CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Commi 00013805	,	2 Total pages	filed: 240
3 CANDIDATE /	MS / MRS / MR	FIRST	-	MI	OFFICE	USE ONLY
OFFICEHOLDER	The Honorable	Juan				
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
	Chuy	Hinojosa				
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1421				Receipt #	Amount
Change of Address	Austin, TX 78767					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Dr.	Bill				
NAME						
	NICKNAME	LAST		SUFFIX		
		Bieker		COLLIX		
		2101101				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PI EASE).	ΔΡ	r / SUITE #; CITY;	12	TATE; ZIP CODE
TREASURER	423 Nolana Avenue	FO BOX FLEASE),	Ar	1730HL#, CHT,	51	TATE, ZIF CODE
ADDRESS	423 Nolaria Avenue					
(Residence or Business)						
	McAllen, TX 78504					
7 CAMPAIGN	AREA CODE F	HONE NUMBER	EXTENSION			
TREASURER	(956) 631-3366		Extrementer			
PHONE	(000) 001 0000					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	15th day after c	ampaign treasurer
					appointment (of	ficeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	ttach C/OH-FR)
9 PERIOD	,	ear		Month Day	Year	
COVERED	01/01/2024	Т	HROUGH	06/30/202	24	
10 ELECTION	ELECTION DAT			ELECTION TYPE		
	· · ·	ear	Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Senator District	20			. ,	
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commissior	www.e	thics.state.tx.u	S	Vers	ion V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH **COVER SHEET PG 2**

						2 01 240
13 C / OH NAME	Hinojosa, Juan (The	Honorable)		14 Filer ID 00013805	(Ethics Co	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditues may have been made without required to report this information	the candidate's or off	iceholder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI				
	SPECIFIC	COMMITTEE ADI	DRESS			
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THA R CONTRIBUTIONS MADE ELE		^{Б,}	0.00
		AL CONTRIBUTION PLEDGES, LOANS	DNS 5, OR GUARANTEES OF LOANS	S)	\$	123,143.69
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	EXPENDITURES		\$	0.00
	4. TOTAL POLITIC		ES		\$	126,750.54
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	285,359.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	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	norable Juan Hinojo	Isa	
			Signature of	f Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	s my hand and seal of office.			

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 240 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00013805 Hinojosa, Juan (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 116,150.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 6,993.69 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 122,889.27 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 3,861.27 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 5,825.41 TO FILER

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	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/20 Rpt: 4/240	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ian (The Honorable)				00013805	лт но.о,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/15/2024	A&M PAC					\$5,000.00
		6 Contributor address; City; Sta	ate; Zip Code	,	1		
		Austin, TX 78768-4609					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
				<u></u>	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2024	Adler, Chris					\$1,000.00
		Contributor address; City; Sta					
		Corpus Christi, TX 78411-:	-1411				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	•	trict 2 - Board Secretary		Del Mar College	.,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	—	Amount of Contribution (\$)	
	03/26/2024	Allen Boone Humphries Ro		,			\$1,000.00
		Contributor address; City; Sta			ł		+ <i>i</i>
			xio1 P				
		Houston, TX 77027-7537					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	;)		
	Date	Full name of contributor	X out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/02/2024	Altria Group, Inc. PAC					\$2,500.00
		Contributor address; City; Sta		Ţ			
		Machington DC 20001 21	1				
⊢	Dringing oog	Washington, DC 20001-21		Employer (See Instruction	$\sum_{i=1}^{n}$		
	Рппсра осси	pation / Job title (See Instructions))	Employer (See Instructions	5)		
╞	Date	Full name of contributor			—	Amount of Contribution (\$)	
	Dale 02/26/2024	Aransas-Corpus Christi Pil	out-of-state PAC (ID#:)			\$2,500.00
		Contributor address; City; Sta			\cdot		Ψ2,000.00
		Continuation address, City, Sic	ale, zip coue				
		Corpus Christi, TX 78403-2	2767				
	Principal occu	ıpation / Job title (See Instructions))	Employer (See Instructions	上 3)		
				I			
			ı				

	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 2/20 Rpt: 5/240	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Ju	an (The Honorable)				00013805	
4	Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7	Amount of Contribution (\$)	
	03/01/2024	Barnes, Robert					\$500.00
		6 Contributor address; City; State; Zip Code					
		Lakeway, TX 78734-4449					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Chairman an	id CEO		IBC Bank			
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	02/19/2024	Beecroft, Sam					\$500.00
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78411-1347					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	President			Beecroft Construction			
	Date	Full name of contributor 🔲 out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	
	03/14/2024	Berlanga, Hugo					\$1,000.00
		Contributor address; City; State; Zip Code					
		0					
	Drive in all a serv	Corpus Christi, TX 78404-1663			Ļ		
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
					-		
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)	*1 000 00
	03/14/2024	Berry, Marty					\$1,000.00
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78404-1741					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Officer			Bay, Ltd.	,		
⊨	Date	Full name of contributor out-of-state PAC (I)		Amount of Contribution (\$)	
	02/28/2024	Blakemore, Bruce	ID#	/			\$1,000.00
	•	Contributor address; City; State; Zip Code					
		San Antonio, TX 78209-3269					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Oil & Gas			Primavera Resources			

The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 3/20 Rpt: 6/240	
2 FILER NAME			3 F	Filer ID (Ethics Commissio	on Filers)
-	ian (The Honorable)			00013805	
4 Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#: Bonham, Jeff)	7 4	Amount of Contribution (\$)	\$500.00
	 6 Contributor address; City; State; Zip Code Austin, TX 78701-2487 				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Vice Preside	ent/Govt Affairs	CenterPoint Energy, Inc	с.		
Date	Full name of contributor Out-of-state PAC (ID#:_)	T /	Amount of Contribution (\$)	
02/26/2024		/	·		\$1,000.00
0212012024					ΦΤ,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401-2524				
Dringing occu		Employer (See Instructions	<u> </u>		
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions			
President		San Jacinto Title Service	;es		
Date	Full name of contributor out-of-state PAC (ID#:)	T A	Amount of Contribution (\$)	
03/14/2024	Breier, John				\$250.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78735-1626				
Principal occu Consultant	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed	s)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/01/2024	Brock, Michelle				\$1,000.00
	Contributor address; City; State; Zip Code				
	Midland, TX 79701-4369				
Principal occu Treasurer	ipation / Job title (See Instructions)	Employer (See Instructions G. W. Brock Inc.	5)		
Date	Full name of contributor out-of-state PAC (ID#:)	F	Amount of Contribution (\$)	
03/01/2024	Bullock, Jan				\$500.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78703-2219				
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Retired		Retired	5,		
		Treared			

	The Instru	ction Guide explains how to com	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 7/240	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		an (The Honorable)			-	00013805	
4	Date	5 Full name of contributor 🔲 out-of	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/01/2024	Bush, William					\$200.00
	1	6 Contributor address; City; State; Zip C	Code				
	ļ						
	ļ						
		Refugio, TX 78377-1013					
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Oil & Gas			Self Employed			
	Date	Full name of contributor 🗌 out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/26/2024	Campos Consulting Group LLC					\$500.00
	ļ	Contributor address; City; State; Zip C	Code				
	ļ	Austin, TX 78701-2415					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
F	Date	Full name of contributor out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/08/2024	Cavazos, Lucille					\$2,000.00
		Contributor address; City; State; Zip C	Code				
	ļ						
	ļ						
		Mission, TX 78572					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	President			Senior Gardens, LLC			
	Date	Full name of contributor 🗌 out-of	of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/01/2024	Centerpoint Energy, Inc. PAC					\$2,500.00
		Contributor address; City; State; Zip C	Code				
	ļ						
	ļ						
		Houston, TX 77210-4567					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2024	Chapa, Paul					\$1,000.00
	1	Contributor address; City; State; Zip C	Code				
	ļ						
	ļ						
		Corpus Christi, TX 78414-6016					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Linebarger Gogan Blair	& 5	Sampson	

F				I
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/240
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hinojosa, Ju	ian (The Honorable)		00013805
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	02/08/2024	Contreras, Omar		\$1,000.0
		6 Contributor address; City; State; Zip Code		
_	<u> </u>	McAllen, TX 78501-8153	1 _ · /2 · · ·	
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Businessma	n & Entrepreneur	Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/26/2024	Devlin, James		\$500.0
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78411		
		upation / Job title (See Instructions)	Employer (See Instructions	,
	CEO		Lincoln Energy Compan	ny LLC
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/26/2024	Dugan Eye Institute		\$500.0
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78404-2200		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	03/14/2024	Duran, Tomas		\$1,000.0
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78411-1601		
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Self Employe	ed	Self Employed	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	02/26/2024	Eisenhauer, Patricia		\$100.0
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78418-5939		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Investor		Self Employed	
			1	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/20 Rpt: 9/240	
2 FILER NAME			3 Filer ID (Ethics Commissi	on Filers)
	ian (The Honorable)		00013805	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/01/2024	Engel, David			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78469-4128			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
President		Engel Investments, L.L.	С.	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
02/26/2024	Furgason, Robert (Mr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78412-3818			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) 3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/23/2024	GIN PAC)		\$500.00
0_,_0,_0_	Contributor address; City; State; Zip Code			+000100
	Round Rock, TX 78664			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions) 3)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
03/01/2024	Garcia Jr., Roland			\$500.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77042-2501			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Attorney		GreenbergTraurig		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/08/2024	Garza, Irma (Ms.)	/		\$1,000.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501-1111			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I	
CPA	,	Self Employed	,	

т	he Instru	ction Guide explains how to complete this fo	yrm.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 10/240	
2 FI	ILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		an (The Honorable)			00013805	
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
03	3/08/2024	Garza, Jr., Ramiro				\$1,000.00
	ļ	6 Contributor address; City; State; Zip Code		"		
		San Benito, TX 78586-5687				
8 Pr	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Вι	usiness ow	ner	Self Employed			
Di	ate	Full name of contributor out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	2/26/2024	Gates, Tom	,			\$1,000.00
-	-/_0/_0					Ψ1,000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ	Corpus Christi, TX 78404-1617				
Dr	ringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	$\overline{\Gamma}$		
	rincipal occu)il & Gas	pation / Job lille (See Instructions)		5)		
	ll & Gas		Self Employed	—		
Da	ate	Full name of contributor x out-of-state PAC (ID#: C	;00199257)]	Amount of Contribution (\$)	—
02	2/07/2024	Genen PAC				\$1,000.00
	ļ	Contributor address; City; State; Zip Code		1		
		South San Francisco, CA 94080				
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
02	2/08/2024	Gomez III, MD, Julian (Dr.)				\$200.00
1	ł	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	ļ	McAllen, TX 78501				
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	ascular Sur		Self Employed			
	ate	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	ale 3/26/2024	Grace & McEwan Consulting LLC Political Fund	'		Allount of Contribution (+)	\$1,000.00
		-				Ψ1,000.00
	ļ	Contributor address; City; State; Zip Code				
	ļ	1				
	ļ	Austin, TX 78701-1629				
			Employer (Cas Instructions	<u> </u>		
Pr	incipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
]				

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	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 8/20 Rpt: 11/240	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hinojosa, Ju	an (The Honorable)			00013805	-
4	Date	5 Full name of contributor X out-of-state PAC (ID#:	C002 <u>66585</u>)	7	Amount of Contribution (\$)	
	03/01/2024	Greenberg Traurig, P.A. PAC				\$2,000.00
		6 Contributor address; City; State; Zip Code		1		
		Albany, NY 12207-2510				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/26/2024	Gulf States Toyota, Inc., State PAC				\$5,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77077-2026				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Γ	Amount of Contribution (\$)	
	03/14/2024	Gulley Family Investments, Ltd				\$500.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414-3480	-			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/20/2024	Gurwitz, Gary				\$500.00
		Contributor address; City; State; Zip Code		1		
		Mcallen, TX 78502-3725	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Managing Pa	artner	Atlas& Hall			
	Date	Full name of contributor out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
	02/26/2024	Hausman, Laura Lane				\$500.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78411-1434	-			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Finance		Northern Beef Industries	s, I	nc.	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/20 Rpt: 12/240	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/26/2024	Hunsaker M.D., Jerry (Dr.)				\$1,000.00
	I	6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78411-2752				
8	Principal occu Ophthalmolo		9 Employer (See Instructions) Self-Employed	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Hunt, Ray				\$2,500.00
	I	Contributor address; City; State; Zip Code				
		Dallas, TX 75201-2300				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Chair & CEC)	Hunt Consolidated Inc.			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/01/2024	Jefferson, Wallace			-	\$1,000.00
	I	Contributor address; City; State; Zip Code				
	Dringinal occu	Austin, TX 78701-3562 pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Alexander Dubose & Jef		rson I I P	
╞				T		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: Jones, Al)		Amount of Contribution (\$)	\$1,000.00
	0212012024					Φ1,000.00
		Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1409				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L ເ)		
	President		American Bank	''		
╞	Date	Full name of contributor Out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	04/30/2024	Full name of contributor out-of-state PAC (ID#: K&L Gates LLP Committee for Good Governmer	/]			\$2,000.00
	04/00/2024	Contributor address; City; State; Zip Code				Ψ2,000.00
		Continuation address, City, State, Zip Code				
		Dallas, TX 75201-7342				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		

6 Contributor address; City; State; Zip Code Lubbock, TX 79409-0003 Lubbock, TX 79409-0003 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$500.00	Sch: 10/20 Rpt: 13/240 3 Filer ID (Ethics Commission 00013805 7 Amount of Contribution (\$)	9 Employer (See Instructions)	out-of-state PAC (ID#:	an (The Honorable) 5 Full name of contributor Kent Hance Business 6 Contributor address; City; Sta Lubbock, TX 79409-0003	2 FILER NAME Hinojosa, Jua 4 Date 03/01/2024
Hinojosa, Juar (The Honorable) 00013805 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/01/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 1 1 1 1 1 Lubbock, TX 79409-0003 9 Employer (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 03/01/2024 Full name of contributor	\$500.00	00013805 7 Amount of Contribution (\$)	9 Employer (See Instructions)	State; Zip Code	 5 Full name of contributor Kent Hance Business 6 Contributor address; City; Sta Lubbock, TX 79409-0003 	Hinojosa, Jua 4 Date 03/01/2024
Hinojosa, Juar (The Honorable) 00013805 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/01/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 1 1 1 1 1 Lubbock, TX 79409-0003 9 Employer (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 03/01/2024 Full name of contributor	\$500.00	00013805 7 Amount of Contribution (\$)	9 Employer (See Instructions)	State; Zip Code	 5 Full name of contributor Kent Hance Business 6 Contributor address; City; Sta Lubbock, TX 79409-0003 	Hinojosa, Jua 4 Date 03/01/2024
03/01/2024 Kent Hance Business \$50 6 Contributor address; City; State; Zip Code \$50 Lubbock, TX 79409-0003 Lubbock, TX 79409-0003 \$2 8 Principal occupation / Job title (See Instructions) \$2 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 Killam Development, LTD. \$2,00 Contributor address; City; State; Zip Code \$2,00 Laredo, TX 78042-0499 Laredo, TX 78042-0499	\$500.00		9 Employer (See Instructions)	State; Zip Code	Kent Hance Business 6 Contributor address; City; Sta Lubbock, TX 79409-0003	03/01/2024
6 Contributor address; City; State; Zip Code Lubbock, TX 79409-0003 Lubbock, TX 79409-0003 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 Killam Development, LTD. \$2,00 Contributor address; City; State; Zip Code Laredo, TX 78042-0499		Amount of Contribution (\$)		3	6 Contributor address; City; Sta Lubbock, TX 79409-0003	e
Image: Lubbock, TX 79409-0003 Image: Lubbock, TX 79409-0003 Image: Lubbock, TX 78042-0499 Image: Lubbock, TX 78042-0499 Image: Lubbock, TX 78042-0499 Image: Lubbock, TX 78042-0499		Amount of Contribution (\$)		3	Lubbock, TX 79409-0003	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 Killam Development, LTD. \$2,00 Contributor address; City; State; Zip Code Laredo, TX 78042-0499		Amount of Contribution (\$)				8 Principal occup
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 Killam Development, LTD. \$2,00 Contributor address; City; State; Zip Code Laredo, TX 78042-0499		Amount of Contribution (\$)				8 Principal occup
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 Killam Development, LTD. \$2,00 Contributor address; City; State; Zip Code Laredo, TX 78042-0499		Amount of Contribution (\$)				8 Principal occup
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03/01/2024 Killam Development, LTD. Contributor address; City; State; Zip Code Laredo, TX 78042-0499	\$2,000.00			out-of-state PAC (ID#:	Full name of contributor	Date
Contributor address; City; State; Zip Code Laredo, TX 78042-0499					Killam Development, LTD.	03/01/2024
Laredo, TX 78042-0499				State: Zip Code	Contributor address; City; Sta	
					······································	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					Laredo, TX 78042-0499	
			Employer (See Instructions)	s)	pation / Job title (See Instructions)	Principal occup
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Contributor address; City; State; Zip Code	*=**			itata [,] 7in Code		
Continuator address, City, State, Zip Code				state, zip coue	Continuation address, City, Su	
Corpus Christi, TX 78411-1709				-1709	Corpus Christi, TX 78411-	1
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)			
Professor Del Mar College				s)		Principal occup
			Del Mar College	s)		
		Amount of Contribution (\$)	Del Mar College		pation / Job title (See Instructions)	Professor
		Amount of Contribution (\$)	Del Mar College	out-of-state PAC (ID#:	pation / Job title (See Instructions) Full name of contributor	Professor Date
Contributor address; City; State; Zip Code	\$1,000.00	Amount of Contribution (\$)	Del Mar College	out-of-state PAC (ID#:_ dwards	Full name of contributor Law Office Of Libby E. Ed	Professor
		Amount of Contribution (\$)	Del Mar College	out-of-state PAC (ID#:_ dwards	Full name of contributor Law Office Of Libby E. Ed	Professor Date
		Amount of Contribution (\$)	Del Mar College	out-of-state PAC (ID#:_ dwards	Full name of contributor Law Office Of Libby E. Ed	Professor Date
Corpus Christi TX 78418-5931		Amount of Contribution (\$)	Del Mar College	out-of-state PAC (ID#:_ dwards state; Zip Code	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta	Professor Date
Corpus Christi, TX 78418-5931 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Amount of Contribution (\$))	out-of-state PAC (ID#:_ dwards state; Zip Code	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta Corpus Christi, TX 78418-	Professor Date 03/14/2024
Corpus Christi, TX 78418-5931 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Amount of Contribution (\$))	out-of-state PAC (ID#:_ dwards state; Zip Code	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta Corpus Christi, TX 78418-	Professor Date 03/14/2024
Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$1,000.00		Employer (See Instructions)	out-of-state PAC (ID#: dwards State; Zip Code 3-5931 s)	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; St Corpus Christi, TX 78418- pation / Job title (See Instructions)	Professor Date 03/14/2024
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$1,000.00		Employer (See Instructions)	out-of-state PAC (ID#: dwards State; Zip Code 3-5931 s)	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta Corpus Christi, TX 78418- pation / Job title (See Instructions) Full name of contributor	Professor Date 03/14/2024 Principal occup
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/23/2024 Leshin, Richard \$50	\$1,000.00		Employer (See Instructions)	out-of-state PAC (ID#:_ dwards State; Zip Code 3-5931 s) out-of-state PAC (ID#:_	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; St Corpus Christi, TX 78418- pation / Job title (See Instructions) Full name of contributor Leshin, Richard	Professor Date 03/14/2024 Principal occup
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/23/2024 Leshin, Richard \$50	\$1,000.00		Employer (See Instructions)	out-of-state PAC (ID#:_ dwards State; Zip Code 3-5931 s) out-of-state PAC (ID#:_	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; St Corpus Christi, TX 78418- pation / Job title (See Instructions) Full name of contributor Leshin, Richard	Professor Date 03/14/2024 Principal occup
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/23/2024 Leshin, Richard \$50 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	\$1,000.00)	out-of-state PAC (ID#:	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta Corpus Christi, TX 78418- pation / Job title (See Instructions) Full name of contributor Leshin, Richard Contributor address; City; Sta Corpus Christi, TX 78404	Professor Date 03/14/2024 Principal occup Date 02/23/2024
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/23/2024 Leshin, Richard \$50 Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$1,000.00	Amount of Contribution (\$)	Employer (See Instructions)	out-of-state PAC (ID#:	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta Corpus Christi, TX 78418- pation / Job title (See Instructions) Full name of contributor Leshin, Richard Contributor address; City; Sta Corpus Christi, TX 78404	Professor Date 03/14/2024 Principal occup Date 02/23/2024
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 02/23/2024 Leshin, Richard \$50 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	\$1,000.00	Amount of Contribution (\$)	Employer (See Instructions)	out-of-state PAC (ID#:	Full name of contributor Law Office Of Libby E. Ed Contributor address; City; Sta Corpus Christi, TX 78418- pation / Job title (See Instructions) Full name of contributor Leshin, Richard Contributor address; City; Sta Corpus Christi, TX 78404	Professor Date 03/14/2024 Principal occup Date 02/23/2024

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The Instru	iction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 11/20 Rpt: 14/240	
2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
Hinojosa, Ju	uan (The Honorable)			00013805	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
02/26/2024					\$2,500.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78760-7428	<u> </u>			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))		
Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
03/12/2024	Longbow Consulting Partners LLC				\$750.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701-1827				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/07/2024	Lyondell Chemical Company PAC				\$1,000.00
	Contributor address; City; State; Zip Code				
Dringing ago	Houston, TX 77010-2045		Ĺ		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	.)		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/30/2024	Mach, Steven				\$500.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77219	<u> </u>			
	upation / Job title (See Instructions)	Employer (See Instructions)			
VP-Finance		Mach Industrial Group, L			
Date	Full name of contributor X out-of-state PAC (ID#: C			Amount of Contribution (\$)	
06/06/2024					\$750.00
	Contributor address; City; State; Zip Code				
	Centerville, UT 84014-0010				
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ال</u>		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/20 Rpt: 15/240 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hinojosa, Juan (The Honorable) 00013805 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/26/2024 Marathon Oil Company Employees PAC \$1,500.00 6 Contributor address; City; State; Zip Code Houston, TX 77024-2217 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/01/2024 \$1,000.00 McDaniel, Demetrius Contributor address; City; State; Zip Code Austin, TX 78701-4236 Principal occupation / Job title (See Instructions) Employer (See Instructions) Legislative Consultant Greenberg Traurig Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/08/2024 Melguizo, Carlos \$500.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner/CEO Carats FJ, LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/14/2024 \$100.00 Merida May Mendoza Insurance Financial Services Inc. Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/26/2024 \$200.00 Meyer, Mark Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1526 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lending Officer American Bank

	The Instrue	ction Guide explains how to com	nplete this form	n.	1	Total pages Schedule A1: Sch: 13/20 Rpt: 16/240	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		an (The Honorable)			-	00013805	,
4	Date	5 Full name of contributor out-of-	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/08/2024	Miller, Jr., Marshall					\$500.00
		6 Contributor address; City; State; Zip C	Code				
		San Antonio, TX 78232-3503					
8	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney			Jackson Walker LLP			
	Date	Full name of contributor X out-of-	f-state PAC (ID#: C003)		Amount of Contribution (\$)	
	03/26/2024	NRG Energy PAC					\$3,000.00
	1	Contributor address; City; State; Zip C	Code				
	1						
		Princeton, NJ 08540-6023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
⊨	Date	Full name of contributor	f-state PAC (ID#:)		Amount of Contribution (\$)	
	03/26/2024	One World Strategy Group, LLC				· · · · · · · · · · · · · · · · · · ·	\$500.00
		Contributor address; City; State; Zip C	nde				
	1	Houston, TX 77254-0813					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
╞	Date	Full name of contributor out-of-	f-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Parker, Robert					\$5,000.00
		Contributor address; City; State; Zip C					• •
			1000				
		Corpus Christi, TX 78469-9609					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	President			Repcon, Inc.			
╞	Date	Full name of contributor	f-state PAC (ID#:)		Amount of Contribution (\$)	
	02/25/2024	Perkins, Margaret	·			• -	\$5,000.00
		Contributor address; City; State; Zip C					- •
			1000				
	1						
		Tyler, TX 75703-5768					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Consultant			Citizen's 1st Bank			
⊢			I				

