sough	ht			Office h	eld	
	expenditure to benefit C/Oi	П											
	Date		Payee name										
	05/09/2024		Politico										
	Amount (\$)		Payee addres	ss; City;		State; Zip	Code	е					
	\$932.07		835 Woodla	wn									
			San Antonio				1						
	PURPOSE OF	(a) 	Category (Se			of this schedule)	(k	(d 1	Description Check if travel	outo:	do of Toyon Com	anloto Schodulo T	
	EXPENDITURE		Salaries/Wa	.ges/Contra	act Labor			I T	=		de of Texas. Con officeholder livin	nplete Schedule T. g expense	
								L	— Campaign se			•	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nar	ne	Office	sough	ht			Office h	eld	
	Date	Π	Payee name										
	01/18/2024		Prestige Pri	nting									
	Amount (\$)		Payee addres	ss; City;		State; Zip	Code	е					
	\$351.81		8 Burwood I	_ane									
			San Antonio	o, TX 78216	6								
	PURPOSE	(a)	Category (Se		ted at the top o	of this schedule)	(k	b)	Description				
	OF EXPENDITURE		Event Expe	nse				ļ				nplete Schedule T.	
	-							Ļ	Check if Austin, Printing of flye		officeholder livin)ance
									Finiting Of fly	CIS	TOI SEIIIOI	oweenieail L	oaille
	Complete ONLY if direct		Candidate/Offi	ceholder nar	ne	Office	sough	ht			Office h	eld	
	expenditure to benefit C/OI						- 3-						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor							Travel Out of District 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 Commissio	n Filers)	
L	Sch: 9/13 Rpt: 16/20		Menendez,	Jose (T	he Honora	able)					0004	12411			
4	Date	5	Payee name												
L	05/07/2024		Prestige Pri	inting											
6	Amount (\$)	7	Payee addre	ss; (City;	State;	; Zip Co	de							
	\$48.71		8 Burwood	Lane											
			San Antonio	o, TX 78	3216										
8	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	iedule)	(b)	Description						
	OF EXPENDITURE		Gift/Awards				´		=				plete Schedule T.		
	LAFLINDITORE								Check if Austin						
									Teacher App	rec	ation	ı Week	notes		
L															
9	Complete ONLY if direct		Candidate/Offi	ceholde	r name	(Office sou	ght			(Office h	eld		
	expenditure to benefit C/OI	H													
	Date		Payee name												
	03/19/2024		RJ Publicat	ions LL	С										
	Amount (\$)	Т	Payee addre	ss; (City;	State	; Zip Co	de							
	\$800.00		P.O. Box 27				-								
	,														
			Halotoc TV	79022											
			Helotes, TX				-								
	PURPOSE OF	(a) 	Category (Se			top of this sch	edule)	(b)	Description	OI:+-	do of T	2V0C C=	uploto Cohodula T		
	EXPENDITURE		Advertising	Expens	se				Check if travel of Check if Austin				plete Schedule T.		
									High school b						
									. ngii sonooi k	Jus	Souil	and O	aas.		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	caholdo	r namo		Office sou	aht				Office he	ald		
	expenditure to benefit C/OI		Janunatt/UIII	ceriolael	паше		JIIICE SUU	yııı			,	JIIICE III	UI U		
_	D :														
	Date		Payee name												
	04/06/2024	L	San Antonio	o Food	Bank										
	Amount (\$)		Payee addre	ss; (City;	State	; Zip Co	de							
	\$162.38		5200 Old H	ighway	90 West										
			San Antonio	o, TX 78	3227										
	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	top of this sch	iedule)	(b)	Description						
	OF EXPENDITURE		Food/Bever						ш				plete Schedule T.		
	LAFLINDITORE								Check if Austin						
									Food for the I	۲ro	perty	lax e	vent		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	r name	C	Office sou	ght			(Office h	eld		
	experiorare to belieff C/OI	1													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 17/20	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
L	04/06/2024	Senate Support Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	P.O. Box 12068
		Austin, TX 78711
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gavels for constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/08/2024	Senate Support Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	P.O. Box 12068
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gavels for constituents
		Savels for constituents
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/19/2024	Texas Facilities Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1711 San Jacinto Boulevard
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Emma's Garden
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			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: 11/13 Rpt: 18/20	Menendez, Jose (The Honorable)		00042411				
4	Date	5 Payee name						
	03/20/2024	Texas Red Wolves						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
•	\$500.00	6103 Briscoe Leaf						
	4000.00	0100 B10000 E001						
		Can Antonia TV 700F0						
		San Antonio , TX 78253						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Contributions/Bondtions Made By		de of Texas. Com officeholder living	plete Schedule T.			
		ı —			Final Four Championship			
		35/10.10/10/10		atii i togioii i	mai i dai dilampionomp			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald			
3	expenditure to benefit C/O			Office In	au			
	Date	Payee name						
	01/09/2024	Texas Senate Democratic Caucus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,500.00	P. O. Box 12068						
		Austin, TX 78711						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	· · · · · · · · · · · · · · · · · · ·	outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE	Check if Austin,	, TX	officeholder living	expense			
		Balance of 20)23	dues				
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld			
	expenditure to benefit C/O	1						
	Date	Payee name						
	01/09/2024	Texas Senate						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,050.00	P.O. Box 12068						
		Austin, TX 78711						
	PURPOSE	In .						
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE	Only Wards/ Wellionals Expense		officeholder living				
		Calendars for						
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld			
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor						Travel Out of District OTHER (enter a category not listed above)				
L	,			The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)		
	Sch: 12/13 Rpt: 19/20			Jose (The Ho	onorable)					000424	11			
4	Date	5	Payee name											
	01/18/2024		The Rose B	outique										
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de							
	\$175.00		955 Cincina	ıtti										
			San Antonio	o, TX 78201										
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	:hedule)	(b)	Description						
	OF EXPENDITURE			/Memorials E		<i>'</i>		Check if travel	outsi	de of Texas	. Com	plete Schedule T.		
	LAFLINDITORE							Check if Austin,						
								Wreath in hor	nor	of Marti	n Lu	ıther King Day		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	!	Office sou	ght			Offic	ce he	eld		
	expenditure to benefit C/OI	H												
	Date		Payee name					·						
	04/08/2024		The Rose B	outique										
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de							
	\$175.00		955 Cincina	ıtti										
			San Antonio	o, TX 78201										
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	chedule)	(b)	Description						
	OF EXPENDITURE		Gift/Awards	/Memorials E	xpense			=				plete Schedule T.		
	-							Check if Austin,						
								laying ceremo			แนร	of San Antonio wreath		
_	Complete ONLY if direct	Ļ	Condidate /Cff	oobolder resite		Office as:	ab+				- d oc	ald.		
	Complete ONLY if direct expenditure to benefit C/OH		Januluate/Offi	ceholder name		Office sou	yrıt			Offic	ce he	eiu		
\vdash	Data		D											
	Date		Payee name	autiou -										
	05/29/2024		The Rose B											
	Amount (\$)		Payee addre	•	State	e; Zip Co	de							
	\$175.00		955 Cincina	ıtti										
			San Antonio	o, TX 78201										
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description						
	OF EXPENDITURE		Gift/Awards	/Memorials E	xpense			ш				plete Schedule T.		
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Check if Austin,						
								Wreath for M	em	oriai Da	y ce	remony		
	Operation Of the Control of the Cont	L	Sec. 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0;;;	l :			~		.1-1		
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name		Office sou	ght			Offic	ce he	eia		
	OTIGITATION TO DOTTONE OF OT	•												
_														