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/20 Rpt: 17/240	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
-		ian (The Honorable)			00013805	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/26/2024	Peterson, Mary Dale				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404-1831				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Anesthesiolo	ogist	Driscol Childrens Hospit	tal		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/01/2024	Political Action Committee Of Winstead Pc				\$2,000.00
		Contributor address; City; State; Zip Code		1		.,
		Dallas, TX 75201-1743				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	لــــــــــــــــــــــــــــــــــــ		
				,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	_	Amount of Contribution (\$)	
	03/01/2024	Ramirez, Rene	/			\$1,000.00
	00/01/2027					Ψ1,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Pathfinder P		Lobbyist	9		
╞			<u> </u>	_	1	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 4 000 00
	03/26/2024	Ramirez, Rene				\$1,000.00
		Contributor address; City; State; Zip Code				
		Edinburg, TX 78539				
┡	Dringing occu	upation / Job title (See Instructions)		Ļ		
	Principal occu Pathfinder P		Employer (See Instructions Lobbyist	IJ.		
L				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2024	Rangel, Jorge C.				\$500.00
		Contributor address; City; State; Zip Code	ļ			
		1				
L		Corpus Christi, TX 78403-2683				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		The Rangel Law Firm, P	.с		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/20 Rpt: 18/240	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		an (The Honorable)			00013805	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	02/08/2024	Rego, Jr., Rafael				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Mission, TX 78572				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
-	Business Se		Self Employed	-,		
_	Date)	Τ	Amount of Contribution (\$)	
	02/23/2024	Resnick, Stewart	/			\$1,000.00
	02/20/202 .					Ψ <u>1</u> ,000.00
		Continuation address, City, State, Zip Code				
		Los Angeles, CA 90064-1549				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO	· · · ·	Paramount Citrus			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	03/14/2024	Rivera, Jr., Augustin				\$200.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78412-2623				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	General Cou	Insel	Del Mar College			
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	02/08/2024	Rodriguez, Paul (Mr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
	- · · ·	McAllen, TX 78504-3227	1	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	`		
	CEO		Valley Land Title Compa	any		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/14/2024	Rogers, Craig				\$250.00
		Contributor address; City; State; Zip Code				
		Corpus Christi TV 79418-6470				
	Dringing ogg	Corpus Christi, TX 78418-6479		<u> </u>		
	•	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed	S)		
<u> </u>	Attorney					

The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/20 Rpt: 19/240	
2 FILER NAM	E		3 Filer ID (Ethics Commission	on Filers)
	– luan (The Honorable)		00013805	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/01/2024				\$500.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78703-1038			
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
President		Infrastructure Solutions,	Inc.	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/26/2024				\$1,000.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77056-3078			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/26/2024	Scott, M.D.			\$1,000.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78469-9014			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	5)	
Vice Presic	lent	H&S Constructors		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/21/2024				\$3,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-1665			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/28/2024	TXTA TruckPAC			\$2,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78762-6429			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	5)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/240	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	an (The Honorable)		00013805	5111 11013)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/14/2024	Taft, III, Donald			\$500.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78427-0505			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Administrato	r	Tejas Management Sys	tem	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/27/2024	Texas Boma PAC			\$500.00
	Contributor address; City; State; Zip Code			
	Leander, TX 78646-1056			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Texas Dairymen PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78711-3182			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/21/2024	Texas Impact, a CRH PAC			\$1,500.00
	Contributor address; City; State; Zip Code			
	Austin TX 70726 4061			
Dringingloggy	Austin, TX 78726-4061 pation / Job title (See Instructions)	Employer (Cap Instructions	<u> </u>	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢1 000 00
02/07/2024	Texas Optometric PAC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78705			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
			7	

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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/240	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	ian (The Honorable)		00013805	Ji i iie.e,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/11/2024	Texas Rural Water PAC			\$750.00
	6 Contributor address; City; State; Zip Code			
• Drincinal occu	Austin, TX 78701-1122 upation / Job title (See Instructions)	9 Employer (See Instructions)	<u></u>	
			····	
Date	Full name of contributor X out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/20/2024	Texas Sands PAC			\$4,000.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701-4093			
Princinal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
1 1110104. 0011			<i>י</i>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/24/2024	USAA Employee PAC			\$2,000.00
	Contributor address; City; State; Zip Code			
	Can Antonia TV 70200 0001			
Dringing oog	San Antonio, TX 78288-0001	Employer (See Instructions		
ΡΠιτιμαι στου	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor X out-of-state PAC (ID#: C	200010470)	Amount of Contribution (\$)	
05/31/2024	Union Pacific Fund For Effective Govt.			\$3,000.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20004-2505			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)	
	, , , , , , , , , , , , , , , , , , ,		,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/25/2024	Valero Political Action Committee			\$1,000.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78269-6000			
Principal occu	Jation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
Filicipal occu			') '	
				I

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/240	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	uan (The Honorable)		00013805	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/08/2024	Warren, Laura			\$2,000.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78503-1353			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
President		The Warren Group Arch		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/14/2024	Webb, Jr., Charles		(*)	\$750.00
	Corpus Christi, TX 78412-2675			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Attorney		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/26/2024	Weil, Linda			\$50.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411-1601			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) ;)	
Retired		Retired	<i>''</i>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/26/2024	Welder Jr., Leo)		\$1,000.00
	Contributor address; City; State; Zip Code			· •
	Corpus Christi, TX 78411-1633			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Attorney		Welder & Leshin		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/27/2024	Zachry Corp. Political Action Committee			\$2,500.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78265-3240			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
			· /	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/20 Rpt: 23/240 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hinojosa, Juan (The Honorable) 00013805 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 02/26/2024 \$500.00 Zahn, Jr., Charles 6 Contributor address; City; State; Zip Code Port Aransas, TX 78373-0941 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Law Offices of Charles W. Zahn Jr

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 24/240		
2 FILER NAME Hinojosa, Ju	an (The Honorable)		3 Filer ID (Ethics Commission Filers) 00013805		
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 03/14/2024			8 Amount of 9 In-kind contribution contribution (\$) description \$1,500.00 Food & Beverages for fundraiser		
10 Dringing age	Corpus Christi, TX 78412-2658 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (EOD NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)		
		11 Employer (FOR NON	-JUDICIAL) (See instructions)		
Attorney at I		Self Employed			
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	pr's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: Engel, David Contributor address; City; State; Zip Code Corpus Christi, TX 78469-4128)	Amount of In-kind contribution contribution (\$) description \$1,365.90 Food & Beverage for fundraising event		
Deinsinglass	-		Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)		
Principal occu President	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Engel Investments	,		
	principal accuration (FOD 1101CIAL)	<u> </u>			
	principal occupation (FOR JUDICIAL)	Contributor's job title	· · · ·		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	pr's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 03/01/2024	Full name of contributor X out-of-state PAC (ID#: <u>CO</u> Greenberg Traurig, P.A. PAC Contributor address; City; State; Zip Code Albany, NY 12207-2510	0266585)	Amount of In-kind contribution contribution (\$) description \$402.30 I Food & Beverage for fundraising event		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON		Employer (FOR NON	-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL) Contributor's job ti		Contributor's job title	e (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contri		Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 25/240
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hinojosa, Ju	uan (The Honorable)		00013805
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
03/26/2024	Locke Lord LLP		contribution (\$) description \$1,925.49 Food & Beverage for
	7 Contributor address; City; State; Zip Code		fundraising event
	Houston, TX 77002-2914		I I Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution
02/08/2024	Warren, Laura		contribution (\$) description \$1,800.00 Food and Beverage for
	Contributor address; City; State; Zip Code		fundraising event.
	McAllen, TX 78503-1353		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
President		The Warren Group	,
	principal occupation (FOR JUDICIAL)	Contributor's job title	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L	
1			

			EXPEND	TURE CATEGO	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:						Filer ID	(Ethics Commission Filers)				
	Sch: 1/190 Rpt:		ojosa, Juan (The Ho	onorable)				00013805	· · ·			
4	Date 01/17/2024	-	ee name &T Mobility									
6	Amount (\$) \$231.87	PO	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463									
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder nan	ne (Office souç	ht		Office he	eld			
	Date	Рау	ee name									
	02/14/2024	AT	&T Mobility									
	Amount (\$) \$231.36	PO	ee address; City; Box 6463 ol Stream, IL 60197		; Zip Coo	le						
	PURPOSE OF EXPENDITURE	(a) Cat	egory (See Categories list ce Overhead/Renta	ed at the top of this sch	nedule)		n, TX,	ide of Texas. Com , officeholder living ?				
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder nan	ne (Office soug	ht		Office he	eld			
	Date	Pay	ee name									
	03/14/2024	-	&T Mobility									
	Amount (\$) \$226.36		ee address; City; Box 6463	State	; Zip Coo	le						
		Ca	ol Stream, IL 60197	-6463								
	PURPOSE OF EXPENDITURE		egory (See Categories list ce Overhead/Renta		nedule)		ı, TX,	ide of Texas. Com , officeholder living				
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder nan	ne (Office soug	ht		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 2/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805								
4	Date 04/15/2024	Payee name AT&T Mobility									
6	Amount (\$) \$251.75	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463									
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/14/2024	AT&T Mobility									
	Amount (\$) \$355.16	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense V ICE								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/17/2024	AT&T Mobility									
	Amount (\$) \$314.37	Payee address; City; State; Zip Code PO Box 6463									
		Carol Stream, IL 60197-6463									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense VICE								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 3/190 Rpt:	linojosa, Juan (The Honorab	ble)		00013805						
4	Date 04/30/2024	ayee name T&T Store									
6	Amount (\$)	ayee address; City;	State; Zip Coo	e							
	\$183.02	2802 N. IH 35 New Braunfels, TX 78130-2614									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone tax & accessories									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held						
	Date	ayee name									
	01/23/2024	Т&Т									
	Amount (\$) \$314.70	ayee address; City; O Box 5014	State; Zip Coo	e							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the Office Overhead/Rental Expe	top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense e-JJH						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held						
	Date 02/20/2024	ayee name T&T									
	Amount (\$) \$314.70	ayee address; City; O Box 5014	State; Zip Coo	e							
		arol Stream, IL 60197-5014									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the office Overhead/Rental Expe			outside of Texas. Complete Schedule T. , TX, officeholder living expense e-JJH						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel in District Travel Out of Dis	quipment & Relate			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 4/190 Rpt:		Hinojosa, Jua	n (The Honora	ble)					00013805	`	,
4	Date 03/13/2024		Payee name AT&T									
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	le					
	\$314.70		PO Box 5014 Carol Stream, IL 60197-5014									
_		<u> </u>					<u> </u>					
8	PURPOSE OF EXPENDITURE											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officel	nolder name	(Office sou	Jht			Office he	eld	
	Date		Payee name									
	04/24/2024		AT&T									
	Amount (\$) \$304.60	I	Payee address; PO Box 5014	City;	State	; Zip Co	le					
			Carol Stream,	IL 60197-501	4							
	PURPOSE OF EXPENDITURE		Category _{(See C} Office Overhe			nedule)	X CI	neck if travel (, TX,	officeholder living	plete Schedule T. I expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	nolder name	(Dffice sou	Jht			Office he	eld	
⊢	Date		Payee name									
	05/24/2024		AT&T									
	Amount (\$) \$314.70		Payee address; PO Box 5014	City;	State	; Zip Co	le					
			Carol Stream,	IL 60197-501	4							
	PURPOSE OF EXPENDITURE		Category _{(See C} Office Overhe			nedule)	X CI	neck if travel	, TX,	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	nolder name	(Dffice sou	Jht			Office he	eld	

				EXPENDITUR	RE CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME					3	3 1	Filer ID	(Ethics Comr	nission Filers)
	Sch: 5/190 Rpt:		Hinojosa, Jua	n (The Honor	able)					00013805	,	,
4	Date 06/27/2024		Payee name AT&T									
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de					
	\$314.70		PO Box 5014 Carol Stream, IL 60197-5014									
8	PURPOSE	(a)	Catagony				(h) Doccriptio	00				
0	OF	Office Overhead/Rental Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	02/12/2024		ActBlue Texa	S								
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$197.50		P.O. Box 441 West Somerv		4-0031							
	PURPOSE OF EXPENDITURE		Category _{(See} Accounting/B		he top of this sch	nedule)		f travel ou f Austin, T	ΓX, c	e of Texas. Com officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	(Office sou	ght			Office he	eld	
	Date		Payee name									
	02/25/2024		ActBlue Texa	S								
-	Amount (\$)		Payee address		State	; Zip Co	de					
	\$197.50		P.O. Box 441			,						
			West Somerv	ille, MA 02144	4-0031							
	PURPOSE OF EXPENDITURE		Category (See Accounting/B		he top of this sch	nedule)		f travel ou f Austin, T	ΓX, c	e of Texas. Com officeholder living	plete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Dffice sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 6/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805									
4	Date	Payee name										
	01/14/2024	Adobe										
6	Amount (\$)	Payee address; City; State; Zip Code										
	\$32.01											
		Chicago, IL 60673										
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description										
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense									
		Adobe Stock s	• •									
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	01/18/2024	Adobe										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$58.70	29322 Network Place										
		Chicago, IL 60673										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense d subs.									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	02/13/2024	Adobe										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$32.01	29322 Network Place										
		Chicago, IL 60673										
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense SUDS.									
L	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense by - Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not liste		
1	Total pages Schedule F1:	2 F		LER NAME 3				Filer ID (Ethics Com	nission Filers)
	Sch: 7/190 Rpt:		linojosa, Juan (The Honorat	ole)				00013805	
4	Date 02/18/2024		Payee name Adobe						
6	Amount (\$) \$58.70	2	Payee address; City; 29322 Network Place Chicago, IL 60673	State	; Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Creative Cloud subs.							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date	F	Payee name						
	03/14/2024	Å	Adobe						
	Amount (\$) \$32.01	2	Payee address; City; 29322 Network Place Chicago, IL 60673	State	; Zip Co	de			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fees	top of this sch	edule)		ı, TX,	de of Texas. Complete Schedule T officeholder living expense DS.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	yht		Office held	
	Date	F	Payee name						
	03/19/2024	ļ	Adobe						
	Amount (\$) \$58.70		Payee address; City; 29322 Network Place	State	; Zip Co	de			
		(Chicago, IL 60673						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the	top of this sch	edule)		ı, ТХ,	de of Texas. Complete Schedule T officeholder living expense :ubs.	
ļ	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	(Dffice sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 8/190 Rpt:	inojosa, Juan (The Honorable)			00013805						
4	Date	ayee name									
	04/13/2024	dobe									
6	Amount (\$)	ayee address; City; S	tate; Zip Code								
	\$32.01										
		Chicago, IL 60673									
8	PURPOSE OF	ategory (See Categories listed at the top of th	is schedule) (b)	Description							
	EXPENDITURE	ees			outside of Texas. Complete Schedule T. , TX, officeholder living expense						
				Adobe Stock							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held						
	Date	ayee name									
	04/18/2024	dobe									
	Amount (\$)	ayee address; City; S	tate; Zip Code								
	\$58.70	9322 Network Place									
		hicago, IL 60673									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th	is schedule) (b)		outside of Texas. Complete Schedule T. , TX, officeholder living expense ud subs.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held						
	Date	ayee name									
	05/13/2024	dobe									
	Amount (\$)	ayee address; City; S	tate; Zip Code								
	\$32.01	9322 Network Place									
		hicago, IL 60673									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of th ees	is schedule) (b)		outside of Texas. Complete Schedule T. , TX, officeholder living expense SUBS.						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 9/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805								
4	Date	Payee name									
	05/18/2024	lobe									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$58.70										
		Chicago, IL 60673									
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/13/2024	Adobe									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$32.01	29322 Network Place									
		Chicago, IL 60673									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense SUDS.								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/18/2024	Adobe									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$58.70	29322 Network Place									
		Chicago, IL 60673									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense d subs.								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			:	3 Filer	ID	(Ethics Commission Filers)			
	Sch: 10/190 Rpt:		Hinojosa, Juan (The Honorable)				000	13805				
4	Date	5	Payee name			I						
	01/30/2024		Advance Publishing, LLC									
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de							
	\$720.00		217 W. Park Ave.									
			Pharr, TX 78577-4742									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hadula)	(b) Des	crintion						
-	OF		Advertising Expense	neuule)	_		utside of T	exas. Com	plete Schedule T.			
	EXPENDITURE		5 5			Check if Austin,	TX, officeh	older living	expense			
					Holi	day ads						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office he	ld			
	Date		Payee name									
	03/27/2024		Aguilar's Meat Market									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$24.47		425 N. Nebraska Ave									
			San Juan, TX 78589-3041									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(b) Des	•						
	EXPENDITURE		Contributions/Donations Made By	nittoo		Check if travel of Check if Austin,			olete Schedule T.			
			Candidate/Officeholder/Political Comm	niilee					Iff appreciation event			
					001	Sumables	ior uge	5110y 510				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office he	eld			
	expenditure to benefit C/OI	Н			0							
-	Date		Payee name									
	04/26/2024		Alice Isd Education Foundation									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$200.00		#2 Coyote Trail									
			-									
			Alice, TX 78332-4223									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(b) Des							
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	nittoo		Check if travel of Check if Austin,			plete Schedule T.			
			Candidate/Onicenoider/Political Com	IIIIIee		Off for Te			copense			
-	Complete ONLY if direct	<u>ا</u>	Candidate/Officeholder name	Office sou	aht			Office he	ld			
	expenditure to benefit C/Oł			2	5			2				
-												

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of Dis	quipment & Related Expense					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)			
	Sch: 11/190 Rpt:		Hinojosa, Ju	an (The Honor	able)				00013805				
4	Date	5	Payee name										
	01/17/2024		Amazon.con	n									
6	Amount (\$)	7	Payee addres	yee address; City; State; Zip Code									
	\$23.11		1200 12th A	venue S									
			Suite 1200										
			Seattle, WA	98144-2734									
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne ton of this sch	edule)	(b) Description						
	OF EXPENDITURE		Fees			iouulo)		avel outs	ide of Texas. Com	blete Schedule T.			
	EXPENDITORE								, officeholder living	expense			
							Book for E	DO					
_									0111				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	Ĺ	Office soug	Int		Office he	10			
	Date		Payee name										
	01/25/2024		Amazon.con	n									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Coo	le						
	\$14.47		1200 12th A	venue S									
			Suite 1200										
			Seattle, WA	98144-2734									
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	iedule)	(b) Description						
	OF EXPENDITURE		Fees						ide of Texas. Com				
	_/						Book for E		, officeholder living	expense			
							DOOK IOI L	.00					
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office soug	ıht		Office he	ld			
	expenditure to benefit C/OF				-								
	Date		Payee name										
	01/26/2024		Amazon.con	n									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Coo	le						
	\$22.86		1200 12th A			•							
			Suite 1200										
			Seattle, WA	98144-2734									
	PURPOSE	(a)		e Categories listed at t	a tan of this och		(b) Description						
	OF			age Expense	le top of this sch	iedule)	· ·	avel outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE			.9					, officeholder living	expense			
							Consumat	oles fo	or CCDO				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name:	С	Office soug	Jht		Office he	ld			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

				EXPENDITUR	E CATEGO	RIES FOR	BO	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense / - Gift/Awards/Memorials Expense Printing Expense Printing Expense						Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME	<u></u>					3	Filer ID	(Ethics Commission Filers)
	Sch: 12/190 Rpt:			uan (The Honora	able)					00013805	
4	Date	5	Payee name								
	03/27/2024		Amazon.com								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$4.32		1200 12th	Avenue S							
			Suite 1200								
		Seattle, WA 98144-2734									
8	PURPOSE				· -f this ash		(h)	Description			
	OF	I	Fees	ee Categories listed at th	ie top of this sch	iedule)	(, [outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITURE		F 665				İ			officeholder living	
							(Office supplie	es fo	or CCDO	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder name		Office soug	ght			Office he	ld
	Date		Payee name								
	04/09/2024		Amazon.co	m							
	Amount (\$)	⊢	Payee addre	ss; City;	State	; Zip Coo	de				
	\$29.05		1200 12th			i L	-				
	+=•••=		Suite 1200								
				98144-2734							
	PURPOSE						(h)	Description			
	OF			ee Categories listed at th age Expense	ie top of this sch	redule)	(0) 	Description Check if travel of	outsi	de of Texas. Comp	plete Schedule T.
	EXPENDITURE		FUUU/DUVU	age Expense			İ			officeholder living	
							(Consumables	s fo	r Cap. office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	iceholder name	C	Office soug	jht			Office he	ld
	Date	\square	Payee name								
	04/22/2024		Amazon.co								
	Amount (\$)	⊢	Payee addre	ss; City;	State	; Zip Coo	de				
	\$36.40	I	1200 12th	-		· ·					
	•		Suite 1200								
				00111 2721							
				98144-2734		r					
	PURPOSE OF			ee Categories listed at th	e top of this sch	nedule)	(b)	Description		da af Taura - Oama	
	EXPENDITURE		Fees				ļ			de of Texas. Comp officeholder living	
							L	Books for ED		onicenoider innig	expense
									•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office soug	ght			Office he	ld
-											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 13/190 Rpt:		Hinojosa, Juan (The Honorable	e)				00013805			
4	Date	5	Payee name								
	06/25/2024		Amazon.com								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$37.79		1200 12th Avenue S								
			Suite 1200								
			Seattle, WA 98144-2734								
8	PURPOSE	(a)	Category (See Categories listed at the top	of this coh	odulo)	(b) Description					
	OF	ľ	Fees		euule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE							officeholder living expense			
						Office supplie	es f	or EDO			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	С	Office souç	ht		Office held			
	Date		Payee name								
	06/29/2024		Amazon.com								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$23.10		1200 12th Avenue S								
			Suite 1200								
			Seattle, WA 98144-2734								
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description					
	OF		Fees		cuuic)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE							officeholder living expense			
						Book for EDC	C				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office souç	nt		Office held			
	Data	-									
	Date 04/02/2024		Payee name American Express								
			•	01-1-1	7: 0	1-					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$71.00		PO Box 6031								
			Carol Stream, IL 60197-6031								
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule)	(b) Description					
	OF EXPENDITURE		Credit Card Payment		,			de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
						Credit Card F Schedule F4	Pay	ment for Expenses Itemized in			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T / - Gift/Awards/Memorials Expense Printing Expense T					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	FILER NAM	1E			<u> </u>	3	Filer ID	(Ethics Commission Filers)	
	Sch: 14/190 Rpt:		Juan (The Honoral	ole)				00013805		
4	Date 06/30/2024	Payee nam American								
6	Amount (\$) \$93.49	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197-6031								
8	PURPOSE OF EXPENDITURE	OF Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment Card Payme								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	Office sou	ht		Office he	eld	
	Date 04/12/2024	Payee nam American	e GI Forum of South	Texas						
	Amount (\$) \$500.00	Payee addr PO Box 10 Corpus Ch			; Zip Coo	le				
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the ons/Donations Mac /Officeholder/Politi	le By			n, TX,	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	C	Dffice sou	ht		Office he	eld	
	Date	Payee nam	e							
	03/08/2024		GI Forum of TX- T	he Beatric	e T. Pere	z Robstown Cha	apte	r		
	Amount (\$) \$200.00	Payee addr 2902 Alta	-	State;	; Zip Coo	le				
		Corpus Ch	nristi, TX 78415-24	13						
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the ons/Donations Mac /Officeholder/Politi	le By	,		n, TX,	officeholder living	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/O	fficeholder name	C	Office sou	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)		
-	Sch: 15/190 Rpt:		Hinojosa, Juan (The Honorab	le)				00013805		
4	Date		Payee name							
	01/03/2024		Aristotle International, Inc.							
6	Amount (\$)	I	Payee address; City; State; Zip Code							
	\$517.50		205 Pennsylvania Avenue Sl	E						
		<u> </u>	Washington, DC 20003-1164							
8	PURPOSE OF		Category (See Categories listed at the	top of this sche	edule)	(b) Description				
	EXPENDITURE	'	Accounting/Banking					ide of Texas. Complete Schedule T. , officeholder living expense		
						3 mo. camp.				
						ee. eep.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C)ffice soug	ht		Office held		
	Date	6	Payee name							
	04/02/2024	/	Aristotle International, Inc.							
	Amount (\$)	1	Payee address; City;	State;	Zip Co	le				
	\$517.50		205 Pennsylvania Avenue Sl	E						
		,	Washington, DC 20003-1164							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Accounting/Banking	top of this sche	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense C. SETV.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date		Payee name							
	05/14/2024	I	At Home							
-	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$28.08		1949 Greenwood Dr.	,						
			Corpus Christi, TX 78416-134							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Fees	top of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense DO		
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held		
	expenditure to benefit C/OI	н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E tee Legal Services The Instruction Gui	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	_ER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 16/190 Rpt:	nojosa, Juan (The Honora	ble)		00013805				
4	Date 02/13/2024	iyee name Istin Habibi							
6	Amount (\$) \$67.78	7 Payee address; City; State; Zip Code 817 W. 5th St. Austin, TX 78703-5467							
8	PURPOSE OF EXPENDITURE	ttegory (See Categories listed at the bod/Beverage Expense	e top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense tg				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sou	ht	Office held				
	Date	iyee name							
	05/21/2024	est Buy Online							
	Amount (\$) \$194.84	iyee address; City; i01 Penn Ave. S nneapolis, MN 55423-850	State; Zip Coo	le					
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the ees	e top of this schedule)	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense membership subs				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office soug	ht	Office held				
	Date	yee name							
	05/09/2024	est Buy							
	Amount (\$) \$58.44	yee address; City; 12 N 10th Street	State; Zip Coo	le					
		cAllen, TX 78504-7733							
	PURPOSE OF EXPENDITURE	ttegory (See Categories listed at the ees	e top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense es for EDO				
	Complete ONLY if direct expenditure to benefit C/OF	didate/Officeholder name	Office sou	ht	Office held				