SCHEDULE F1

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

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

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
OTHER (other a cottographed listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)				
┰	Total pages Schedule F1:	12						1	3	Filer ID	(Ethics Commiss	ion Eilore)		
_	Sch: 13/13 Rpt: 20/20	_		Jose (The Hone	orable)					00042411	(Ethics Commiss	sion Filers)		
4	Date	5	Payee name											
	01/29/2024		The VOICE	S Foundation										
6	Amount (\$)	7	Payee address		State;	Zip Co	de							
	\$500.00		915 Mount F	Perkins										
			San Antonio	TX 78213										
8	PURPOSE	(a)					(h)	Description						
ľ	OF	^(a)		e Categories listed at t		edule)	(D)		nutsir	de of Texas, Con	nplete Schedule T.			
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ittee		ш		officeholder livin				
			Carraidate/	omocnoiden of	itioai Commi			Donation to the						
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld			
		_												
	Date		Payee name											
	01/29/2024		VFW 4700											
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de							
	\$200.00		2219 Frio C	ity Road										
			San Antonio											
	PURPOSE OF	(a)		e Categories listed at t		edule)	(b)	Description						
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ittoo		<u></u>		officeholder livin	nplete Schedule T.			
			Cariuluale/C	miceriolaei/Poi	ilicai Commi	illee		Donation to V						
								Donation to v	aic	manes Bay	Barroc			
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office h	eld			
	expenditure to benefit C/O						9							