			EXPENDI	TURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr by - Gift/Awards/Memorials Expense Printing Expense Tr					Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 17/190 Rpt:		linojosa, Juan (The Ho	norable)				00013805	
4	Date	5 F	ayee name						
	01/10/2024	E	Big Lots						
6	Amount (\$)	7 F	Payee address; City;	State;	; Zip Coc	е			
	\$10.81	1	.289 US 181						
		F	Portland, TX 78374						
8	PURPOSE	(a) (Category (See Categories liste	d at the top of this sch	edule)	b) Description			
	OF EXPENDITURE	F	ees					ide of Texas. Com	
								, officeholder living	expense
						Bins for CCD	0		
_			undidate (Office helder very			b 4		Office he	.1.4
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder nam	e C	Office soug	nt		Office he	910
	Date	F	ayee name						
	05/14/2024	E	Big Lots						
	Amount (\$)	F	Payee address; City;	State;	; Zip Coc	е			
	\$16.21	4	938 S Staples Street						
			Corpus Christi, TX 7841	1-3809					
	PURPOSE	(a) (Category (See Categories liste	d at the top of this sch	edule)	b) Description			
	OF EXPENDITURE	F	ees					ide of Texas. Com	
						Supplies for		, officeholder living	expense
						Supplies loi		DO	
	Complete ONIL V if direct		ndidate/Officeholder nam	<u> </u>		ht		Office he	ld
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		indidate/Onicendider han	e C	Office soug	m		Once ne	20
	Data								
	Date 05/06/2024		Payee name Bonita Flowers & Gifts						
				Oteter	7: 0	-			
	Amount (\$)		Payee address; City;	State;	; Zip Coc	е			
	\$194.85		10 N. 10th St.						
			/IcAllen, TX 78501-451	٨					
	DUDDOCC				<u> </u>				
	PURPOSE OF		Category (See Categories liste		edule)	b) Description	Olitei	ide of Texas. Com	olete Schedule T
	EXPENDITURE		Sift/Awards/Memorials	Expense				, officeholder living	
						Flowers for F			
	Complete ONLY if direct		ndidate/Officeholder nam	e C	Office soug	ht		Office he	ld
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 18/190 Rpt:		Hinojosa, Juan (The Honora	ble)				00013805	
4	Date	5	Payee name						
	06/12/2024		Bonita Flowers & Gifts						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le			
	\$194.85		610 N. 10th St.						
			McAllen, TX 78501-4514						
8	PURPOSE	(a)	Category (See Categories listed at th	a tan of this ash	adula)	(b) Description			
-	OF		Gift/Awards/Memorials Expe		leuule)		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		·					officeholder living	expense
						Flowers for F	une	eral	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office he	ld
	Date		Payee name						
	01/26/2024		Boys & Girls Club of Edinbu	rg RGV					
	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$1,850.00		PO Box 1079						
			Edinburg, TX 78540-1079						
	PURPOSE OF		Category (See Categories listed at th		nedule)	(b) Description			
	EXPENDITURE		Contributions/Donations Ma Candidate/Officeholder/Polit		nittoo			de of Texas. Comp officeholder living	
			Canuluale/Onicenoider/Poill	ical Comm	nuee	'Steak' in You			
	Complete ONLY if direct	C	Candidate/Officeholder name	(Jffice sou	Jht		Office he	ld
	expenditure to benefit C/OF	Н							
-	Date		Payee name						
	06/24/2024		Burn Pits 360						
	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$250.00		201 N. 4th St.		· •				
			Robstown, TX 78380-3007						
	PURPOSE OF		Category (See Categories listed at th		nedule)	(b) Description		de ef Terro O	lete Ochestule T
	EXPENDITURE		Contributions/Donations Ma Candidate/Officeholder/Polit		nittoo			de of Texas. Comp	
					nuce	Designer Pur			
						U		-	
-	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	Iht		Office he	ld
	capenditure to benefit C/Of	. 1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 19/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805	
4	Date	5	Payee name						
	02/07/2024		Butter Churn Restaurant						
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode				
ľ	\$14.99	ľ	207 W. Sinton St.	uic, 20 0	ouc				
	φ14.00								
			Cinton TV 70207 2554						
			Sinton, TX 78387-2554		1				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. , officeholder living expense	
								ch/ARCIT mtg-CG	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ught			Office held	
-	Date		Payee name						
	02/02/2024		CASA of Hidalgo County, Inc.						
_				7.0	! -				
	Amount (\$)			tate; Zip C	oae				
	\$200.00		1001 S 10th Avenue						
			Edinburg, TX 78539-5513						
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By	mmittoo				de of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Officeholder/Political Co	mmillee		13th Annual S			
						10117 (11100)	Տար		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	laht			Office held	
	expenditure to benefit C/OI			Onice Sol	uyin			Office field	
	_	_							
	Date		Payee name						
	03/07/2024		CCAUSE						
	Amount (\$)			tate; Zip C	ode				
	\$750.00		4855 S Alameda Street						
			Suite 202						
			Corpus Christi, TX 78412-2366						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By	,		Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political Co	mmittee			, TX,	officeholder living expense	
						Donation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	
		1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 20/190 Rpt:		Hinojosa, Juan (The	e Honorable)				00013805	
4	Date		Payee name						
	01/30/2024		CVS Pharmacy						
6	Amount (\$)			tity; State;	Zip Co	le			
	\$15.13		1627 Wildcat Dr.						
			Portland, TX 78374						
8	PURPOSE OF			es listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Cleaning supp. for (CCDO				de of Texas. Comp officeholder living	
						Cleaning sup			o,ponoo
							•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Dffice sou	Jht		Office he	ld
	Date		Payee name						
	04/11/2024		Cafe Blue						
	Amount (\$)		Payee address; C	ity; State;	Zip Co	le			
	\$115.93		340 E. 2nd St.						
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category _{(See Categoria} Food/Beverage Exp	es listed at the top of this scho DENSE	edule)		ı, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Dffice sou	ıht		Office he	ld
	Date		Payee name						
	06/10/2024		Cafe Blue						
	Amount (\$)		Payee address; C	ity; State;	Zip Co	le			
	\$104.44		340 E. 2nd St.						
			Austin, TX 78701						
	PURPOSE OF			es listed at the top of this sch	edule)	(b) Description	0	do of Toylog Or	alata Sahadula T
	EXPENDITURE		Food/Beverage Exp	ense			ı, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Dffice sou	Jht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 21/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 04/12/2024	Payee name Calk-Wilson Elementary								
6	Amount (\$) \$150.00	Payee address; City; State; Zip Code 3925 Ft. Worth St. State; Zip Code Corpus Christi, TX 78411-2244 State; Zip Code								
8	PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/12/2024	Capitol Cafe								
	Amount (\$) \$6.34	Payee address; City; State; Zip Code 1001 Congress Ave Austin, TX 78701-5000								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Descripting Check Check Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense nables for Cap. office mtg							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/06/2024	Capitol Cafe								
	Amount (\$) \$16.39	Payee address; City; State; Zip Code 1001 Congress Ave								
		Austin, TX 78701-5000								
	PURPOSE OF EXPENDITURE		on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense nables for Meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	_ Committ	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FII		•		•	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 22/190 Rpt:		nojosa, Juan (The Honorat	ole)				00013805	(,	
4	Date 02/01/2024		/ee name stillo, Jorge							
6	Amount (\$)		/ee address; City;	Stato	; Zip Co	10				
	\$335.00	-	D4 Heron Avenue	State,	, zip coo					
		Мс	McAllen, TX 78504-3915							
8	PURPOSE OF		egory (See Categories listed at the		iedule)	(b) Description				
	EXPENDITURE									
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								eld		
	Date	Pay	/ee name							
	03/01/2024	Ca	stillo, Jorge							
Amount (\$) Payee address; City; State; Zip Code										
	\$335.00	19	04 Heron Avenue							
		Мс	Allen, TX 78504-3915							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholder name	C	Office sou	ht		Office he	eld	
	Date	Pav	/ee name							
	03/08/2024	-	stillo, Jorge							
	Amount (\$)		vee address; City;	State:	; Zip Co	le				
	\$95.47		04 Heron Avenue		·					
		Мс	Allen, TX 78504-3915							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage reimbursement										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeholder name	C	Dffice sou	ht		Office he	eld	

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment			Event Expe Fees Food/Bever Gift/Awards nittee Legal Servi	nse age Expense /Memorials Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 23/190 Rpt:	1	Hinojosa, Juan (The	Honorable)				00013805			
4	Date	5	Payee name				-				
	04/01/2024		Castillo, Jorge								
6	Amount (\$)	7 1	Payee address; City; State; Zip Code								
	\$335.00	:	1904 Heron Avenu	e							
		1	McAllen, TX 78504-	3915							
8	PURPOSE	(a) (Category (See Categorie	s listed at the ten of this sch	odulo)	(b) Description					
	OF		Salaries/Wages/Col		edule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin	ı, ТХ,	officeholder living	expense		
						Substitute					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office sou	Iht		Office he	eld		
	Date		Payee name								
	05/01/2024	(Castillo, Jorge								
	Amount (\$)	I	Payee address; C	ity; State;	; Zip Coo	le					
	\$335.00	:	1904 Heron Avenu	e							
		1	McAllen, TX 78504-	3915							
	PURPOSE	(a) (Category (See Categorie	s listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Co	ntract Labor				de of Texas. Com			
							I, IX,	officeholder living	expense		
						Substitute					
	Complete ONLY if direct		andidate/Officeholder	name C	Office sou	iht		Office he	h		
	expenditure to benefit C/Oł					,					
_	Date		Payee name								
	05/31/2024		Castillo, Jorge								
			_	it <i>u</i> Stata:	; Zip Co	10					
	Amount (\$) \$335.00	I	Payee address; C L904 Heron Avenu		, Zip Cot	le					
	φ335.00	-	1904 Heron Avenu	5							
		1	McAllen, TX 78504-	3915							
	PURPOSE OF		Category (See Categorie		edule)	(b) Description					
	EXPENDITURE	:	Salaries/Wages/Co	ntract Labor				de of Texas. Com			
						Substitute	I, IA,	officeholder living	l evhenze		
-	Complete ONLY if direct	L Ca	andidate/Officeholder	name C	Office soug	iht		Office he	eld		
	expenditure to benefit C/OI			-		, -		2			

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 24/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805		
4	Date 06/30/2024	Payee name Castillo, Jorge			
6		-			
6	Amount (\$) \$70.76	Payee address; City; State; Zip Code 1904 Heron Avenue			
		McAllen, TX 78504-3915			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/18/2024	Catholic Charities Of The Rio Grande Valley			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	P.O. Box 1306 San Juan, TX 78589-1306			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense De Gala		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
F	Date	Payee name			
	03/13/2024	Celina Lopez-American Heart Association Woman of Impact			
	Amount (\$) \$200.00	Payee address;City;State;Zip Code226 S. Tancahua St.			
		Corpus Christi, TX 78401-3022			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dnation		
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 25/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805					
4	Date 01/16/2024	5 Payee name Charter Communications						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$129.27	PO Box 60074 City Of Industry, CA 91716-0074						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Ū	8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO service							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/16/2024	Charter Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$288.87 PO Box 60074 City Of Industry, CA 91716-0074							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense PrVİCE					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/07/2024	Charter Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$288.76	PO Box 60074						
		City Of Industry, CA 91716-0074						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Camp/EDO service							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATE	GORIES F		3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office Polling Printir Salari	Overhe Exper g Expe es/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 26/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805	
4	Date	5	Payee name				I		
	02/14/2024		Charter Communications						
6	Amount (\$)	7	Payee address; City; S	tate; Zip	Code	9			
	\$129.28		PO Box 60074						
	City Of Industry, CA 91716-0074								
8	PURPOSE	(a)	Category (See Categories listed at the top of th	ic cohodulo)	(b) Description			
	OF	Ľ	Office Overhead/Rental Expense	is schedule)	Ì		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						CCDO servio	ce		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ough	t		Office held	
	Date		Payee name						
	03/12/2024		Charter Communications						
	Amount (\$)		Payee address; City; S	tate; Zip	Code	9			
	\$145.46 PO Box 60074								
			City Of Industry, CA 91716-0074						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						CCDO servio		, oncentitier noting expense	
						00200000			
	Complete ONLY if direct		Candidate/Officeholder name	Office	sough	t		Office held	
	expenditure to benefit C/OI	Н			U				
	Date		Payee name						
	03/12/2024		Charter Communications						
	Amount (\$)		Payee address; City; S	tate; Zip	Code	2			
	\$305.43		PO Box 60074						
			City Of Industry, CA 91716-0074						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Camp/EDO service								
	Complete ONLY if direct	L(Candidate/Officeholder name	Office	souah	t		Office held	
	expenditure to benefit C/OI								

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 27/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805						
4	Date	Payee name							
	04/15/2024	Charter Communications							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$145.46	PO Box 60074							
	City Of Industry, CA 91716-0074								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		butside of Texas. Complete Schedule T.						
	-		, TX, officeholder living expense						
	CCDO service								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
5	expenditure to benefit C/OF								
	Date	Payee name							
	04/15/2024	Charter Communications							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$305.43	PO Box 60074							
		City Of Industry, CA 91716-0074							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		putside of Texas. Complete Schedule T.						
			, TX, officeholder living expense						
		Camp/EDO s	ervice						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
	Date	Payee name							
	05/13/2024	Charter Communications							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$305.43	PO Box 60074							
		City Of Industry, CA 91716-0074							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		outside of Texas. Complete Schedule T.						
	_/		, TX, officeholder living expense						
		Camp/EDO s	ervice						
	Complete ONLV if direct	Candidate/Officeholder name Office sought	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought							

		EXPENDITURE CATEGO	DRIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 28/190 Rpt:	linojosa, Juan (The Honorable)		00013805						
4	Date	Payee name								
	05/14/2024	Charter Communications								
6	Amount (\$)	Payee address; City; Stat	e; Zip Code							
	\$145.46	PO Box 60074								
		City Of Industry, CA 91716-0074								
8	PURPOSE	Category (See Categories listed at the top of this s	chedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T.						
				n, TX, officeholder living expense						
			CCDO servic	e						
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	06/12/2024	Charter Communications								
	Amount (\$)	ayee address; City; Stat	e; Zip Code							
	\$305.43	PO Box 60074								
		City Of Industry, CA 91716-0074								
	PURPOSE	category (See Categories listed at the top of this s	chedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T.						
				n, TX, officeholder living expense						
			Camp/EDO 3							
	Complete ONLY if direct	ndidate/Officeholder name	Office sought	Office held						
	expenditure to benefit C/OI		Since Sought							
-	Date	ayee name								
	06/12/2024	Charter Communications								
	Amount (\$)		e; Zip Code							
	\$145.46	PO Box 60074								
	φ145.40	0 00074								
		City Of Industry, CA 91716-0074								
	PURPOSE	Category (See Categories listed at the top of this s	chedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T.						
	EXPENDITORE			n, TX, officeholder living expense						
			CCDO servio	e						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	on ponditor of bonome 0/01									

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 29/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 05/16/2024	5 Payee name Chick-Fil-A								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$26.15	7340 N. 10th St McAllen, TX 78504-9581	7340 N. 10th St McAllen, TX 78504-9581							
8	PURPOSE									
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EDO staff lunch meeting 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/11/2024	Chick-Fil-A								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8.93	503 W Martin Luther King Jr Boulevard Austin, TX 78701-1230								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ast-DR							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/24/2024	Circle K								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.65	1003 Hwy 123 S								
		Stockdale, TX 78160-6495								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Fuel for rental-LJM										
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURI	E CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I	e Expense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 30/190 Rpt:	Hin	ojosa, Juan (The Honora	ıble)				00013805	
4	Date 06/30/2024		ee name cle K						
6	Amount (\$) \$37.63	7 Payee address; City; State; Zip Code 2700 US Hwy 77 Bypass Kingsville, TX 78363-9669							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Fuel for rental-LJM Image: Check if Austin, TX, officeholder living expense Fuel for rental-LJM									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Рау	ee name						
01/30/2024 City Of Austin									
	Amount (\$) Payee address; City; State; Zip Code \$39.05 PO Box 2267								
	PURPOSE OF EXPENDITURE	(a) Cat	stin, TX 78783-0001 egory (See Categories listed at th ce Overhead/Rental Exp		edule)	(b) Description Check if travel Check if Austin JJH apt utiliti	ı, TX,	de of Texas. Com officeholder living	-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office soug	ht		Office he	eld
	Date	Pay	ee name						
	03/01/2024		/ Of Austin						
	Amount (\$) \$40.77		ee address; City; Box 2267	State;	; Zip Coo	le			
		Au	stin, TX 78783-0001						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (x) Check if Austin, TX, officeholder living expense Austin apt utilities									
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	C	Dffice soug	ht		Office he	eld

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 31/190 Rpt:		Hinojosa, Juan (The Honorable	e)				00013805			
4	Date	5	Payee name				I				
	04/02/2024		City Of Austin								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$56.55		PO Box 2267		·						
			Austin, TX 78783-0001								
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this colu	adula)	(b) Description					
-	OF		Office Overhead/Rental Expen		edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE							, officeholder living expense			
						JJH apt utiliti	es				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	lht		Office held			
	Date		Payee name								
	04/26/2024		City Of Austin								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$41.28	\$41.28 PO Box 2267									
			Austin, TX 78783-0001								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Expen		edule)		, TX,	side of Texas. Complete Schedule T. K, officeholder living expense			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	iht		Office held			
	expenditure to benefit C/OF					,					
⊢	Date		Payee name								
	05/29/2024		City Of Austin								
	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$38.90		PO Box 2267	Olule,	210 000						
	\$00,00										
			Austin, TX 78783-0001								
	PURPOSE	(a)	Category (See Categories listed at the to		edule)	(b) Description					
	EXPENDITURE	OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities									
-	Complete ONLY if direct	L(Candidate/Officeholder name	C	Office sou	Iht		Office held			
	expenditure to benefit C/OF										
-											

			EXPENDITURE (CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 32/190 Rpt:		Hinojosa, Juan (The Honorabl	e)				00013805		
4	Date 06/27/2024		Payee name City Of Austin							
6	Amount (\$)		Payee address; City; PO Box 2267	State;	Zip Co	le				
	\$66.02		Austin, TX 78783-0001							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense JJH apt utilities										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	01/30/2024		City Of Granjeno							
	Amount (\$)Payee address;City;State; Zip Code\$300.006603 S. FM 494									
	PURPOSE OF EXPENDITURE	(a)	Granjeno, TX 78572 Category _{(See Categories listed at the to} Contributions/Donations Made Candidate/Officeholder/Politica	e By			ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Spons.		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held		
	Date		Payee name							
	06/18/2024		Coastal Bend Tejano Democra	ats						
	Amount (\$) \$25.00		Payee address; City; 7417 Spitfire Drive	State;	Zip Co	le				
			Corpus Christi, TX 78412-513	2						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if Complete Schedule T Check if Austin, TX, officeholder living expense Membership dues							, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	С	Dffice sou	ht		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exper Fees Food/Bever Gift/Awards nmittee Legal Service	nse age Expense Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 33/190 Rpt:		Hinojosa, Juan (The	Honorable)				00013805				
4	Date	5	Payee name									
	02/23/2024		Community Council	of the RGV								
6	Amount (\$)	7	Payee address; C	ty; State;	Zip Co	le						
	\$39.00		PO Box 182		•							
			Weslaco, TX 78599	0182								
8	PURPOSE	(a)	• •			(b) Description						
ľ	OF	(a)	Fees	s listed at the top of this sch	edule)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		1005					, officeholder living				
						Blue Book Di	irec	tory				
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name									
	01/24/2024		Constant Contact									
	Amount (\$)		Payee address; C	ty; State;	; Zip Co	le						
	\$85.37 1601 Trapelo Road											
			Waltham, MA 02451	-7333								
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Fees		ouulo)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE				Check if Austin, TX, officeholder living expense							
						email service	e su	bs.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	Jht		Office he	eld			
		-										
	Date		Payee name									
	02/24/2024		Constant Contact									
	Amount (\$)		-	ty; State;	; Zip Co	le						
	\$85.37		1601 Trapelo Road									
			Waltham, MA 02451	-7333								
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Fees					ide of Texas. Com	•			
	Check if Austin, 1X, officenolder living expense											
	email service subs.											
		L	Condidate Office held -	20200		ubt		Office	Nd			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	iame C	Office sou	Jrit		Office he	eiu			
	-											

			EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp	Office Pollin Printi Salar	e Overl Ig Expe ng Exp ies/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)					
	Sch: 34/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805					
4	Date	5	Payee name										
	03/24/2024		Constant Contact										
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e							
	\$85.37		1601 Trapelo Road										
			Waltham, MA 02451-7333										
8	PURPOSE	<u> </u>	0			b) Description							
0	OF		Category (See Categories listed at the top of Fees	this schedule)	ľ		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITURE					Check if Austir	ı, TX,	, officeholder living expense					
						email service	e su	ıbs.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	ht		Office held					
	Date		Payee name										
	04/24/2024		Constant Contact										
	Amount (\$)		Payee address; City;	State; Zip	Cod	e							
	\$85.37		1601 Trapelo Road										
			Waltham, MA 02451-7333										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Fees	this schedule)	(ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I bS.					
	Complete ONLY if direct		andidate/Officeholder name	Office	soua	ht		Office held					
	expenditure to benefit C/OF				5								
-	Date		Payee name										
	05/24/2024		Constant Contact										
	Amount (\$)			State; Zip	Cod	0							
	\$85.37		1601 Trapelo Road	State, Zip	Cou	e							
	φ0 3. 37												
			Waltham, MA 02451-7333										
	PURPOSE OF		Category (See Categories listed at the top of	this schedule)	(b) Description		ide of Toylog, Complete Selecture T					
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense					
						email service							
-	Complete ONLY if direct	L(andidate/Officeholder name	Office	soua	ht		Office held					
	expenditure to benefit C/OF			200	a	-							
-													

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 35/190 Rpt:		Hinojosa, Juan (The Honorab	le)				00013805			
4	Date	5	Payee name								
	06/24/2024		Constant Contact								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$85.37		1601 Trapelo Road		•						
			Waltham, MA 02451-7333								
8	PURPOSE					(b) Description					
ľ	OF		Category (See Categories listed at the t Fees	op of this sch	edule)		outsi	ide of Texas. Comp	lete Schedule T.		
	EXPENDITURE					Check if Austin	ı, TX,	, officeholder living	expense		
						email service	e su	bs.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office he	ld		
	Date		Payee name								
	05/01/2024		Cooper, Sarah								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$222.50		423 Quentin Dr.								
		<u> </u>	San Antonio, TX 78201-3735								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Advertising Expense	op of this sch	edule)			ide of Texas. Comp , officeholder living			
	Complete ONLY if direct		andidate/Officeholder name		Office sou	iht		Office he	ld		
	expenditure to benefit C/OF			-		,			-		
-	Date		Payee name								
	06/14/2024		Corpus Christi Black Chambe	r of Com	merce						
	Amount (\$)		Payee address; City;		Zip Co	10					
	\$120.00		PO Box 60574	State,	2ip C0						
	\$120.00		10 000 00014								
			Corpus Christi, TX 78466-057	'4							
	PURPOSE OF		Category (See Categories listed at the t		edule)	(b) Description		de ef Teur O	late Ochodula T		
	EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politic		ittoo			ide of Texas. Comp , officeholder living			
			Candidate/Onicendider/Politic	ai Cumm	illee	2 tkts State o					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.							Equipment & Related Expense t strict			
1	Total pages Schedule F1:	2 6	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 36/190 Rpt:			an (The Hon	orable)				00013805			
4	Date	5 F	Payee name									
	06/04/2024		Corpus Chri	sti File Pro								
6	Amount (\$)	7 F	Payee addres	s; City;	State	; Zip Co	de					
	\$10.50		2106 Lipan	Street								
		(Corpus Chri	sti, TX 78408	-3934							
8	PURPOSE	(a) (Category (Se	- Ostanaria - listad		a du la X	(b) Description					
	OF		Fees	e Categories listed	at the top of this sch	iedule)		outsi	de of Texas. Com	nplete Schedule T.		
	EXPENDITURE	'	000				Check if Austin	, тх,	officeholder living	g expense		
							CCDO file sh	red	lding			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght		Office h	eld		
	Date	F	Payee name									
	05/22/2024	(Corpus Chris	sti Police Fou	Indation							
	Amount (\$)	F F	Payee addres	s; City;	State	; Zip Co	de					
	\$200.00		PO Box 803	o, ony,	Olato	, <u>Lip</u> 00						
	φ200.00	'	FO D0X 003									
		(Corpus Chri	sti, TX 78403	-0803							
	PURPOSE OF	(a) (Category (Se	e Categories listed	at the top of this sch	edule)	(b) Description					
	EXPENDITURE			s/Donations I						nplete Schedule T.		
	-	(Candidate/C	fficeholder/P	olitical Comm	littee			officeholder living			
							7th Ann. Bac	КІ	ne Blue Cla	y Shool		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(Office sou	ght		Office h	eld		
	Date	F	Payee name									
	06/07/2024	(Cotton Broa	dcasting								
	Amount (\$)	F	Payee addres	s; City;	State	; Zip Co	de					
	\$400.00		116 Mesa D	rive								
		F	Robstown, T	X 78380-200)4							
	PURPOSE	(a) (Category (Se	e Categories listed	at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE	/	Advertising I	Expense						nplete Schedule T.		
									officeholder living			
							London Base	ebal	II Playoff ad	S		
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght		Office he	eld		
L	expenditure to benefit C/OI	-1 										

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CATE Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan I Office Polling Printin Salarie	Repaym Overhe Expen g Expe s/Wag	nent/Reimbursement ead/Rental Expense ise nse es/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
1		1					ľ	00013805	
	Sch: 37/190 Rpt:		Hinojosa, Juan (The Honorable)					00013003	
4	Date	5	Payee name						
	01/17/2024		Culligan Water of the RGV						
6	Amount (\$)	7	Payee address; City; Si	tate; Zip	Code	;			
	\$25.47		1300 W. Bus. 77						
			P.O. Box 1029						
			San Benito, TX 78586-0010						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b	Description			
	OF EXPENDITURE		Food/Beverage Expense						nplete Schedule T.
								, officeholder living	g expense
						Water for ED	0		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ough	t		Office h	eld
⊨	Date		Payee name						
	02/14/2024		Culligan Water of the RGV						
⊢			-		0! -				
	Amount (\$)			tate; Zip	Code				
	\$25.47		1300 W. Bus. 77						
			P.O. Box 1029						
			San Benito, TX 78586-0010						
⊢	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b) Description			
	OF		Food/Beverage Expense	o conocicio)			outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		5			Check if Austir	ı, TX	, officeholder living	g expense
						Water for ED	0		
	Complete ONLY if direct	. (Candidate/Officeholder name	Office s	ough	t		Office h	eld
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	03/14/2024		Culligan Water of the RGV						
			-						
	Amount (\$)			tate; Zip	Code	2			
	\$25.47		1300 W. Bus. 77						
			P.O. Box 1029						
			San Benito, TX 78586-0010						
	PURPOSE	(a)	Category (See Categories listed at the top of thi		(h) Description			
	OF	(")	Food/Beverage Expense	s schedule)	(~	· I	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		r oourbeverage Expense					, officeholder living	
						Water for ED	0		
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office s	ouah	t		Office h	eld
	expenditure to benefit C/OI				5.				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense							quipment & Related Expense			
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)			
1		 ²					 					
	Sch: 38/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805				
4	Date	5	Payee name									
	04/12/2024		Culligan Water of the RGV									
6	Amount (¢)	-	_	Ctoto	Zin Cod							
6	Amount (\$)	ľ	5 . 5.	State;	Zip Cod	e						
	\$32.96		1300 W. Bus. 77									
			P.O. Box 1029									
			San Benito, TX 78586-0010									
	DUDDOOF					L)						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sched	lule)	b) Description	oto	ide of Texas. Com	nlata Cabadula T			
	EXPENDITURE		Food/Beverage Expense					, officeholder living				
						Water for ED		, oncentituer inving	J expense			
							0					
9	Complete ONLY if direct		Candidate/Officeholder name	Off	fice soug	ht		Office he	eld			
	expenditure to benefit C/OI	н										
⊨	Date	Γ	Payee name									
	05/06/2024		Culligan Water of the RGV									
			-									
	Amount (\$)		Payee address; City;	State;	Zip Cod	е						
	\$32.96		1300 W. Bus. 77									
			P.O. Box 1029									
			San Benito, TX 78586-0010									
L												
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sched	lule)	b) Description						
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Com , officeholder living				
						Water for ED		, unicendider nving	Jexpense			
							0					
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Off	fice soug	ht		Office he	eld			
	expenditure to benefit C/OI	п										
	Date		Payee name									
	06/12/2024		Culligan Water of the RGV									
	۸-menuet (Փ)	-	0	Ctata	Zin Cod	-						
	Amount (\$)		Payee address; City;	State;	Zip Cod	e						
	\$32.96		1300 W. Bus. 77									
			P.O. Box 1029									
			San Benito, TX 78586-0010									
_	PURPOSE					b) Decemination						
	OF	(a)	Category (See Categories listed at the top of	of this sched	lule)	b) Description Check if travel	outs	ide of Texas. Com	nlete Schedule T			
	EXPENDITURE		Food/Beverage Expense					, officeholder living				
						Water for ED			j okpolitoo			
							5					
	0 1. 0							~ ~ ~ ~				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Off	fice soug	ht		Office he	eld			

		EXPENDITURE CAT	EGORIES FOR BO	DX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	LER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 39/190 Rpt:	inojosa, Juan (The Honorable)			00013805
4	Date	ayee name			
	02/01/2024	airy Queen			
6	Amount (\$)	ayee address; City;	State; Zip Code		
	\$32.00	224 W. University Dr.			
		dinburg, TX 78539-3194			
8	PURPOSE	ategory (See Categories listed at the top of t	his schedule) (b)	Description	
	OF EXPENDITURE	ood/Beverage Expense	,		outside of Texas. Complete Schedule T.
					TX, officeholder living expense
				Consumables	s for EDO mtg
_		didata (Office helder recrea	Office coucht		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held
	Date	ayee name			
	05/29/2024	airy Queen			
	Amount (\$)	ayee address; City;	State; Zip Code		
	\$32.00	224 W. University Dr.			
		-			
		dinburg, TX 78539-3194			
	PURPOSE OF	ategory (See Categories listed at the top of t	his schedule) (b)	Description	
	EXPENDITURE	ood/Beverage Expense			outside of Texas. Complete Schedule T. TX, officeholder living expense
					s for EDO mtg
				001100111000	
	Complete ONLY if direct	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OF		-		
	Date	ayee name			
	01/12/2024	e Correa, Yesenia (Ms.)			
	Amount (\$)	ayee address; City;	State; Zip Code		
	\$315.00	001 Jay Ave.	<i>i</i> 1		
		cAllen, TX 78504-6513			
	PURPOSE	ategory (See Categories listed at the top of t	his schedule) (b)	Description	
	OF EXPENDITURE	alaries/Wages/Contract Labor			butside of Texas. Complete Schedule T.
					TX, officeholder living expense
				Janitorial serv	///////////////////////////////////////
	Complete ONIL V if direct	adidato/Officoboldor acmo	Office court		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name	Office sought		Onice neiu

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	e Expense Iemorials Expense	Office Ove Polling Ex Printing Ex Salaries/M	erhead pense (pens /ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commission Filers)	
	Sch: 40/190 Rpt:		Hinojosa, J	uan (The H	Honorable)					00013805		
4	Date	5	Payee name									
	01/26/2024		De Correa,	Yesenia (Ms.)							
6	Amount (\$)	7	Payee addre	ss; City	/; St	ate; Zip Co	de					
	\$315.00		5001 Jay A	ve.								
			McAllen, T	K 78504-6	513							
8	PURPOSE	(a)	Category (S	ee Categories I	isted at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/W							de of Texas. Com		
										officeholder living	expense	
								Janitorial ser	VICE	es		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder na	ame	Office sou	ght			Office he	eld	
	Date		Payee name									
	02/15/2024		De Correa,	Yesenia (Ms.)							
⊢	Amount (\$)		Payee addre	ss; City	/: St	ate; Zip Co	de					
	\$315.00		5001 Jay A			, <u></u>						
	\$010100		0001 0aj /									
			McAllen, T	K 78504-6	513							
	PURPOSE	(a)	Category (S	ee Categories I	isted at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Cont	ract Labor						plete Schedule T.	
								Janitorial ser		officeholder living	expense	
								Janitonai ser	VICE	55		
	Complete ONIL V if direct	L	Candidata/Off	iooboldor n		Office cou	abt			Office he		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	icentituer na	ame	Office sou	gni			Once ne	eiu	
		_										_
	Date		Payee name									
	02/23/2024		De Correa,	Yesenia (Ms.)							
	Amount (\$)		Payee addre	ss; City	/; St	ate; Zip Co	de					
	\$315.00		5001 Jay A	ve.								
			McAllen, T	K 78504-6	513							
	PURPOSE	(a)	Category (S	ee Categories I	isted at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ages/Cont	ract Labor						plete Schedule T.	
										officeholder living	expense	
								Janitorial ser	VICE	5		
	0 1.1 0.111					017				~ ~ ~ ~		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder na	ame	Office sou	ght			Office he	eld	
		•										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Service	ge Expense Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2 511 51					2	Filer ID	(Ethics Commission Filers)			
1	Sch: 41/190 Rpt:		josa, Juan (The	Honorable)			3	00013805				
4	Date 03/08/2024	-	e name Correa, Yesenia	(Ms.)								
6	Amount (\$) \$315.00	5001	e address; Cil . Jay Ave. Ilen, TX 78504-6		ate; Zip Co	de						
8	PURPOSE OF EXPENDITURE		gory (See Categories ries/Wages/Con		schedule)		η, TX,	de of Texas. Com officeholder living S				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder r	ame	Office sou	Jht		Office he	eld			
	Date	Paye	e name									
	03/22/2024	De C	Correa, Yesenia	(Ms.)								
	Amount (\$) \$315.00	5001	e address; Cil . Jay Ave. Ilen, TX 78504-6		ate; Zip Co	de						
	PURPOSE OF EXPENDITURE	(a) Cate	gory (See Categories ries/Wages/Con	listed at the top of this	schedule)		ι, TX,	de of Texas. Com officeholder living S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder r	ame	Office sou	Jht		Office he	eld			
-	Date	Pave	e name									
	04/05/2024	De C	Correa, Yesenia	. ,								
	Amount (\$) \$315.00		e address; Cit . Jay Ave.	y; Sta	ate; Zip Co	le						
		McA	llen, TX 78504-6	513								
	PURPOSE OF EXPENDITURE		gory (See Categories ries/Wages/Con		schedule)		η, TX,	de of Texas. Com officeholder living S				
	Complete ONLY if direct expenditure to benefit C/OF		late/Officeholder r	ame	Office sou	Jht		Office he	eld			

				EXPEND	ITURE CATEG	ORIES FOR	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Legal Services	Expense norials Expense ion Guide explain	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e /Contract Labor		Travel in Distric Travel Out of Di	Equiprr t istrict	g Expense tent & Related Expense tory not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Etl	hics Commission Filers)
	Sch: 42/190 Rpt:		Hinojosa, Ju	an (The H	onorable)					00013805		
4	Date	5	Payee name									
	04/19/2024		De Correa,	Yesenia (N	ls.)							
6	Amount (\$)	7	Payee addres	s; City;	Sta	te; Zip Co	de					
	\$315.00		5001 Jay Av									
			McAllen, TX	78504-65	13							
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa		ted at the top of this s act Labor	schedule)	(b)		, TX,	de of Texas. Con officeholder livin ?S	•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder nar	ne	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/10/2024		De Correa,	Yesenia (N	ls.)							
	Amount (\$)		Payee addres	s; City;	Stat	te; Zip Co	de					
	\$315.00		5001 Jay Av McAllen, TX		13							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa		ted at the top of this s act Labor	schedule)	(b)		, TX,	de of Texas. Con officeholder livin ?S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder nar	ne	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/17/2024		De Correa,	Yesenia (N	ls.)							
	Amount (\$) \$315.00		Payee addres 5001 Jay Av		Sta	te; Zip Co	de					
			McAllen, TX	78504-65	13							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa		ted at the top of this s act Labor	schedule)	(b)		, TX,	de of Texas. Con officeholder livin ?S		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder nar	ne	Office sou	ght			Office h	eld	

				EXPEND	ITURE CATE	GORIES FOR	R BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportati Food/Beverage Expense Polling Expense Travel in Dis ty - Gift/Awards/Memorials Expense Printing Expense Travel out or al Committee Legal Services Salaries/Wages/Contract Labor OTHER (end							Solicitation/Fund Transportation E Travel in District Travel Out of Di OTHER (enter a	Equipment & strict	Related Expense	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	commission Filers)
	Sch: 43/190 Rpt:		Hinojosa, Ju	an (The H	onorable)					00013805		
4	Date	5	Payee name									
	05/31/2024		De Correa,	Yesenia (M	1s.)							
6	Amount (\$)	7	Payee addres	is; City;	St	ate; Zip Co	ode					
	\$315.00		5001 Jay Av		10							
			McAllen, TX	/8504-05	13							
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa		ted at the top of this act Labor	schedule)	(b)		, TX,	de of Texas. Con officeholder livin S		ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder na	me	Office sou	ight			Office h	eld	
	Date		Payee name									
	06/14/2024		De Correa,	Yesenia (N	1s.)							
	Amount (\$)		Payee addres	s; City;	St	ate; Zip Co	de					
	\$315.00		5001 Jay Av McAllen, TX		13							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa		ted at the top of this act Labor	schedule)	(b)		, TX,	de of Texas. Con officeholder livin S		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder na	me	Office sou	ght			Office h	eld	
	Date		Payee name			-						
	06/28/2024		De Correa,	Yesenia (N	1s.)							
	Amount (\$) \$315.00		Payee addres 5001 Jay Av		St	ate; Zip Co	de					
			McAllen, TX	78504-65	13							
	PURPOSE OF EXPENDITURE	(a)	Category _{(Se} Salaries/Wa		ted at the top of this act Labor	schedule)	(b)		, TX,	de of Texas. Con officeholder livin S		ule T.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	eholder na	me	Office sou	ight			Office h	eld	

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 44/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805	
4	Date	5	Payee name			<u> </u>		
	03/27/2024		De La Garza Meat Market					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	1e			
ľ	\$168.19	ľ	915 E. Freddy Gonzalez Dr.	210 00				
	\$100.10							
			Edinburg, TX 78539-6530					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.	
	-		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense	
					Consumable	3 10	agency stan appreciation event	
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	iht		Office held	
9	expenditure to benefit C/OF				, int		Onice neid	
	Date		Payee name					
	02/01/2024		DeLaGarza Garcia, Roxanne					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$300.00		605 E Acacia Avenue					
			Alamo, TX 78516-4400					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outo	ida af Taylaa, Camalata Sahadula T	
	EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense	
					Substitute			
	Complete ONLY if direct	. (Candidate/Officeholder name C	Office sou	Iht		Office held	
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	03/01/2024		DeLaGarza Garcia, Roxanne					
	Amount (\$)	-	•	Zip Co	10			
	\$300.00		605 E Acacia Avenue	210 00				
	\$000.00							
			Alamo, TX 78516-4400					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.	
						I, IX	, officeholder living expense	
					Cubsulute			
	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	lht		Office held	
	expenditure to benefit C/OI			AUCE SOU	pric			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.							quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 45/190 Rpt:		Hinojosa, J	luan (The Honora	able)				00013805			
4	Date	5	Payee name	2				<u> </u>				
	04/01/2024			a Garcia, Roxann	е							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$300.00	·	,	cia Avenue	etato	, <u>_</u> , _ 00						
			Alamo, TX	78516-4400								
8	PURPOSE	(a)	Category (S	See Categories listed at th	ne top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Salaries/W	ages/Contract La	abor				ide of Texas. Com , officeholder living			
							Substitute	1, 1 A	, onicendider nying	Texpense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld		
	Date		Payee name	9								
	04/17/2024		DeLaGarza	a Garcia, Roxann	е							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$47.31		605 E Aca	icia Avenue								
			Alamo, TX	78516-4400								
	PURPOSE OF EXPENDITURE	(a)		See Categories listed at th syment/Reimburs		nedule)		ı, TX	ide of Texas. Com , officeholder living . for food			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld		
-	Date		Payee name	<u></u>								
	04/17/2024		,	. a Garcia, Roxann	e							
	Amount (\$)		Payee addre			; Zip Co	do					
	\$100.92		-	cia Avenue	Sidle	, zip co						
	\$100.3Z											
			Alamo, TX	78516-4400								
	PURPOSE OF	(a)		See Categories listed at th	ne top of this sch	nedule)	(b) Description					
	EXPENDITURE		Travel In D	istrict				ı, TX	ide of Texas. Com , officeholder living SEMENT			
-	Complete ONLY if direct	L(Candidate/Of	ficeholder name	(Office sou	aht		Office he	eld		
	expenditure to benefit C/Oł				,	e	<u></u>					
-												

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			-	Office C Polling F Printing Salaries	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.			Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	nent & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME	ILER NAME				Filer ID (Et	hics Commission Filers)	
	Sch: 46/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	05/01/2024		DeLaGarza Garcia, Roxanne							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$300.00	605 E Acacia Avenue								
		Alamo, TX 78516-4400								
8	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel	outsi	de of Texas. Complete	Schedule T.	
							, TX,	officeholder living expe	ense	
						Substitute				
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held									
	Date		Payee name							
	05/31/2024 DeLaGarza Garcia, Roxanne									
	Amount (\$)		Payee address; City; S	State; Zip C	Code					
	\$300.00 605 E Acacia Avenue									
	\$000100									
			Alamo, TX 78516-4400							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(b)	Description				
	OF Salaries/Wages/Contract Labor									
	Check if Austin, TX, officeholder living expense Substitute					ense				
						Substitute				
	Complete ONIL V if direct	L	Condidate/Officeholder.come	Office of				Office hold		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought Office held							
		_								
	Date Payee name									
	06/25/2024 DeLaGarza Garcia, Roxanne									
	Amount (\$) Payee address; City; State; Zip Code									
	\$39.44 605 E Acacia Avenue									
	Alamo, TX 78516-4400									
	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE		Travel In District					de of Texas. Complete		
								officeholder living expe	ense	
						Mileage reim	มนท	sement		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repay Fees Office Overh Food/Beverage Expense Polling Expe - Gift/Awards/Memorials Expense Printing Exp			oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER N	JAME	-		-	3	Filer ID	(Ethics Commission Filers)
1	Sch: 47/190 Rpt:		sa, Juan (The Honorat	he Honorable)			00013805	()	
4	Date 03/05/2024	5 Payee name Dollar Store							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
Ū	\$20.03	4138 Ayers Corpus Christi, TX 78415-5315							
8	PURPOSE			4	- duta)	b) Description			
Ū	OF	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Tejano Demo. event 							expense
9	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee n	ame						
	04/12/2024	Doubletree Hotel							
	Amount (\$) Payee address; City; State; Zip Code								
	\$300.60	1617 I⊦ Austin,	H 35 TX 78702-1005						
	PURPOSE OF EXPENDITURE					ı, ТХ,	utside of Texas. Complete Schedule T. TX, officeholder living expense aff-DR		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	0					Office he	eld	
	Date Payee name								
	06/11/2024		tree Hotel						
	Amount (\$) \$199.89	Payee a 1617 IF		State;	Zip Coo	le			
	Austin, TX 78702-1005								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees			 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging for Staff-DR 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	ht		Office he	eld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1		
	Sch: 48/190 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/02/2024	Downtown Austin-USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
-	\$9.65	823 Congress Ave
	\$5.00	-
		Ste.150
		Austin, TX 78701-2545
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Postage for package to EDO
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	01/25/2024	Downtown Austin-USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.53	823 Congress Ave
		Ste.150
		Austin, TX 78701-2545
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
		Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage for package to EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	ł
	Date	Payee name
	02/23/2024	Downtown Austin-USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	823 Congress Ave
		Ste.150
		Austin, TX 78701-2545
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories instead at the top of this schedule)
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage for package to EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Gift/Awards/Mer mmittee Legal Services	Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation I Travel in Distric Travel Out of D			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 49/190 Rpt:	[Hinojosa, Juan (The He	onorable)			 	00013805	(
_	· · ·							00010000			
4	Date	5	Payee name								
	03/27/2024		Downtown Austin-USP	S							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$9.85		823 Congress Ave								
			Ste.150								
			Austin, TX 78701-2545	1							
8	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees			Check if travel	outsi	ide of Texas. Con	nplete Schedule T.		
	EXPENDITORE							, officeholder livin			
						Postage for p	bacl	kage to ED	C		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder nar	ne C	Office sou	Jht		Office h	eld		
	Date		Payee name								
	06/06/2024		Downtown Austin-USP	S							
	Amount (\$)	-	Payee address; City;	State:	Zip Co	10					
				State,	, zip co						
	\$225.85		823 Congress Ave								
			Ste.150								
			Austin, TX 78701-2545								
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description					
	OF		Fees		,	Check if travel	outsi	ide of Texas. Con	nplete Schedule T.		
	EXPENDITURE					Check if Austin	n, TX,	, officeholder livin	g expense		
						PO Box rene	wal	l			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder nar	ne C	Office sou	jht		Office h	eld		
	expenditure to benefit C/O	н				-					
	Dete	r									
	Date		Payee name	· · – · ·							
	01/12/2024		Dr. Hector P. Garcia M	emorial Founda	tion						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$500.00		PO Box 10307								
			Corpus Christi, TX 784								
	PURPOSE OF	(a)	Category (See Categories list		edule)	(b) Description					
	EXPENDITURE		Contributions/Donation						nplete Schedule T.		
	-		Candidate/Officeholder	Political Comm	littee			, officeholder livin			
						Memorial Fo	und	ialion iunch	eon		
	Complete ONLY if direct		Candidate/Officeholder nar	ne C	Office sou	ght		Office h	eld		
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Over Polling Exp Printing Exp Salaries/Wa	pense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 50/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805		
4	Date	5	Payee name						
	04/12/2024		Education Is Our Freedom GED College	Schola	arship				
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	de				
	\$1,000.00		PO Box 10307						
			Corpus Christi, TX 78460-0307						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	(a)	(b) Description				
-	OF		Contributions/Donations Made By	lie)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Committee	ee	Check if Austi	η, TX,	, officeholder living expense		
					Scholarship	lun	cheon sponsor		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offi	ice soug	ght		Office held		
	Date		Payee name						
	04/11/2024		El Alma Cafe Y Cantina						
⊢	Amount (\$)		Payee address; City; State; Z	Zip Cod	de				
	\$19.00		1025 Barton Springs Rd						
			Austin, TX 78704-1148						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct	L C	andidate/Officeholder name Offic	ice soug	ght		Office held		
	expenditure to benefit C/OI	Η							
	Date		Payee name						
	01/05/2024		El Chile						
	Amount (\$)		Payee address; City; State; Z	Zip Cod	de				
	\$75.67		1900 Manor Rd						
			Austin, TX 78722						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) ((b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Staff Lunch	viee	ung		
	Operations Operations	Ĺ					Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice soug	ynt		Office held		
		-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	C F F S	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 51/190 Rpt:		Hinojosa, Juan (The Honorable)							
4	Date	5	Payee name							
	06/14/2024		El Chile							
6	Amount (\$)	7	Payee address; City; S	State;	Zip Coc	e				
	\$72.73		1900 Manor Rd							
			Austin, TX 78722							
8	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedı	ule)	b) Description				
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
						Staff Birthday		, officeholder living expense		
						Stall Birtilday	y	unch		
9	Complete ONLY if direct		Candidate/Officeholder name	Off	fice soug	ht		Office held		
9	expenditure to benefit C/OF			Oli	iice soug	III		Once neu		
	Date		Payee name							
	06/08/2024		El Tigre # 22							
	Amount (\$)		Payee address; City; S	State;	Zip Coc	e				
	\$45.98		5925 HWY 107							
			Mission, TX 78574							
	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedı	ule)	b) Description				
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
								imbursement to JJH for leased ied to state voucher.		
	Complete ONLY if direct		Candidate/Officeholder name	0#	fice soug			Office held		
	expenditure to benefit C/OF			Oli	lice soug	int int		Once held		
	Data									
	Date 02/22/2024		Payee name Enterprise Rent A Car							
					7					
	Amount (\$)			state;	Zip Coc	e				
	\$142.74		4210 S. Congress Ave							
			Austin, TX 78745-1104							
	PURPOSE	(a)	Category (See Categories listed at the top of th	his sched	ule)	b) Description				
	OF		Office Overhead/Rental Expense				outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE							, officeholder living expense		
						Car rental-LJ	М			
						-				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Off	fice soug	ht		Office held		
		-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards nmittee Legal Servi	age Expense /Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense 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 F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers)		
	Sch: 52/190 Rpt:		Hinojosa, Juan (The	Honorable)				00013805		
4	Date 02/27/2024	5	Payee name Enterprise Rent A C	ar						
6	Amount (\$)	7	Payee address; C	ty; State;	Zip Co	le				
	\$108.05		1054 TX St. Hwy 46		•					
			New Braunfels, TX			4				
8	PURPOSE OF	(a)	Category (See Categorie		edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Re	ntal Expense				, officeholder living expense		
						Car rental-LJ	M			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder	name C	Office sou	Jht		Office held		
	Date		Payee name							
	03/27/2024		Enterprise Rent A C	ar						
	Amount (\$)		Payee address; C	ity; State;	Zip Co	le				
	\$216.11		1054 TX St. Hwy 46							
			New Braunfels, TX	78130						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categorie Office Overhead/Re		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C) Office sou	ıht		Office held		
_	Date		Payee name							
	03/27/2024		Enterprise Rent A C	ar						
			-		Zip Co	10				
	Amount (\$) \$27.89		-		ZIP CO	je				
	Φ27.09		1054 TX St. Hwy 46							
			New Braunfels, TX	78130						
	PURPOSE OF	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Office Overhead/Re	ntal Expense		Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense xpenses-LJM		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex	Off Po se Pri Sa	fice Overl Iling Expe nting Exp Iaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 53/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	04/26/2024		Enterprise Rent A Car							
6	Amount (\$)	7	Payee address; City;	State; Zi	ip Cod	e				
	\$192.43		1054 TX St. Hwy 46							
			New Braunfels, TX 78130							
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this ashedule	. (b) Description				
	OF	,	Office Overhead/Rental Expense				outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·			Check if Austir	n, TX,	, officeholder living expense		
						Car rental-L3	M			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Offic	e soug	ht		Office held		
	Date		Payee name							
	05/08/2024		Enterprise Rent A Car							
	Amount (\$)		Payee address; City;	State; Zi	ip Cod	e				
	\$79.06		1054 TX St. Hwy 46							
			New Braunfels, TX 78130							
	PURPOSE	(a)	Category (See Categories listed at the top o	of this schedule	. (b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		,	Check if travel	outsi	ide of Texas. Complete Schedule T.		
	LAFENDITORE							, officeholder living expense		
						Car rental-L3	M			
								0///		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Offic	e soug	nt		Office held		
		-								
	Date		Payee name							
	05/16/2024		Enterprise Rent A Car							
	Amount (\$)		Payee address; City;	State; Zi	ip Cod	e				
	\$325.81		1054 TX St. Hwy 46							
			New Braunfels, TX 78130							
	PURPOSE	(a)	Category (See Categories listed at the top o	of this schedule	e) (b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	e				ide of Texas. Complete Schedule T.		
						Car rental-L3		, officeholder living expense		
							111			
-	Complete ONLY if direct		Candidate/Officeholder name	Offic	e soug	ht		Office held		
	expenditure to benefit C/OI			Unic	e souy	in.		Onice neid		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ials Expense	Office Ove Polling Ex Printing Ex Salaries/W			Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not li	elated Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Co	mmission Filers)		
	Sch: 54/190 Rpt:		Hinojosa, Juan (The Hon	Hinojosa, Juan (The Honorable)							
4	Date	5	Payee name								
	06/30/2024		Enterprise Rent A Car								
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de					
	\$400.76		1054 TX St. Hwy 46								
			,								
			New Braunfels, TX 78130)							
8	PURPOSE	(2)				(b) Description					
ľ	OF	(a)	Category (See Categories listed Office Overhead/Rental E		edule)	(b) Description	outsi	de of Texas. Complete Schedule	е Т.		
	EXPENDITURE		Once Overneau/Nental L	-vhense		Check if Austir	, TX	officeholder living expense			
						Car rental-LJ	М				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	04/23/2024		Erica Canales Campaign								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$500.00		310 S. Closner Blvd								
			Edinburg, TX 78539-456								
	PURPOSE OF	(a)	Category (See Categories listed		edule)	(b) Description		de ef Teures, Oemericate Oekeedud	-		
	EXPENDITURE		Contributions/Donations Candidate/Officeholder/P		ittoo			de of Texas. Complete Schedule officeholder living expense	31.		
			Canuluale/Onicenoiden/F		lillee	Donation	., .,				
_	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	aht		Office held			
	expenditure to benefit C/OI										
_	Date	Г	Payee name								
	01/31/2024		Extended Stay Ameria S	lites							
	Amount (\$)		Payee address; City;		Zip Co						
	\$93.59		507 South First St.	Oluic,	, 20 00						
	\$00,00										
			Austin, TX 78704-1207								
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule	е Т.		
						Lodging for S		officeholder living expense			
-	Complete ONLY if direct	L	Candidate/Officeholder name		Office sou	nht		Office held			
	expenditure to benefit C/OI			(2000 30U	gin		Onice neiu			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 55/190 Rpt:	Hinojosa, Juan (The Honorable) 00013805							
4	Date	5 Payee name							
	05/13/2024	Falfurrias Volunteer Fire Department							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$150.00	P.O. Box 302							
		Falfurrias, TX 78355-0302							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Contributions/Donations Made By							
	EXPENDITURE	Candidate/Officeholder/Political Committee							
		58th Ann. Watermelon Auct./BBQ							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/03/2024	Fishing For Hope Tournament							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	118 Paseo Del Prado Avenue							
		Edinburg, TX 78539-9104							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
		Candidate/Officeholder/Political Committee							
		Fishing tournament							
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	0							
⊨	Date	Payee name							
	03/07/2024	Flame-Out Fire Extinguishers							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$146.14	P.O. Box 3760							
	+=								
		Edinburg, TX 78540-3760							
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Fees Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Maintenance/fire extinguishers EDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	experiatione to benefit C/Of								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nittee Legal Services The Instruction Guide	Office Over Polling Expense Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	nent & Related Expense				
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Eth	hics Commission Filers)				
	Sch: 56/190 Rpt:	linojosa, Juan (The Honorable	00013805							
4	Date 01/31/2024	Payee name GM Financial								
6	Amount (\$)	Payee address; City;	State; Zip Cod	е						
	\$1,173.33	001 Embarcadero Arlington, TX 76014-4106								
•	DUDDOCE	_								
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Office Overhead/Rental Expen			outside of Texas. Complete , TX, officeholder living expe ease					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office soug	nt	Office held					
	Date	Payee name								
	02/26/2024	GM Financial								
	Amount (\$)	Payee address; City;	State; Zip Cod	е						
	\$1,173.33	001 Embarcadero Arlington, TX 76014-4106								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the to Office Overhead/Rental Expen			outside of Texas. Complete s , TX, officeholder living expe EASE					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office soug	nt	Office held					
	Date	Payee name								
	03/25/2024	GM Financial								
	Amount (\$)	Payee address; City;	State; Zip Cod	е						
	\$1,173.33	001 Embarcadero								
		Arlington, TX 76014-4106	- i							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top Office Overhead/Rental Expen			outside of Texas. Complete 9 , TX, officeholder living expe EASE					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name	Office soug	nt	Office held					

			EX	PENDITURE CA	TEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E Fees Food/B Gift/Aw mittee Legal S	xpense everage Expense ards/Memorials Expens	se	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbu head/Rental E ense pense ages/Contract	xpense Labor		Solicitation/Func Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Re	lated Expense
1	Total pages Schedule F1:	2	ILER NAME						3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 57/190 Rpt:		Hinojosa, Juan (The Honorable)							00013805		
4	Date 04/24/2024		Payee name GM Financial									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	le					
	\$1,173.33		4001 Embarcade									
		<u> </u>	Arlington, TX 760)14-4106								
8	PURPOSE OF EXPENDITURE		Category _{(See Categ} Office Overhead/			edule)	Che	ck if travel o	, TX, (le of Texas. Com officeholder living Ə		т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officehold	ler name	C	Office sou	lht			Office he	eld	
	Date		⊃ayee name									
	05/23/2024		GM Financial									
	Amount (\$)		Payee address;	City;	State;	Zip Co	le					
	\$1,173.33	·	4001 Embarcade	ro								
			Arlington, TX 760									
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Office Overhead/			edule)	Che	ck if travel o	, TX, (le of Texas. Com officeholder living Ə		т.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	ler name	C	Office sou	lht			Office he	eld	
	Date		Payee name									
	06/26/2024		GM Financial									
	Amount (\$) \$1,173.33		Payee address; 4001 Embarcade	City; ro	State;	Zip Co	le					
			Arlington, TX 760									
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Office Overhead/			edule)	Che	ck if travel o	, TX, (le of Texas. Com officeholder living Ə		т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	ler name	C	Office sou	lht			Office he	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	pense /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 F1:	2				3	Filer ID (Ethics Commission Filers)	
-	Sch: 58/190 Rpt:	2	Hinojosa, Juan (The Honorable)	00013805				
4	Date	5	Payee name					
	04/12/2024		Galaxy Cafe					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$96.60		1000 W Lynn Street					
			Austin, TX 78703-3949					
8	PURPOSE	(a)			(b) Description			
ľ	OF	(a)	Category (See Categories listed at the top of this schu Food/Beverage Expense	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		r oou/Deverage Expense				officeholder living expense	
					Staff lunch m	tg		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	06/05/2024		Galaxy Cafe					
_	Amount (\$)			Zip Co	de			
	\$94.58			Zip Cu	ue			
	\$94.50		1000 W Lynn Street					
			Austin, TX 78703-3949					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense	
					Lanon for ota		looning	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	ght		Office held	
_	Date		Payee name					
	06/11/2024		Galaxy Cafe					
				Zip Co	do			
	Amount (\$)			zip Co	ue			
	\$73.63		1000 W Lynn Street					
			Austin, TX 78703-3949					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.	
							officeholder living expense	
					Lunch for sta	IT M	ieeung	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office C Polling Printing Salaries	Dverhe Expen Exper S/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers))
	Sch: 59/190 Rpt:		Hinojosa, Juan (The Honorable)	00013805					
4	Date 05/08/2024	5	Payee name Garcia, Santos						
6	Amount (\$)	7	Payee address; City; S	State; Zip (Code				
	\$100.00		5061 Cascade Dr						
			Corpus Christi, TX 78413-2705						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule)	(b) Description			
	EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
								raduation event	
							-		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bugh	t		Office held	
	Date		Payee name						
	06/25/2024		Garza, Luciano						
	Amount (\$)		Payee address; City; S	State; Zip (Code				
	\$150.00		3515 Pecan Grove Dr.						
			Weslaco, TX 78599-3393						
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	nis schedule)	(b) Description			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittoo				ide of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Officenoide/Political Co	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Democratic (
						Demodrato			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	l Dugh			Office held	
	expenditure to benefit C/OI	Н			0				
-	Date		Payee name						—
	02/05/2024		Gonzalez, Cindie						
	Amount (\$)		Payee address; City; S	State; Zip (Code				
	\$30.16		3706 Castle Forest Circle	· •					
			Corpus Christi, TX 78410-3602						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule)	(b) Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Mileage reim			
								-	
-	Complete ONLY if direct		Candidate/Officeholder name	Office so	bugh	t		Office held	
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr - Gift/Awards/Memorials Expense Printing Expense Tr					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 60/190 Rpt:	Rpt: Hinojosa, Juan (The Honorable)								00013805	
4	Date	5	Payee name								
	03/06/2024		Gonzalez, Cin	die							
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de				
	\$110.20		3706 Castle F	orest Circle							
			Corpus Christ	, TX 78410-36	602	-					
8	PURPOSE	(a)	Category (See C	Categories listed at the	e top of this sch	edule)	(b) D	escription			
	OF EXPENDITURE		Travel In Distr	ict							plete Schedule T.
								lileage reim		officeholder living	expense
							IVI	illeage reinn	Jui	Sement	
9	Complete ONLY if direct		Candidate/Officel	nolder name	(Dffice sou	ght			Office he	eld
	expenditure to benefit C/OI	4									
	Date		Payee name								
	04/08/2024		Gonzalez, Cin	die							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de				
	\$110.20		3706 Castle F	orest Circle							
			Corpus Christ	, TX 78410-36	602						
	PURPOSE	(a)	Category (See C	Categories listed at the	e top of this sch	edule)	(b) D	escription			
	OF EXPENDITURE		Travel In Distr	ict				_			plete Schedule T.
								lileage reim		officeholder living	expense
							IVI	incage reinin	Jui	Sement	
	Complete ONLY if direct		Candidate/Officel	nolder name	(Dffice sou	ght			Office he	eld
	expenditure to benefit C/OI	Η					-				
	Date		Payee name								
	05/06/2024		Gonzalez, Cin	die							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de				
	\$48.14		3706 Castle F	orest Circle							
			Corpus Christ	, TX 78410-36	602						
	PURPOSE	(a)	Category (See C	Categories listed at the	e top of this sch	edule)	(b) D	escription			
	OF EXPENDITURE		Travel In Distr	ict							plete Schedule T.
							Ļ			officeholder living	expense
							IVI	lileage reimt	ours	sement	
	Complete ONLY if direct	Ľ	Candidate/Officel	older name		Office sou	nht			Office he	eld
	expenditure to benefit C/Oł			isider name			<i></i>			Child He	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipation Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of Dist					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 61/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805			
4	Date	5	Payee name							
	06/05/2024		Gonzalez, Cindie							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$98.60		3706 Castle Forest Circle							
			Corpus Christi, TX 78410-3602							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch		(b) Description					
Ũ	OF	(")	Travel In District	iedule)		outsic	le of Texas. Complete Schedule T.			
	EXPENDITURE				Check if Austin,	, тх,	officeholder living expense			
					Mileage reim	burs	sement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	06/30/2024		Gonzalez, Cindie							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$43.50		3706 Castle Forest Circle							
			Corpus Christi, TX 78410-3602							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Travel In District				le of Texas. Complete Schedule T.			
							officeholder living expense			
					Mileage reim	burs	sement			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt		Office held			
	expenditure to benefit C/OF			JIICE SOU	gn		Onice neid			
	Data	_								
	Date 02/13/2024		Payee name Guerra's Restaurant							
				7' 0						
	Amount (\$)			; Zip Co	de					
	\$24.63		3787 Leopard St.							
			Corpus Christi, TX 78408-3207							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense				le of Texas. Complete Schedule T.			
	-						officeholder living expense n mtg w/constituents			
						JIICI				
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt		Office held			
	expenditure to benefit C/OF			51100 30U	gin					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 62/190 Rpt:		Hinojosa, Juan (The Honorable)	00013805							
4	Date	5	Payee name								
	05/24/2024		Guerra's Restaurant								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode						
	\$40.00		3787 Leopard St.								
			Corpus Christi, TX 78408-3207								
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Food/Beverage Expense	, inclusio,		Check if travel		ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						CCDO staff li	unc	ch mtg w/constituents			
_				0.00	<u> </u>			0///			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	02/01/2024		Gutierrez, Carlos								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$302.00		600 S Peking Street								
			McAllen, TX 78501-9044								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.			
						Substitute	, TX,	, officeholder living expense			
						Substitute					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht			Office held			
	expenditure to benefit C/OI				9						
-	Date		Payee name								
	02/22/2024		Gutierrez, Carlos								
	Amount (\$)		Payee address; City; State	e; Zip Co	ode						
	\$49.88		600 S Peking Street								
			McAllen, TX 78501-9044								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Mileage reim	มนท	Sement			
_	Complete ONIL V if direct	Ļ	Candidate/Officeholder name	Office con				Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	ignt			Once neid			
_											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME					Filer ID (Ethics Commission Filers)				
	Sch: 63/190 Rpt:		Hinojosa, Juan (The Honorable)00013805								
4	Date	5	Payee name								
	03/01/2024		Gutierrez, Carlos								
6	Amount (\$) \$302.00										
			McAllen, TX 78501-9044								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	03/27/2024		Gutierrez, Carlos								
	Amount (\$) Payee address; City; State; Zip Code \$34.22 600 S Peking Street McAllen, TX 78501-9044										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel In District	iedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Sement				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held				
	Date		Payee name								
	04/01/2024		Gutierrez, Carlos								
	Amount (\$) \$302.00		Payee address; City; State; 600 S Peking Street	; Zip Co	de						
			McAllen, TX 78501-9044								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 64/190 Rpt:		Hinojosa, Juan (The Honorable) 00013805								
4	Date	5	Payee name								
	04/19/2024		Gutierrez, Carlos								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le					
	\$30.16		600 S Peking Street								
			McAllen, TX 78501-9044								
8	PURPOSE OF	(a)	Category (See Categories listed at the top Travel In District	o of this sch	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Traver in District					, officeholder living expense			
						Mileage reim	bur	rsement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ht		Office held			
	Date		Payee name								
	05/01/2024		Gutierrez, Carlos								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$302.00		600 S Peking Street								
			-								
			McAllen, TX 78501-9044								
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labo					ide of Texas. Complete Schedule T.			
							ι, TΧ,	, officeholder living expense			
						Substitute					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ht		Office held			
	Data	_	D								
	Date 05/17/2024		Payee name Gutierrez, Carlos								
				<u> </u>	7. 0						
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$58.00		600 S Peking Street								
			McAllen, TX 78501-9044								
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sch	edule)	(b) Description					
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense			
						Mileage reim					
						eage rollin					
	Complete ONLY if direct	Ļ	andidate/Officeholder name		Office sou	ht		Office held			
	expenditure to benefit C/OI			C	211100 3004						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	e Expense Iemorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 65/190 Rpt:		Hinojosa, Juan (The I	Honorable)			00013805				
4	Date	5	Payee name								
	05/31/2024		Gutierrez, Carlos								
6	Amount (\$)	7	Payee address; City	/; State;	Zip Co	le					
	\$302.00		600 S Peking Street								
			McAllen, TX 78501-9	044							
8	PURPOSE	(a)	Category (See Categories			(b) Description					
ľ	OF	(~)	Salaries/Wages/Cont		edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	ı, ТХ,	, officeholder living expense			
						Substitute					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder n	ame C	Office sou	ht		Office held			
	Date		Payee name								
	06/30/2024		Gutierrez, Carlos								
	Amount (\$)		Payee address; City	/; State;	Zip Co	le					
	\$37.12		600 S Peking Street								
			McAllen, TX 78501-9	044							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Travel In District	isted at the top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense 'sement			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder n	ame C	Office sou	lht		Office held			
	Date		Payee name								
	04/06/2024		HEB Fuel McAllen # 2	2							
	Amount (\$)		Payee address; City	/; State;	Zip Co	le					
	\$52.35		911 Trenton Rd.								
			McAllen, TX 78504								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Travel In District	isted at the top of this sch	edule)	Check if Austin Prorated fuel	, тх, rei	ide of Texas. Complete Schedule T. , officeholder living expense imbursement to JJH for leased ied to state voucher.			
	Complete ONLY if direct		Candidate/Officeholder n	ame C	Office sou	Iht		Office held			
	expenditure to benefit C/OI	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - 1l Co	mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 66/190 Rpt:		Hinojosa, J	luan (The Honora	able)				00013805		
4	Date	5	Payee name	3				1			
	04/22/2024		-	McAllen # 2							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$40.43		911 Trento								
			McAllen, T	X 78504							
8	PURPOSE	(a)		See Categories listed at th	to a fithin onk	(مان ام	(b) Description				
	OF		Travel In D		1e top of this son	neaule)		outsi	ide of Texas. Com	nplete Schedule T.	
	EXPENDITURE								, officeholder living		
								-		t to JJH for leased	
							vehicle trip n	Οι ι			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name		Office sou	ght		Office h	eld	
	Date	Γ	Payee name								
	01/02/2024		HEB								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$12.59		1600 Wildo	at Dr							
		Ļ		X 78374-2816							
	PURPOSE OF	(a)		See Categories listed at th	ne top of this sch	hedule)	(b) Description	outsi	ide of Texas, Com	nplete Schedule T.	
	EXPENDITURE		F00u/Beve	rage Expense					, officeholder living		
							Consumable	s fo	for CCDO		
	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	ght		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name	<u>)</u>							
	01/02/2024		HEB								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$9.14		1600 Wildo	at Dr							
				X 78374-2816							
	PURPOSE OF	(a)		See Categories listed at th	ne top of this sch	hedule)	(b) Description	outoi	ide of Toylog Com	valata Cabadula T	
	EXPENDITURE		Food/Beve	rage Expense					, officeholder living	nplete Schedule T. a expense	
							Supplies for			5 - · · · · · · ·	
	Complete ONLY if direct	L(Candidate/Of	ficeholder name	(Office sou	ght		Office h	eld	
	expenditure to benefit C/OF										
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees G Food/Beverage Expense F Gift/Awards/Memorials Expense F Legal Services S The Instruction Guide explains ho	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)							
-	Sch: 67/190 Rpt:	nojosa, Juan (The Honorable)		00013805							
4	Date 01/04/2024	ayee name EB									
6	Amount (\$) \$36.70	7 Payee address; City; State; Zip Code 5.70 1115 E. Main Alice, TX 78332-5046									
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift basket items 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held							
	Date 01/09/2024	ayee name EB									
	Amount (\$) \$55.18	ayee address; City; State; 500 Leopard St. orpus Christi, TX 78408	Zip Code								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for CCDO 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held							
	Date	ayee name									
	01/11/2024	ΞB									
	Amount (\$) \$129.61	ayee address; City; State; 313 Saratoga Boulevard	Zip Code								
		orpus Christi, TX 78413-2816									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sched ontributions/Donations Made By andidate/Officeholder/Political Committ	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ns for gift basket							
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan F Fees Office Polling Gift/Awards/Memorials Expense Printing Gift/Awards/Memorials Expense Salarie The Instruction Guide explains how to	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		-	3 Filer ID (Ethics Commission Filers)							
	Sch: 68/190 Rpt:	inojosa, Juan (The Honorable)		00013805							
4	Date 01/23/2024	Payee name HEB									
6	Amount (\$) \$27.56	7 Payee address; City; State; Zip Code 11100 Leopard St. Corpus Christi, TX 78410-2612									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Consumables for CCDO											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held							
	Date	ayee name									
	02/01/2024	EB									
	Amount (\$) Payee address; City; State; Zip Code \$11.23 3500 Leopard St.										
	PURPOSE OF EXPENDITURE	orpus Christi, TX 78408 ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense s for CCDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held							
	Date	ayee name									
	02/21/2024	EB									
	Amount (\$) \$12.94	ayee address; City; State; Zip 01 Trenton Road	Code								
		IcAllen, TX 78504-7705	i								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ees		outside of Texas. Complete Schedule T. , TX, officeholder living expense s for EDO							
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)							
-	Sch: 69/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 02/22/2024	5 Payee name HEB								
6	Amount (\$) \$137.10	7 Payee address; City; State; Zip Code 3500 Leopard St. Corpus Christi, TX 78408								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense /supplies for CCDO							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/18/2024	HEB								
	Amount (\$) \$8.72	Payee address; City; State; Zip Code 11100 Leopard St.								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense CDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/25/2024	HEB								
	Amount (\$) \$4.31	Payee address; City; State; Zip Code 1600 Wildcat Dr								
		Portland, TX 78374-2816								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense CDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense I Fees G Food/Beverage Expense G Gift/Awards/Memorials Expense I ittee Legal Services S The Instruction Guide explains ho	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 70/190 Rpt:	inojosa, Juan (The Honorable)		00013805							
4	Date 03/26/2024	Payee name HEB									
6	Amount (\$) \$9.96	7 Payee address; City; State; Zip Code 96 1600 Wildcat Dr Portland, TX 78374-2816									
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for CCDO 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held							
	Date	ayee name									
	03/28/2024	EB									
	Amount (\$) Payee address; City; State; Zip Code \$10.67 3500 Leopard St. Corpus Christi, TX 78408										
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sched	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense CCDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held							
	Date	ayee name									
	04/04/2024	EB									
	Amount (\$) \$16.04	ayee address; City; State; 01 Trenton Road	Zip Code								
		IcAllen, TX 78504-7705									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sched	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense s for EDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Off	ce sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in District of the printing Expense y - Gift/Awards/Memorials Expense Printing Expense Travel out of the printing Expense						Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 71/190 Rpt:		Hinojosa, Juan (Th	e Honorable)	00013805					
4	Date 04/08/2024		Payee name HEB							
6	Amount (\$) \$42.95		Payee address; (11100 Leopard St. Corpus Christi, TX		; Zip Co	le				
8	PURPOSE OF EXPENDITURE		Category _{(See Categor} Fees	ies listed at the top of this sch	nedule)		I, TX,	de of Texas. Comp officeholder living DO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name (Office sou	ht		Office he	ld	
	Date		Payee name							
	04/09/2024		HEB							
	Amount (\$) \$56.82	:	Payee address; (3500 Leopard St. Corpus Christi, TX		; Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)		ies listed at the top of this sch	nedule)		ı, TX,	de of Texas. Comp officeholder living DO		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	r name (Office sou	ht		Office he	ld	
	Date		Payee name							
	05/02/2024		HEB							
	Amount (\$) \$21.72		Payee address; 0 901 Trenton Road		; Zip Co	le				
			McAllen, TX 78504	-7705						
	PURPOSE OF EXPENDITURE		Category _{(See Categor} Food/Beverage Ex	ies listed at the top of this sch PENSE	nedule)		I, TX,	de of Texas. Comp officeholder living r EDO		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	r name (Office sou	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office States Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 72/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805	
4	Date 05/08/2024	Payee name HEB		
6	Amount (\$) \$20.31	Payee address; City; State; Zip Code 3500 Leopard St. State; Corpus Christi, TX 78408		
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense for CCDO	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/14/2024	HEB		
	Amount (\$) \$18.61	Payee address; City; State; Zip Code 1600 Wildcat Dr		
		Portland, TX 78374-2816		
	PURPOSE OF EXPENDITURE		Itside of Texas. Complete Schedule T. IX, officeholder living expense for CCDO	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/22/2024	HEB		
	Amount (\$) \$64.95	Payee address;City;State;Zip Code901 Trenton Road		
		McAllen, TX 78504-7705		
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. rX, officeholder living expense t	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services The Instruction Guide explai	Loan Repayment/Reim Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra ns how to complete this	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	ER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 73/190 Rpt:	nojosa, Juan (The Honorable)		00013805	
4	Date 05/23/2024	yee name EB			
6	Amount (\$) \$29.78	yee address; City; Sta 00 Leopard St. orpus Christi, TX 78408	ate; Zip Code		
8	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this od/Beverage Expense		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Insumables for CCDO	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought	Office held	
	Date	yee name			
	06/03/2024	EB			
	Amount (\$) \$130.77	yee address; City; Sta 00 E. 41st St. Istin, TX 78751-4810	ate; Zip Code		
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this od/Beverage Expense		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Insumables for Cap. office	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought	Office held	
	Date	yee name			
	06/17/2024	EB			
	Amount (\$) \$51.00	yee address; City; Sta 100 Leopard St.	ate; Zip Code		
		prpus Christi, TX 78410-2612			
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this od/Beverage Expense		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Isumables for CCDO	
	Complete ONLY if direct expenditure to benefit C/OF	didate/Officeholder name	Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense 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 F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 74/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805
4	Date	5	Payee name				
	01/31/2024		HP Instant Ink				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$20.56		1501 Page Mill Rd				
			Palo Alto, CA 94304-1126				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description		
	OF	Ľ	Office Overhead/Rental Expense	ieuuie)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense
					Ink for campa	aigr	n printer
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name 0	Office sou	ght		Office held
	Date		Payee name				
	03/01/2024		HP Instant Ink				
_	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$22.72		1501 Page Mill Rd	,			
	<i><i><i><i>ϕ<i><i><i><i><i><i><i><i></i></i></i></i></i></i></i></i></i></i></i></i>						
			Palo Alto, CA 94304-1126				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense n printer
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	ght		Office held
	Date		Payee name				
	03/31/2024		HP Instant Ink				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$22.72		1501 Page Mill Rd	,			
	+===						
			Palo Alto, CA 94304-1126				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE		Office Overhead/Rental Expense			, TX,	de of Texas. Complete Schedule T. officeholder living expense n printer
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office sou	nht		Office held
	expenditure to benefit C/OI			500 SUU	g		
-							

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense 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 F1:	2 F				<u> </u>	3	Filer ID (Ethics Commission Filers)
	Sch: 75/190 Rpt:		linojosa, Juan (The Honorable	e)				00013805
4	Date 05/02/2024		Payee name IP Instant Ink					
6	Amount (\$) \$22.72	1	Payee address; City; 501 Page Mill Rd Palo Alto, CA 94304-1126	State;	Zip Coo	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Office Overhead/Rental Expen		edule)		n, TX,	side of Texas. Complete Schedule T. <, officeholder living expense n printer
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht		Office held
	Date	F	Payee name					
	05/31/2024	ŀ	IP Instant Ink					
	Amount (\$) \$22.72	1	Payee address; City; .501 Page Mill Rd Palo Alto, CA 94304-1126	State;	; Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the to Office Overhead/Rental Expen		edule)		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense n printer
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held
	Date	F	Payee name					
	02/14/2024	ŀ	Hill Country Springs					
	Amount (\$) \$43.80		Payee address; City; P.O. Box 2220	State;	Zip Coo	le		
			/anchaca, TX 78652					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Food/Beverage Expense	p of this sch	edule)		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense Off.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contra	l Expense oct Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 76/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805	
4	Date	5	Payee name						
	03/01/2024		Hill Country Springs						
6		7		; Zip Co	40				
0	Amount (\$) \$30.15	ľ	Payee address; City; State P.O. Box 2220	, zip co	Je				
	\$30.15		P.O. B0x 2220						
			Manchaca, TX 78652						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Desc	ription			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com	
	-					er for Cap		officeholder living	expense
					vvau	ei iui Caj	p. u	/11.	
_	Operation ONITY is diverged							0.000	1-1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	gnt			Office he	20
	Date		Payee name						
	04/26/2024		Hill Country Springs						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$22.40		P.O. Box 2220						
			Manchaca, TX 78652						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Desc	•		. (= 0	
	EXPENDITURE		Food/Beverage Expense					de of Texas. Com officeholder living	
						er for Cap			expense
							p. 0		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	nht			Office he	ld
	expenditure to benefit C/OI			Jince Sou	JIIL			Onice ne	
_		-							
	Date		Payee name						
	05/09/2024		Hill Country Springs						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$36.14		P.O. Box 2220						
			Manchaca, TX 78652						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Desc	ription			
	OF		Food/Beverage Expense	,		•	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							officeholder living	expense
					Wate	er for Cap	p. o	off.	
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ght			Office he	ld
	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 77/190 Rpt:		Hinojosa, Juan (The Honora	ble)				00013805
4	Date	5	Payee name				1	
	06/24/2024		Hill Country Springs					
6	Amount (\$)	7	Payee address; City;	State:	; Zip Co	le		
-	\$8.66		P.O. Box 2220	,	,			
			Manchaca, TX 78652					
8	PURPOSE	(a)				(b) Description		
ľ	OF	(")	Category (See Categories listed at the Food/Beverage Expense	e top of this sch	iedule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		r ood/Dovorago Experies			Check if Austir	ı, TX	, officeholder living expense
						Water for Ca	p. c	off.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	01/03/2024		Hobby Lobby					
	Amount (\$)		Payee address; City;	State;	; Zip Co	le		
	\$162.63		7600 N 10th Street					
			Suite 300					
			McAllen, TX 78504-7711					
	PURPOSE	(a)	Category (See Categories listed at the	top of this och	adula)	(b) Description		
	OF		Gift/Awards/Memorials Expe		leuule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Framed reso	lutio	on
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	01/04/2024		Hobby Lobby					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$36.83		3549 IH 69					
			Corpus Christi, TX 78410					
	PURPOSE OF	(a)	Category (See Categories listed at the		iedule)	(b) Description		
	EXPENDITURE		Gift/Awards/Memorials Expe	nse				ide of Texas. Complete Schedule T. , officeholder living expense
						Items for Gift		
-	Complete ONLY if direct	L(Candidate/Officeholder name	C	Office soug	ht		Office held
	expenditure to benefit C/OI							
-								

			EXPENDITURE CATEG	ORIES FOR	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymer erhead pense xpens Vages	ht/Reimbursement d/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 78/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805
4	Date	5	Payee name					
	01/11/2024		Hobby Lobby					
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode			
	\$42.90		5425 S Padre Island Drive					
			Suite 13					
			Corpus Christi, TX 78411-5301					
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	ab ad ula)	(b)	Description		
-	OF	(,	Office Overhead/Rental Expense	chequie)	()	-	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Supplies for (CCI	DO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	01/18/2024		Hobby Lobby					
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode			
	\$96.55		3549 IH 69					
			Corpus Christi, TX 78410					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description	outoi	de of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense
						Decor supplie	es f	or CCDO
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date							
	01/29/2024		Payee name Hobby Lobby					
				e; Zip Co	do			
	Amount (\$) \$24.21		Payee address; City; Stat 5425 S Padre Island Drive	e, zip co	Jue			
	ΨΖ4.ΖΙ							
			Suite 13					
			Corpus Christi, TX 78411-5301					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description		de ef Teures, Oemelede Oeherdele T
	EXPENDITURE		Fees					de of Texas. Complete Schedule T. officeholder living expense
						Picture frame		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 79/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	Payee name	
	03/01/2024	Hobby Lobby	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.98	5425 S Padre Island Drive	
		Suite 13	
		Corpus Christi, TX 78411-5301	
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	
0	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ames for CCDO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/04/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.83	5425 S Padre Island Drive	
		Suite 13	
		Corpus Christi, TX 78411-5301	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense proclamation
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/12/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.36	5425 S Padre Island Drive	
		Suite 13	
		Corpus Christi, TX 78411-5301	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Decorations	s for Easter Egg hunt
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
- ·	Sch: 80/190 Rpt:	Hinojosa, Juan (The Honorable) 00013805			
4 C	· .				
)4/05/2024	5 Payee name Hobby Lobby			
6 A	Amount (\$)	7 Payee address; City; State; Zip Code			
• /	\$142.77	5425 S Padre Island Drive			
	φ1-72.11	Suite 13			
		Corpus Christi, TX 78411-5301			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Reframed proclamation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
0	Date	Payee name			
C	04/23/2024	Hobby Lobby			
A	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.31	5425 S Padre Island Drive			
		Suite 13			
		Corpus Christi, TX 78411-5301			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Custom frame for office picture			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
e	expenditure to benefit C/OI	1			
Г	Date	Payee name			
)6/07/2024	Hobby Lobby			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$29.99	5425 S Padre Island Drive			
		Suite 13			
		Corpus Christi, TX 78411-5301			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Picture frame/supplies for CCDO			
		Condidete/Officeholder.nome			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 81/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date 06/08/2024	 Payee name Hotel Paseo Del Norte 	
6	Amount (\$) \$678.85	7 Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901-1154	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense taff-SR
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/28/2024	Intuit, Inc.	
	Amount (\$) \$188.68	Payee address; City; State; Zip Code 2800 E. Commerce Center Place	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense subscription fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/28/2024	Intuit, Inc.	
	Amount (\$) \$188.68	Payee address; City; State; Zip Code 2800 E. Commerce Center Place	
		Tucson, AZ 85706	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense subscription fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 82/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date 03/28/2024	Payee name Intuit, Inc.	
6	Amount (\$) \$188.68	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/28/2024	Intuit, Inc.	
	Amount (\$) \$188.68	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date 05/28/2024	Payee name Intuit, Inc.	
	Amount (\$) \$188.68	Payee address; City; State; Zip Code 2800 E. Commerce Center Place	
		Tucson, AZ 85706	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 83/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	06/28/2024	Intuit, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$188.68	2800 E. Commerce Center Place	
		Tucson, AZ 85706	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	utside of Texas. Complete Schedule T.
		Check if Austin, Quickbooks su	TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Ū	expenditure to benefit C/OF		
	Date	Payee name	
	04/25/2024	Jalisco #2	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.00	2341 Horne Rd	
		Corpus Christi, TX 78415-5324	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		CCDO staff lu	nen mig
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	03/28/2024	Jalisco Bakery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.04	822 S. Port	
		Corpus Christi, TX 78405	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Consumables	for CCDO meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense mittee Legal Services Salaries/Wages/Contract Lai	ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
_	Sch: 84/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 05/15/2024	Payee name Jalisco Bakery								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$13.50 \$22 S. Port Corpus Christi, TX 78405										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for CCDO meeting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/18/2024	Jalisco Bakery								
	Amount (\$) \$15.50	Payee address; City; State; Zip Code 822 S. Port								
	PURPOSE OF EXPENDITURE		on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense ables for CCDO meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/23/2024	Joe Benavides Campaign								
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 1121 Morgan St.								
		Corpus Christi, TX 78404-3242								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense irnament donation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 85/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805								
4	Date 02/09/2024	5 Payee name KPSO FM Radio									
6	6 Amount (\$) \$7 Payee address; City; State; Zip Code 304 E Rice Street Falfurrias, TX 78355-3624										
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense all season ads								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	05/22/2024	KPSO FM Radio									
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 304 E Rice Street Falfurrias, TX 78355-3624									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense rmelon Roundup ads								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/22/2024	Kenedy C-Store									
	Amount (\$) \$37.97	Payee address;City;State;Zip Code105 N. Sunset Strip									
		Kenedy, TX 78119-2208									
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense tal-LJM								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 86/190 Rpt:	Hine	ojosa, Juan (The Honorab	le)				00013805			
4	Date	5 Pay	ee name								
	05/20/2024	La (Costenita Restaurant								
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Coo	le					
	\$25.24	421	7 Leopard St.								
		Cor	ous Christi, TX 78408-282	7							
_											
8	PURPOSE OF		gory (See Categories listed at the t	op of this sche	edule)	b) Description	outoi	ide of Toylog, Com	alata Cabadula T		
	EXPENDITURE	⊢ 00	d/Beverage Expense					ide of Texas. Comp , officeholder living			
						CCDO staff l		-			
								0			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	C	Office soug	ht		Office he	ld		
	Date	Pay	e name								
	01/18/2024	La	Estrellita Cafe								
	Amount (\$)	Pay	ee address; City;	State:	Zip Coo	le					
	\$34.61		N. Upshaw								
		Rob	stown, TX 78380-3142								
	PURPOSE	(a) Cate	gory (See Categories listed at the t	op of this sche	edule)	b) Description					
	OF EXPENDITURE	Foo	d/Beverage Expense					ide of Texas. Comp			
						⁻ X, officeholder living expense nstituents lunch mtg					
						CCDO Stall/t	SOUS		chimy		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	С	Office soug	ht		Office he	ld		
	Date	Pay	ee name								
	01/25/2024	La E	Estrellita Cafe								
	Amount (\$)	Pay	ee address; City;	State;	Zip Coo	le					
	\$34.61	301	N. Upshaw								
		Rob	stown, TX 78380-3142								
	PURPOSE		gory (See Categories listed at the t	op of this sche	edule)	b) Description					
	OF EXPENDITURE	Foo	d/Beverage Expense					ide of Texas. Comp			
						CCDO staff/c		, officeholder living			
									211 mg		
	Complete ONLV if direct	Cand	date/Officeholder name	~)ffico couro	ht		Office he	ld		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Ĺ	Office soug	in in		Unice he	iu -		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not liste			
1	Total pages Schedule F1:	2	· · ·			2	Filer ID (Ethics Com	nission Filers)		
1	Sch: 87/190 Rpt:	2	Hinojosa, Juan (The Honorable)				00013805			
4	Date	5	Payee name							
	02/21/2024		La Estrellita Cafe							
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	e					
	\$21.05		301 N. Upshaw							
			Robstown, TX 78380-3142							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	(مار	b) Description					
	OF		Food/Beverage Expense			outsi	ide of Texas. Complete Schedule T			
	EXPENDITURE						, officeholder living expense			
					CCDO staff/c	con	stituents lunch mtg			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Officeholder	ice soug	ht		Office held			
	Date		Payee name							
	02/29/2024		La Estrellita Cafe							
	Amount (\$)		Payee address; City; State; 2	Zip Cod	e					
	\$22.70		301 N. Upshaw							
			Robstown, TX 78380-3142							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule) (b) Description	outoi	ide of Toylog, Complete Cabadula T			
	EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
							stituents lunch mtg			
							-			
	Complete ONLY if direct		Candidate/Officeholder name Office	ice soug	ht		Office held			
	expenditure to benefit C/OI	H								
	Date		Payee name							
	01/12/2024		League of United Latin American Citizens	s Coun	cil 1					
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e					
	\$500.00		PO Box 10307							
			Corpus Christi, TX 78460-0307							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule) (b) Description					
	EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T			
			Candidate/Officeholder/Political Committee	ee			, officeholder living expense ards Banquet			
						~~~	מושש שמויקטכו			
	Complete ONL V if direct	Ļ	Candidate/Officeholder name Offi	ice soug	ht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ice soug			Onice neiu			
_										

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation           Food/Beverage Expense         Polling Expense         Travel in Distr           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of I					Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not lis	elated Expense				
1	Total pages Schedule F1:	2	FILER NAME	-		-	3	Filer ID (Ethics Cor	nmission Filers)			
	Sch: 88/190 Rpt:		Hinojosa, Juan (The Honorabl	e)				00013805	,			
4	Date	5	Payee name									
	01/19/2024		Legislative News Media Service	ces								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de						
	\$300.00		PO Box 774									
			Edinburg, TX 78540-0774									
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule	т.			
								, officeholder living expense				
			ad icon/edinburgpolitics.com									
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	Office sou	jht		Office held				
	Date		Payee name									
	02/16/2024		Legislative News Media Service	ces								
	Amount (\$)	┢	Payee address; City;	State:	Zip Co	le						
	\$300.00		PO Box 774	,								
	\$000.00											
			Edinburg, TX 78540-0774									
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense	g Expense				neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense				
						ad icon/edint						
						au icon/eum	Jui	ypolitics.com				
	Operation ONITY if diverse											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	Office sou	grit		Office held				
		_										
	Date		Payee name									
	04/17/2024		Legislative News Media Service	ces								
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$300.00		PO Box 774									
			Edinburg, TX 78540-0774									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description						
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule	т.			
	-							, officeholder living expense				
						ad icon/edint	JUI	ypointes.com				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	Office sou	jht		Office held				
	experiance to benefit C/O											

			EXPENDITU	RE CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Innittee Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)	
ľ	Sch: 89/190 Rpt:	2	Hinojosa, Juan (The Hono	orable)			ľ	00013805		
4	Date	5	Payee name							
	04/17/2024	1/17/2024 Legislative News Media Services								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$300.00		PO Box 774							
			Edinburg, TX 78540-0774							
8	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense		,		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE							, officeholder living		
						ad icon/edint	our	gpolitics.com		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office he	ld	
⊨	Date		Payee name							
	05/17/2024		Legislative News Media S	ervices						
-	Amount (\$)		Payee address; City;		; Zip Co	10				
	.,		PO Box 774	State,	, zip coi	le				
	\$300.00									
			Edinburg, TX 78540-0774							
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T.				
	-					TX, officeholder living expense urgpolitics.com				
						au icon/euini	Juli	ypolitics.com		
-	Complete ONLY if direct		andidate/Officeholder name		Office sou	abt		Office he	ld	
	expenditure to benefit C/OI				onice sou	jin		Office fie		
⊨	Date		Payee name							
	06/21/2024		Legislative News Media S	ervices						
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$300.00		PO Box 774							
			Edinburg, TX 78540-0774							
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Com		
	-					ad icon/edint		, officeholder living		
							Jui	gponics.com		
	Complete ONLV if direct	Ļ	andidate/Officeholder name		Office cours	t		Office he	ld	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuidate/Onicenoider name	C	Office sou	jiit		Onice he	iu	
L										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 90/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 03/07/2024	5 Payee name Longhorn 5431								
6	Amount (\$) \$152.79	7 Payee address; City; State; Zip Code 7401 N. 10th Street McAllen, TX 78504-7731								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense I <b>ch mtg</b>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/31/2024	Lopez, Sara								
	Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. Box 202								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T.							
			, TX, officeholder living expense Democrat event							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/24/2024	Lowe's								
	Amount (\$) \$28.06	Payee address;City;State;Zip Code5700 N 10th Street								
		McAllen, TX 78504-2666								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense campaign							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial: mittee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 91/190 Rpt:		Hinojosa, Juan (The Honoi	able)				00013805			
4	Date 05/26/2024		Payee name Lowe's								
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	le					
-	\$99.29 5700 N 10th Street McAllen, TX 78504-2666										
8	PURPOSE	L				(b) Description					
0	OF		Category (See Categories listed at Fees	the top of this sch	edule)		ı, TX,	de of Texas. Com officeholder living Ipaign			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office he	eld		
	Date		Payee name								
	02/01/2024		Mail-Pak								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$8.07		5111 N 10th Street McAllen, TX 78504-2835								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Fees	the top of this sch	edule)		ı, TX,	de of Texas. Com officeholder living elope to Ora	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ht		Office he	eld		
	Date		Payee name								
	01/05/2024		McAlister's Deli								
	Amount (\$) \$53.52		Payee address; City; 3832 S. McColl	State;	; Zip Coo	le					
			Edinburg, TX 78539-9620								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Food/Beverage Expense	the top of this sch	edule)		I, TX,	de of Texas. Com officeholder living mtg			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Dffice sou	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense umittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/W	erhead/ pense xpense Vages/0	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 92/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	01/08/2024		McAlister's Deli							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$82.79		3832 S. McColl							
			Edinburg, TX 78539-9620							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	,	I			de of Texas. Complete Schedule T.		
	EXPENDITORE				Ι			officeholder living expense		
						EDO staff lun	ch	mtg		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	01/11/2024		McAlister's Deli							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$53.54		3832 S. McColl	.,						
	\$0010 T									
			Edinburg, TX 78539-9620							
	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
			EDO staff lunch mtg							
							CII	mg		
	Complete ONLY if direct		candidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/OF	Н			5					
	Date		Payee name							
	01/18/2024		McAlister's Deli							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$99.16		3832 S. McColl							
			Edinburg, TX 78539-9620							
	PURPOSE OF		Category (See Categories listed at the top of this sci	hedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
						Staff lunch mt		officeholder living expense		
							IJ			
		L	andidata/Officeholder nome	Office as	abt			Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ynt			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 93/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805								
4	Date 01/25/2024	Payee name McAlister's Deli									
6	6 Amount (\$) \$70.74 \$70.74 7 Payee address; City; State; Zip Code 3832 S. McColl Edinburg, TX 78539-9620										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Staff lunch mtg											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/12/2024	McAlister's Deli									
	Amount (\$) \$10.57	Payee address; City; State; Zip Code 3832 S. McColl									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense NG								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/21/2024	McAlister's Deli									
	Amount (\$) \$54.97	Payee address;City;State;Zip Code3832 S. McColl									
		Edinburg, TX 78539-9620									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>ich mtg</b>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen: Gift/Awards/Memorials	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 94/190 Rpt:		nojosa, Juan (The Honora	able)				00013805	· · ·		
4	Date 02/28/2024		yee name :Alister's Deli								
6 Amount (\$) \$64.54 \$64.54 City; State; Zip Code 3832 S. McColl Edinburg, TX 78539-9620											
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense EDO staff lunch mtg											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office sou	ht		Office he	ld		
	Date	Pa	yee name								
	03/18/2024	Мо	Alister's Deli								
	Amount (\$) \$9.45	38	yee address; City; 32 S. McColl inburg, TX 78539-9620	State;	; Zip Coo	le					
	PURPOSE OF EXPENDITURE	<b>(a)</b> Ca	tegory (See Categories listed at t od/Beverage Expense	he top of this sch	edule)			ide of Texas. Comp , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	С	Office sou	ht		Office he	łld		
	Date	Pa	yee name								
	04/02/2024	Мс	Alister's Deli								
	Amount (\$) \$61.30		yee address; City; 32 S. McColl	State;	; Zip Coo	le					
		Ed	inburg, TX 78539-9620								
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at t od/Beverage Expense	he top of this sch	edule)		ı, TX,	ide of Texas. Comp , officeholder living Mtg			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	C	Office sou	ht		Office he	ld		

		EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Servic	ige Expense Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 95/190 Rpt:		Hinojosa, Juan (The	Honorable)				00013805				
4	Date	5	Payee name									
	04/10/2024		McAlister's Deli									
6	Amount (\$)	7	Payee address; Ci	ty; State;	Zip Co	de						
	\$54.41		3832 S. McColl									
			Edinburg, TX 78539	9620								
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expe	ense				ide of Texas. Com				
	-							, officeholder living	expense			
						EDO staff lun	ICH	my				
9	Complete ONLY if direct		Candidate/Officeholder r	name C	Office sou	ght		Office he	eld			
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/16/2024		Mcallen Grace Breth	ren Church								
	Amount (\$)		Payee address; Ci	ty; State;	Zip Co	de						
	\$200.00		PO Box 3751									
			2601 Buddy Owens	Blvd								
			McAllen, TX 78502-3									
	PURPOSE	(a)	Category (See Categories			(b) Description						
	OF		Contributions/Donati		edule)		outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Committee			Check if Austin	Check if Austin, TX, officeholder living ex		expense			
					54th Annual		ual NDE DAA Pow Wow					
	Complete <u>ONLY</u> if direct		Candidate/Officeholder r	name C	Office sou	ght		Office he	eld			
	expenditure to benefit C/OI											
	Date		Payee name									
	05/16/2024		Mi Ranchito Mexicar	n Restaurant								
	Amount (\$)		Payee address; Ci	ty; State;	Zip Co	de						
	\$11.00		820 S US Hwy 281									
			Alice, TX 78332-714	6								
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expe	ense				ide of Texas. Com				
								, officeholder living	expense			
						Travel lunch-	CG	1				
	Complete ONIL V if direct	Ľ	Condidate Office belder	2000	)ffice car	abt		Office I	Nd			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder r		Office sou	ym		Office he	lu li			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           -         Gitf/Awards/Memorials Expense         Printing Expense         T				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	5		1000 10 00.		2	Filer ID (Ethics Commission Filers)				
T	Sch: 96/190 Rpt:	2	Hinojosa, Juan (The Honorable)	00013805							
4	Date	5	Payee name								
	04/12/2024		Michael's								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$83.31		4717 S Padre Island Drive								
			Corpus Christi, TX 78411-4446								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Gift/Awards/Memorials Expense	,	Check if travel		de of Texas. Complete Schedule T.				
	EXPENDITORE						officeholder living expense				
					Shadowbox f	lag	cases				
				N6							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held				
	Date		Payee name								
	06/18/2024		Michael's								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$49.77		520 E Expressway 83								
			Mcallen, TX 78503-1615								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
					Flag shadow						
					5						
	Complete ONLY if direct		Candidate/Officeholder name O	)ffice sou	ght		Office held				
	expenditure to benefit C/OF	H									
	Date		Payee name								
	04/03/2024		Microsoft								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$211.37		One Microsoft Way								
			-								
			Redmond, WA 98052								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Fees				de of Texas. Complete Schedule T.				
					Microsoft Ste		officeholder living expense				
						. 0					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name O	Office sou	nht		Office held				
	expenditure to benefit C/OF				<u></u>						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex Legal Services Salaries/W The Instruction Guide explains how to cor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:			Filer ID (Ethics Commission Filers)						
_	Sch: 97/190 Rpt:	inojosa, Juan (The Honorable)	00013805							
4	Date 03/13/2024	Payee name Miller's BBQ								
6	Amount (\$) \$10.77	Payee address;       City;       State;       Zip Code         6601 Weber Rd             Corpus Christi, TX 78413-2094								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>CCDO staff lunch mtg</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ht	Office held						
	Date	ayee name								
03/18/2024 Mom's Kitchen										
	Amount (\$) \$61.39	ayee address; City; State; Zip Cod 00 Cecilia	e							
	PURPOSE OF EXPENDITURE	lice, TX 78332-6512 ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		de of Texas. Complete Schedule T. officeholder living expense h mtg						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ht	Office held						
	Date	ayee name								
	02/01/2024	loreno, Luis								
	Amount (\$) \$1,500.00	ayee address; City; State; Zip Cod 300 Cordova Loop	e							
		eguin, TX 78155-1254								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) alaries/Wages/Contract Labor		de of Texas. Complete Schedule T. officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ht	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 98/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 03/01/2024	Payee name Moreno, Luis								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,500.00	1300 Cordova Loop Seguin, TX 78155-1254								
_	BUBBOOF	-								
8	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/01/2024	Moreno, Luis								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,500.00	1300 Cordova Loop Seguin, TX 78155-1254								
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/01/2024	Moreno, Luis								
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1300 Cordova Loop								
		Seguin, TX 78155-1254								
	PURPOSE OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · ·		3 Filer ID (Ethics Commission Filers)						
-	Sch: 99/190 Rpt:	nojosa, Juan (The Honorable)		00013805						
4	Date 05/31/2024	Payee name Moreno, Luis								
6	Amount (\$) \$1,500.00	Payee address;       City;       State; Zip Code         1300 Cordova Loop       Seguin, TX 78155-1254								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Substitute</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name Of	fice sought	Office held						
	Date	ayee name								
	03/26/2024 Mr. Express									
	Amount (\$) \$39.02	Payee address; City; State; Zip Code 15921 JFK Blvd Houston, TX 77032-2319								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this scher ffice Overhead/Rental Expense	Check if travel of	outside of Texas. Complete Schedule T. , TX, officeholder living expense AI-LJM						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Of	fice sought	Office held						
	Date	ayee name								
	01/30/2024	urray's Tavern								
	Amount (\$) \$22.00	ayee address; City; State; 816 Webberville Rd	Zip Code							
		ustin, TX 78702-3550								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel dinner-DR								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Of	fice sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T				Travel in District Travel Out of Dis	quipment & Related Expense					
1	Total pages Schedule F1:	2	FILER NAME	Filer ID	(Ethics Commission Filers)							
	Sch: 100/190 Rpt:		Hinojosa, Juan (The Hono	00013805								
4	Date	5	Payee name									
	02/29/2024		Newspapers.com									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$74.90		1300 W. Traverse Pkwy									
			Lehi, UT 84043									
8	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sch	edule)	<b>b)</b> Description						
	EXPENDITURE		Fees					de of Texas. Com				
						online subscr			capelise			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ht		Office he	ld			
	Date		Payee name									
04/23/2024 Nothing Bundt Cakes												
	Amount (\$)		Payee address; City;	State;	; Zip Co	le						
	\$36.50 9600 IH 35 S											
			Austin, TX 78748-3887									
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Food/Beverage Expense	t the top of this sch	edule)		, тх,	de of Texas. Com , officeholder living or Cap. office	expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office he	łd			
	Date		Payee name									
	02/20/2024		Nueces County Democrat	ic Party								
	Amount (\$)		Payee address; City;	State;	; Zip Co	le						
	\$2,500.00		P.O. Box 853									
			Corpus Christi, TX 78403	-0853								
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations N Candidate/Officeholder/Pe		iittee			de of Texas. Com , officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)				
	Sch: 101/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805				
4	Date	5	Payee name								
	03/20/2024		Nueces County Democratic Party								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,000.00		P.O. Box 853								
			Corpus Christi, TX 78403-0853								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	(b) Description						
-	OF		Contributions/Donations Made By	euule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austir	I, TX	, officeholder living expense				
					Donation						
9	Complete ONLY if direct		andidate/Officeholder name O	office sou	Iht		Office held				
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	06/25/2024		Nueces County Democratic Party								
_	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$1,000.00	I	P.O. Box 853	1							
	+_,000.00										
			Corpus Christi, TX 78403-0853								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political Commi	ittee		I, TX	, officeholder living expense				
					Donation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	Int		Office held				
	Date		Payee name								
	06/25/2024		Oakwells #154								
	Amount (\$)			Zip Co	le						
	\$30.43		2500 S. Bicentennial Blvd								
			McAllen, TX 78503-3184								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Travel break	ast					
	Operation ON States		and the foff on the follow								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 102/190 Rpt:		Hinojosa, Juan (The Honorable)	00013805							
4	Date 01/26/2024		Payee name     Oasis Restaurant								
6	Amount (\$) \$75.01		<ul> <li>Payee address; City; State; Zip Code</li> <li>303 S Broadway Street</li> <li>Premont, TX 78375</li> </ul>								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Travel lunch w/constituents-JC</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	02/14/2024		Office Depot								
	Amount (\$) \$42.74		Payee address; City; State 5425 S Padre Island Drive Corpus Christi, TX 78411-5301	; Zip Co	de						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies for CCDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	03/03/2024		Office Depot								
	Amount (\$) \$148.86		Payee address; City; State 1050 N IH 35	; Zip Co	de						
			New Braunfels, TX 78130								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	iedule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense Ditol Office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	9ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ttee Legal Services The Instruction Guide ex	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	LER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 103/190 Rpt:	inojosa, Juan (The Honorable)	00013805							
4	Date 05/07/2024	Payee name Office Depot								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$40.03	1737 S. Staples St. Corpus Christi, TX 78404-3047								
8	PURPOSE OF	ategory (See Categories listed at the top o	of this schedule)	D) Description	outside of Texas. Complete Schedule T.					
	EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Power cords for CCDO								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	it	Office held					
	Date	ayee name								
	06/17/2024	ffice Depot								
	Amount (\$)	ayee address; City;	State; Zip Code	9						
	\$81.96	115 N 10th Street cAllen, TX 78504-2835								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o	f this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense es for EDO					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	ht	Office held					
	Date	ayee name								
	05/22/2024	h Kay's								
	Amount (\$) \$128.82	ayee address; City; 300 N 10th Street	State; Zip Code	2						
		callen, TX 78504-3049								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top o ift/Awards/Memorials Expense	of this schedule) (I		outside of Texas. Complete Schedule T. , TX, officeholder living expense jift					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sough	nt	Office held					

			EXPENDITURE CATEO	ORIES	FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhaed/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           / -         Gift/Awards/Memorials Expense         Printing Expense         T				Travel in District Travel Out of Dist	uipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 104/190 Rpt:		Hinojosa, Juan (The Honorable)	00013805							
4	Date	5	Payee name								
	02/16/2024		Olive Garden								
6	Amount (\$)		Payee address; City; State; Zip Code								
	\$144.57		7812 N 10th Street								
			Mcallen, TX 78504-7717								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(	b) Description					
	OF		Food/Beverage Expense	oonouulo)			outsi	ide of Texas. Comp	lete Schedule T.		
	EXPENDITURE							, officeholder living	expense		
						EDO staff lur	nch	mtg			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	nt		Office he	ld		
	Date		Payee name								
	05/29/2024		Olive Garden								
	Amount (\$)		Payee address; City; Sta	ate; Zip	Cod	9					
	\$192.98	I	7812 N 10th Street	· ·							
			Mcallen, TX 78504-7717								
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(	b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp , officeholder living			
						EDO staff lur			expense		
	Complete ONLY if direct		andidate/Officeholder name	Office	soua	nt		Office he	d		
	expenditure to benefit C/OF	Н			5						
-	Date		Payee name								
	01/31/2024		PF Chang's								
	Amount (\$)			ate; Zip	Cod	<u> </u>					
	\$55.47		3100 Expressway 83	лю, <i>2</i> ір	000	5					
	φ <b>55</b> .+1	I									
		I	Palm Crossing								
			McAllen, TX 78503								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(	b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp			
						EDO staff lur		, officeholder living	expense		
							1011	meeting			
	Complete ONLV if direct		andidate/Officeholder name	Office	501101	at		Office he	ld		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Unice	soug	it.		Unice ne	iu		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbing Fees Office Overhead/Rental I Food/Beverage Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Salaries/Wages/Contract The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 105/190 Rpt:	Hinojosa, Juan (The Honorable)							
4	Date 02/06/2024	Payee name PNC Bank							
6	Amount (\$) \$746.84	Payee address; City; State; Zip Code PO Box 71335 Philadelphia, PA 19176-1335							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Credit Card Payment       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment for Expenses Itemized in Schedule F4								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 03/04/2024	Payee name PNC Bank							
	Amount (\$) \$800.38	Payee address; City; State; Zip Code PO Box 71335 Philadelphia, PA 19176-1335							
	PURPOSE OF EXPENDITURE	ption tck if travel outside of Texas. Complete Schedule T. tck if Austin, TX, officeholder living expense t Card Payment for Expenses Itemized in dule F4							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 04/02/2024	Payee name PNC Bank							
	Amount (\$) \$504.83	Payee address; City; State; Zip Code PO Box 71335							
	DUDDOOF	Philadelphia, PA 19176-1335							
	PURPOSE OF EXPENDITURE		iption ack if travel outside of Texas. Complete Schedule T. ack if Austin, TX, officeholder living expense t Card Payment for Expenses Itemized in dule F4						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			I	EXPENDITURE C	CATEGOR	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food Gift/ nmittee Lega	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense						Travel in District Travel Out of Di	Equipme t istrict	Expense ent & Related Expense pry not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Eth	ics Commission Filers)
	Sch: 106/190 Rpt:		Hinojosa, Juan	(The Honorabl	e)					00013805		
4	Date 05/01/2024	5	Payee name PNC Bank									
6	Amount (\$) \$1,038.43	7	Payee address; PO Box 71335 Philadelphia, P	City; A 19176-1335	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See Ca} Credit Card Pa		op of this sch	edule)		Check if Austin,	, TX,	de of Texas. Con officeholder livin ment for Ex	g exper	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	06/03/2024		PNC Bank									
	Amount (\$) \$232.49		Payee address; PO Box 71335	City;	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Philadelphia, P Category _{(See Ca} Credit Card Pa	tegories listed at the to	op of this sch	edule)		Check if Austin,	, TX,	de of Texas. Con officeholder livin ment for Ex	g exper	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office h	eld	
-	Date		Payee name									
	06/30/2024		PNC Bank									
	Amount (\$) \$99.38		Payee address; PO Box 71335	City;	State;	Zip Co	de					
			Philadelphia, P	A 19176-1335								
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Ca} Credit Card Pa		op of this sch	edule)		Check if Austin,	, тх,	de of Texas. Con officeholder livin ment for Ex	g exper	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 107/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 06/30/2024	Payee name PNC Bank								
6	Amount (\$) \$274.43	7 Payee address; City; State; Zip Code PO Box 71335 Philadelphia, PA 19176-1335								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Credit Card Payment       (b) Description         (b) Credit Card Payment       Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment for Expenses Itemized in Schedule F4									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/16/2024	Pharr EDC Foundation								
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1215 S. Cage Blvd Pharr, TX 78577-5941								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense asino Night							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2024	Pic N Pac 7								
	Amount (\$) \$63.81	Payee address; City; State; Zip Code 1401 W Court Street								
		Seguin, TX 78155-3301								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense AI-LJM							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense 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 F1:	2 FILEF				·	3	Filer ID (Ethics Commission Filers)
1	Sch: 108/190 Rpt:		josa, Juan (The Honoral	ble)				00013805
4	Date	5 Paye	e name					
	02/19/2024	Piryx	, Inc.					
6	Amount (\$) \$21.50	7 Payee address; City; State; Zip Code 144 2nd Street San Francisco, CA 94105-3716						
8	PURPOSE	( <b>a)</b> Cateo	JORY (See Categories listed at the	top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		unting/Banking		ŕ		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office sou	ıht		Office held
	Date	Paye	e name					
	02/23/2024	Piryx	, Inc.					
	Amount (\$)	Paye	e address; City;	State	; Zip Co	le		
	\$21.50		2nd Street Francisco, CA 94105-37	/16				
	PURPOSE OF EXPENDITURE		jory (See Categories listed at the unting/Banking	e top of this sch	nedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	(	Office sou	Jht		Office held
	Date	Paye	e name					
	02/26/2024	Piryx						
	Amount (\$) \$21.50		e address; City; 2nd Street	State	; Zip Co	le		
		San	Francisco, CA 94105-37	'16				
	PURPOSE OF EXPENDITURE		jory (See Categories listed at the unting/Banking	e top of this sch	nedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	(	Office sou	Jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:			<b>3</b> Filer ID (Ethics Commission Filers)		
-	Sch: 109/190 Rpt:	inojosa, Juan (The Honorable)		00013805		
4	Date 02/28/2024	ayee name ryx, Inc.				
6	Amount (\$) \$43.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>144 2nd Street</li> <li>San Francisco, CA 94105-3716</li> </ul>				
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch ccounting/Banking	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>EE</b>		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	office sought	Office held		
	Date	ayee name				
	06/30/2024	ryx, Inc.				
	Amount (\$) \$21.50					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch ccounting/Banking	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>EE</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	office sought	Office held		
	Date	ayee name				
	01/12/2024	rogress Times				
	Amount (\$) \$900.00	ayee address; City; State; O. Box 399	Zip Code			
		ission, TX 78573				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch dvertising Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense sta full page ad		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name C	office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	· · · ·		<b>3</b> Filer ID (Ethics Commission Filers)		
_	Sch: 110/190 Rpt:	Hinojosa, Juan (The Honorable)		00013805		
4	Date 03/27/2024	Payee name Quick Mark				
6	Amount (\$) \$29.60	Payee address; City; State; Zip Coo .071 TX 46 New Braunfels, TX 78130	e			
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		itside of Texas. Complete Schedule T. IX, officeholder living expense ·LJM		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held		
	Date	Payee name				
	04/15/2024	Quinta Mazaltan				
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Coo 600 Sunset Dr. AcAllen, TX 78503-3146	e			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, 1	itside of Texas. Complete Schedule T. IX, officeholder living expense azatlan-Cedar Elm		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held		
	Date	Payee name				
	01/31/2024	Ramirez, Dariel				
	Amount (\$) \$242.44	Payee address; City; State; Zip Coo 3247 High Visa Dr.	e			
		Dallas, TX 75234				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		itside of Texas. Complete Schedule T. FX, officeholder living expense ursement		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Offic Polli Print Sala	ce Overf ing Expe iting Exp aries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 111/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805
4	Date	5	Payee name					
	02/01/2024		Ramirez, Dariel					
6	Amount (\$)	7	Payee address; City; S	State; Zip	o Cod	е		
	\$384.00		3247 High Visa Dr.					
			Dallas, TX 75234					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule)	) (	b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel	outsi	ide of Texas. Complete Schedule T.
	LAFENDITORE						ι, TX,	, officeholder living expense
						Substitute		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nt		Office held
	Date		Payee name					
	03/01/2024		Ramirez, Dariel					
	Amount (\$)		Payee address; City; S	State; Zip	o Cod	е		
	\$384.00		3247 High Visa Dr.	· ·				
	+00 1100							
			Dallas, TX 75234					
	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule)	) (	b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.
							1, IX,	, officeholder living expense
						Substitute		
				~ "				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nt		Office held
		_						
	Date		Payee name					
	04/01/2024		Ramirez, Dariel					
	Amount (\$)		Payee address; City; S	State; Zip	o Cod	е		
	\$384.00		3247 High Visa Dr.					
			Dallas, TX 75234					
	PURPOSE	(a)	Category (See Categories listed at the top of th	his schedule)	) (	b) Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.
							ι, TX,	, officeholder living expense
						Substitute		
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	nt		Office held
	expenditure to benefit C/OI	-1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 112/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805
4	Date 04/25/2024	5	Payee name Ramirez, Dariel					
_				Ctata	7:0 000	-		
6	Amount (\$) \$242.44		Payee address; City; 3247 High Visa Dr. Dallas, TX 75234	State;	Zip Coo	e		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Travel Out of District	of this sche	edule)	Check if Austin	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense
						Mileage reim	DUL	sement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	05/01/2024		Ramirez, Dariel					
	Amount (\$) \$384.00		Payee address; City; 3247 High Visa Dr.	State;	Zip Coo	e		
			Dallas, TX 75234					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sche	edule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	)ffice soug	ht		Office held
	Date		Payee name					
	05/31/2024		Ramirez, Dariel					
	Amount (\$) \$384.00		Payee address; City; 3247 High Visa Dr.	State;	Zip Coo	e		
			Dallas, TX 75234					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sche	edule)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	)ffice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper mittee Legal Services The Instruction Guide 6		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 113/190 Rpt:		Hinojosa, Juan (The Honorable	)					00013805	
4	Date	5	Payee name							
	06/13/2024		Ramirez, Dariel							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$242.44		3247 High Visa Dr.							
			Dallas, TX 75234							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District						de of Texas. Com	
									officeholder living	expense
							Mileage reim	our	Sement	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(	) Office sou	ght			Office he	ld
	Date		Payee name							
	02/01/2024		Ramirez, Sylvia							
	Amount (\$)	-	Payee address; City;	State	; Zip Co	do				
	\$501.00		108 Timbertrail Circle	Sidle	, zip co	ue				
	\$501.00									
			Portland, TX 78374-2924							
	PURPOSE OF	(a)	Category (See Categories listed at the top		nedule)	(b)	Description		. (= 0	
	EXPENDITURE		Salaries/Wages/Contract Labor						de of Texas. Com officeholder living	
							Substitute	, 17,	oniceriolder innig	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(	I Office sou	ght			Office he	łd
	Date		Payee name							
	02/05/2024		Ramirez, Sylvia							
	Amount (\$)		Payee address; City;	State	; Zip Co	do				
	\$75.98		108 Timbertrail Circle	Sidle	, zip co	ue				
	Φ15.90									
			Portland, TX 78374-2924		i					
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description			
	EXPENDITURE		Travel In District			1			de of Texas. Com officeholder living	
							Mileage reim			expense
							initiage renni	Jui	Contone	
-	Complete ONLY if direct	Ļ	andidate/Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office sou	thr			Office he	ald
	expenditure to benefit C/OF		מהטוטמובי שהוכבווטוטבו וומוווב	(		JIII			Uniterit	iu I
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimburs           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Glft/Awards/Memorials Expense         Printing Expense           mmittee         Legal Services         Salaries/Wages/Contract La	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 114/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805			
4	Date 03/01/2024	Payee name Ramirez, Sylvia				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$501.00	108 Timbertrail Circle Portland, TX 78374-2924				
8	PURPOSE	I	·			
ŏ	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/06/2024	Ramirez, Sylvia				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$44.08	108 Timbertrail Circle Portland, TX 78374-2924				
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense e reimbursement			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/01/2024	Ramirez, Sylvia				
	Amount (\$) \$501.00	Payee address; City; State; Zip Code 108 Timbertrail Circle				
		Portland, TX 78374-2924				
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 115/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805			
4	Date 04/09/2024	Payee name Ramirez, Sylvia				
6	Amount (\$)	' Payee address; City; State; Zip Code				
	\$186.76	108 Timbertrail Circle Portland, TX 78374-2924				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense bursement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/01/2024	Ramirez, Sylvia				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$501.00	108 Timbertrail Circle Portland, TX 78374-2924				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/31/2024	Ramirez, Sylvia				
	Amount (\$) \$501.00	Payee address;City;State;Zip Code108 Timbertrail Circle				
		Portland, TX 78374-2924				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B Gift/Aw nittee Legal S	Expense everage Expense ards/Memorials Expense rervices Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 116/190 Rpt:	Hinojosa, Juan (1	The Honorable)			00013805	· · · · ·
4	Date 06/05/2024	Payee name Ramirez, Sylvia					
6	Amount (\$) \$52.20	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>108 Timbertrail Circle</li> </ul>					
		Portland, TX 783	74-2924				
8	PURPOSE OF EXPENDITURE	Category _{(See Categ} Fravel In District	pories listed at the top of this so	chedule)		outside of Texas. Con n, TX, officeholder livin bursement	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name	Office soug	ht	Office h	eld
	Date	Payee name					
	06/17/2024	Ramirez, Sylvia					
	Amount (\$) \$807.36	Payee address; L08 Timbertrail ( Portland, TX 783	Circle	e; Zip Coo	le		
	PURPOSE OF EXPENDITURE	Category _{(See Categ} Fravel Out of Dis	pories listed at the top of this so trict	chedule)	Check if Austin	outside of Texas. Con n, TX, officeholder livin Ib/Demo. Conv	g expense
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehold	ler name	Office soug	ht	Office h	eld
	Date	Payee name					
	03/26/2024	Republic Parking	System				
	Amount (\$) \$6.00	Payee address; 2500 Bicentennia		e; Zip Coo	le		
		McAllen, TX 7850	03-3184				
	PURPOSE OF EXPENDITURE	Category _{(See Categ} Fees	pories listed at the top of this so	chedule)		outside of Texas. Con n, TX, officeholder livin	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name	Office souç	ht	Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 117/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805			
4	Date 02/01/2024	Payee name Rivera, Miguel				
6	Amount (\$) \$300.00	Payee address;City;State;Zip Code426 Cape Cod Dr.Corpus Christi, TX 78412-2623				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/01/2024	Rivera, Miguel				
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 426 Cape Cod Dr. Corpus Christi, TX 78412-2623				
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule)       (b) Description         Salaries/Wages/Contract Labor       Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/01/2024	Rivera, Miguel				
	Amount (\$) \$300.00	Payee address;City;State;Zip Code426 Cape Cod Dr.				
		Corpus Christi, TX 78412-2623				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)			
-	Sch: 118/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805			
4	Date 05/01/2024	5 Payee name Rivera, Miguel				
6	Amount (\$) \$300.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>426 Cape Cod Dr.</li> <li>Corpus Christi, TX 78412-2623</li> </ul>				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/31/2024	Rivera, Miguel				
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 426 Cape Cod Dr.				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/16/2024	Robstown ISD Education Foundation				
	Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 10307				
		Corpus Christi, TX 78460-0307				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Inual Banquet			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 119/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805			
4	Date 04/04/2024	Payee name Robstown Little League				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	PO Box 683				
		Robstown, TX 78380-0683				
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense nation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/24/2024	S & J Bakery				
	Amount (\$) \$13.04	Payee address; City; State; Zip Code 9618 Leopard St.				
		Corpus Christi, TX 78410-1608				
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense es for CCDO staff mtg			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
-	Date	Payee name				
	03/25/2024	S. Klein Galleries				
	Amount (\$) \$383.21	Payee address;City;State;Zip Code521 N Main Street				
		Mcallen, TX 78501-4636				
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense colution			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/l pense pense ages/C	Reimbursement Rental Expense Contract Labor e this form.		Travel in District Travel Out of Dis	quipment & Related Expen	se
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 120/190 Rpt:		Hinojosa, J	uan (The Hond	orable)					00013805		
4	Date	5	Payee name									
	05/01/2024		S. Klein Ga	lleries								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$218.67		521 N Mair	n Street								
			Mcallen T	< 78501-4636								
_	DUDDOCE					r	(1-) -					
8	PURPOSE OF	(a)		ee Categories listed a		nedule)	] (מ) ד	Description	nutsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		GIII/Awarus	s/Memorials Ex	lpense		F			officeholder living		
							F	 Framed procl	lam	ation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name	!								
	06/21/2024		S. Klein Ga	lleries								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$218.67		521 N Mair	n Street								
			Mcallen, TX	K 78501-4636								
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b) [	Description				
	EXPENDITURE		Gift/Awards	s/Memorials Ex	pense		Ļ			de of Texas. Com officeholder living	plete Schedule T.	
							L F	-I check in Addum			l expense	
								ramed proof		allon		
_	Complete ONLY if direct		Candidate/Off	iceholder name	(	 Office sour	nht			Office he	h	
	expenditure to benefit C/OI		Summater On	leenolder nume	· · · ·		gin			Office In		
_		<u> </u>										
	Date		Payee name									
	01/11/2024		Sam's Club									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$119.40		608 SW 8th	n St.								
					07							
			Bentonville	, AR 72712-62	07							
	PURPOSE OF	(a)		ee Categories listed a	at the top of this sch	nedule)	(b) [	Description				
	EXPENDITURE		Food/Beve	rage Expense			ļ			de of Texas. Com officeholder living	plete Schedule T.	
							L	Nater for CC				
-	Complete ONLY if direct	Ľ	Candidate/Off	iceholder name	(	) Dffice sou	aht			Office he	jld	
	expenditure to benefit C/Oł					2.1100 0000				childe he		
-												

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 121/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date 03/04/2024	5 Payee name Sam's Club Online	
6	Amount (\$) \$58.96	<ul> <li>Payee address; City; State; Zip Code</li> <li>608 SW 8th St.</li> <li>Bentonville, AR 72712-6207</li> </ul>	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense S for CCDO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/06/2024	Sam's Club Online	
	Amount (\$) \$185.41	Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712-6207	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense EDO
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/12/2024	Sam's Club Online	
	Amount (\$) \$60.66	Payee address; City; State; Zip Code 608 SW 8th St.	
		Bentonville, AR 72712-6207	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense s for Constable Mendoza
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 122/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805		
4	Date 04/15/2024	5	Payee name Sam's Club Online						
6	Amount (\$) \$76.79	7	Payee address; City; State; 608 SW 8th St. Bentonville, AR 72712-6207	; Zip Co	le				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense upplies for EDO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	05/21/2024		Sam's Club Online						
	Amount (\$) \$64.89		608 SW 8th St.	; Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Bentonville, AR 72712-6207 Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense O		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held		
	Date		Payee name						
	06/19/2024		Sam's Club Online						
	Amount (\$) \$39.98		Payee address; City; State; 608 SW 8th St.	; Zip Co	le				
			Bentonville, AR 72712-6207						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austir	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense upplies for EDO		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held		

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 123/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805
4	Date 06/24/2024	5	Payee name Sam's Club Online				
6	Amount (\$) \$215.70	7	Payee address; City; State 608 SW 8th St. Bentonville, AR 72712-6207	; Zip Co	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense upplies for EDO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name (	Office sou	yht		Office held
	Date		Payee name				
	03/25/2024		Sam's Club				
	Amount (\$) \$31.04		1350 Leah Avenue	; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a)	San Marcos, TX 78666-7691 Category (See Categories listed at the top of this sch Travel Out of District	nedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense JM
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name (	Office sou	Jht		Office held
	Date		Payee name				
	01/19/2024		San Antonio Express-News				
	Amount (\$) \$14.00		Payee address; City; State PO Box 2171	; Zip Co	de		
			San Antonio, TX 78297-2171	i			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Re Office Ov Polling E Printing I Salaries/	payme verhea xpens Expen Wage	ent/Reimbursement Id/Rental Expense le se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	—
	Sch: 124/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805	
4	Date	5	Payee name						-
Ľ	02/16/2024		San Antonio Express-News						
6	Amount (\$)	7	•	tate; Zip C	ode				_
ľ	\$14.00	ľ	PO Box 2171	ιαις, Σιρ Ο	ouc				
	φ14.00								
			San Antonia TV 70207 2171						
_			San Antonio, TX 78297-2171		1				$\neg$
8	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(0)	Description	outci	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Fees					, officeholder living expense	
						Subscription			
9	Complete ONLY if direct	(	Candidate/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/OI	H							
	Date		Payee name						=
	03/15/2024		San Antonio Express-News						
⊢	Amount (\$)		Payee address; City; S	tate; Zip C	ode				$\neg$
	\$19.96		PO Box 2171	····, [· ·					
			San Antonio, TX 78297-2171						
	PURPOSE	(a)			(b)	Description			$\neg$
	OF	(~,	Category (See Categories listed at the top of thi Fees	s schedule)			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense	
						Subscription			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/OI								
	Date		Payee name						
	04/12/2024		San Antonio Express-News						
	Amount (\$)		Payee address; City; S	tate; Zip C	ode				
	\$19.96		PO Box 2171						
			San Antonio, TX 78297-2171						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.	
	EXPENDITORE						, TX,	, officeholder living expense	
						Subscription			
	0 1.1 0.111			077	Ļ			o <i>m</i>	$\neg$
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held	

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor mittee Legal Services		Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
				000000000000000000000000000000000000000			1		(Tritility On any Japaien Filmer)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 125/190 Rpt:		Hinojosa, Juan (The Hon	orable)				00013805	
4	Date	5	Payee name						
	05/10/2024		San Antonio Express-Ne	NS					
6	Amount (¢)		-		; Zip Coo				
0	Amount (\$)			Sidle,	, zip cot	ie			
	\$19.96		PO Box 2171						
			San Antonio, TX 78297-2	171					
8	PURPOSE	(a)	Category (See Categories listed	at the tap of this ash	adula)	(b) Description			
	OF		Fees	at the top of this sch	ieuuie)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living	expense
						Subscription			
9	Complete ONLY if direct		andidate/Officeholder name		 Office soug	ht		Office he	۶h
ľ	expenditure to benefit C/OI					int int		Onice ne	sia
	Date		Payee name						
	06/07/2024		San Antonio Express-Ne	NS					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$19.96		PO Box 2171						
	\$20100		0 000 2111						
			San Antonio, TX 78297-2	1/1					
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Fees					ide of Texas. Com	
							ι, TX	, officeholder living	) expense
						Subscription			
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office he	eld
	expenditure to benefit C/OI	Н							
⊨	Date		Payee name						
	01/25/2024		Scribd, Inc.						
L				<b>-</b>		1-			
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$12.98	·	460 Bryant St.						
			San Francisco, CA 9410	7-2594					
-	PURPOSE					(b) Description			
	OF		Category (See Categories listed Fees	at the top of this sch	iedule)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		7663					, officeholder living	
						Subscription			
						•			
-	Complete ONLY if direct		andidate/Officeholder name		Office souc	ht		Office he	ald
	expenditure to benefit C/Oł			L L	Suice Soul	ii it		Unice In	JIU

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)				
1	Sch: 126/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805				
4	Date	Payee name					
	02/25/2024	Scribd, Inc.					
6	Amount (\$) \$12.98	Payee address; City; State; Zip Code 460 Bryant St. San Francisco, CA 94107-2594					
_							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/25/2024	Scribd, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.98	460 Bryant St. San Francisco, CA 94107-2594					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/25/2024	Scribd, Inc.					
	Amount (\$) \$12.98	Payee address;City;State;Zip Code460 Bryant St.					
		San Francisco, CA 94107-2594					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 127/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	Payee name	
	05/25/2024	Scribd, Inc.	
6	Amount (\$) \$12.98	Payee address;City;State; Zip Code460 Bryant St.	
	¢12.00		
		San Francisco, CA 94107-2594	
8	PURPOSE	) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	-	Subscription	n, TX, officeholder living expense
		Subscipion	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/25/2024	Scribd, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	460 Bryant St.	
		San Francisco, CA 94107-2594	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/01/2024	Seargeant Wilson, Suzanna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	8721 Belknap Rd.	
		Austin, TX 78747-2825	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 128/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	03/01/2024		Seargeant Wilson, Suzanna							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$300.00		8721 Belknap Rd.							
			Austin, TX 78747-2825							
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	shodulo)	(b)	Description				
-	OF		Salaries/Wages/Contract Labor	neuule)	,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	expense	
						Substitute				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght			Office he	łd	
	Date		Payee name							
	04/01/2024		Seargeant Wilson, Suzanna							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$300.00		8721 Belknap Rd.	· •						
	\$000100									
			Austin, TX 78747-2825							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description	outsi	de of Texas. Com	alete Schedule T	
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living		
						Substitute				
	Complete ONLY if direct	(	Candidate/Officeholder name	Office sou	ight			Office he	ld	
	expenditure to benefit C/OI	Н			0					
_	Date	1	Payee name							
	05/01/2024		Seargeant Wilson, Suzanna							
			-							
	Amount (\$)			e; Zip Co	de					
	\$300.00		8721 Belknap Rd.							
			Austin, TX 78747-2825		_					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Com		
							, TX,	officeholder living	expense	
						Substitute				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		_	Office he	ld	
	expenditure to benefit C/OI	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gil nmittee Le	ent Expense es od/Beverage Expens t/Awards/Memorials gal Services <b>ne Instruction Gu</b>	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e /Contract Labor		Transportation I Travel in Distric Travel Out of Di		ated Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 129/190 Rpt:		Hinojosa, Jua	n (The Honora	able)					00013805		
4	Date	5	Payee name									
	05/31/2024		Seargeant Wi	lson, Suzanna	a							
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	de					
	\$300.00		8721 Belknap	Rd.								
			Austin, TX 78	747-2825								
8	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wage	es/Contract La	abor					de of Texas. Con		Γ.
									, TX,	officeholder livin	g expense	
								Substitute				
	Osmalata ONII X if dina at					0.45	1- 4			Office h	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	C	Office sou	gnt			Office h	eid	
	Date		Payee name									
	02/27/2024		Shell Fischer's	s Market								
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$47.17		1687 S SH 46									
			New Braunfel	s, TX 78130								
	PURPOSE OF	(a)	Category (See 0			nedule)	(b)	Description				
	EXPENDITURE		Office Overhe	ad/Rental Exp	pense					de of Texas. Con officeholder livin		
								Fuel for renta			gexpense	
	Complete ONLY if direct		Candidate/Office	holder name	(	Office sou	aht			Office h	eld	
	expenditure to benefit C/Oł						gin			enice n		
_	Data	-										
	Date 04/26/2024		Payee name Shell									
	Amount (\$)		Payee address;		State	; Zip Co	de					
	\$42.59		1687 S. St. H	wy 46								
			New Braunfels	s, TX 78130-1	.939							
	PURPOSE	(a)	Category (See	Categories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhe	ad/Rental Exp	pense					de of Texas. Con		г.
								Fuel for renta		officeholder livin	g expense	
									u-L.	5171		
		L	Dendidet - 10ff				au la t			0.45		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	(	Office sou	ynt			Office h	eia	
	,											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 130/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	01/12/2024		Shipley's Donuts							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$7.87		1900 W. University Dr							
			Edinburg, TX 78539							
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel of	outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						Consumables	s to	r EDO staff mtg		
_			See di data (Offica la aldau va va	0#:00	a. la 4			Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ignt			Office held		
	Date		Payee name							
	02/02/2024		Shipley's							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$8.24		1501 N. 10th St.							
			McAllen, TX 78501							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	ŗ				de of Texas. Complete Schedule T.		
								officeholder living expense		
						Consumables	5 10	r EDO staff mtg		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/Oł			Office 300	igin					
	Date	_	Payloa nama							
	02/09/2024		Payee name Shipley's							
	Amount (\$)			e; Zip Co	ndo					
	\$8.24		1501 N. 10th St.	e, zip co	ue					
	ψ0.24		1001 10. 1001 00.							
			McAllen, TX 78501							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
								officeholder living expense r EDO staff mtg		
						Consumables	5 10			
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/Oł			200 500						
-										

			EXPEND	ITURE CATEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	-
	Sch: 131/190 Rpt:		Hinojosa, Juan (The Ho	onorable)				00013805	
4	Date 04/05/2024		Payee name Shipley's						
6	Amount (\$) \$8.24		Payee address; City; 1501 N. 10th St. McAllen, TX 78501	State;	Zip Co	le			
8	PURPOSE OF EXPENDITURE		Category _{(See Categories list} Food/Beverage Expens		edule)	Check if Austin	n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense Or EDO staff mtg	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Office sou	ht		Office held	
	Date		Payee name						
	02/27/2024		Silverado Smokehouse						
	Amount (\$) \$13.17		Payee address; City; 4522 Weber Rd Corpus Christi, TX 784		Zip Co	le			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories list Food/Beverage Expens	ed at the top of this sche	edule)	Check if Austin	n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense MO. Divas luncheon	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Dffice sou	ht		Office held	
	Date		Payee name						
	02/27/2024		Silverado Smokehouse						
	Amount (\$) \$13.50		Payee address; City; 4522 Weber Rd	State;	Zip Co	le			
			Corpus Christi, TX 784	11-3502					
	PURPOSE OF EXPENDITURE		Category (See Categories list Food/Beverage Expens		edule)	Check if Austin	ı, TX,	side of Texas. Complete Schedule T. K, officeholder living expense MO. Divas luncheon	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nan	ne C	Dffice sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 132/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805		
4	Date 05/28/2024		Payee name Silverado Smokehouse						
6	Amount (\$) \$9.74		Payee address; City; State; 4522 Weber Rd Corpus Christi, TX 78411-3502	Zip Co	le				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)	Check if Austin	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense no. Divas luncheon		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	06/25/2024		Silverado Smokehouse						
	Amount (\$) \$9.74		4522 Weber Rd	; Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Corpus Christi, TX 78411-3502 Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)	Check if Austin	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense no. Divas lunch mtg		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	04/30/2024		South Texas Buick GMC						
	Amount (\$) \$1,118.64		Payee address; City; State; 4220 W. Expy 83	; Zip Co	le				
			McAllen, TX 78501-3033						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)	Check if Austin	n, TX	ide of Texas. Complete Schedule T. , officeholder living expense aintenance-JJH		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials re Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILI	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 133/190 Rpt:		ojosa, Juan (The Honor	able)				00013805	
4	Date 01/23/2024	5 Pay Spe	ee name ec's						
6	Amount (\$) \$24.21	124	ee address; City; I7 US 181 tland, TX 78374	State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at od/Beverage Expense	the top of this sch	edule)		n, TX,	de of Texas. Com officeholder living r CCDO	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	С	Office sou	ght		Office he	eld
	Date	Рау	ee name						
	01/23/2024	Spe	ec's						
	Amount (\$) \$2.15	124	ee address; City; I7 US 181 tland, TX 78374	State;	; Zip Co	de			
	PURPOSE OF EXPENDITURE	<b>(a)</b> Cat Fee	<b>•</b> • (	the top of this sch	edule)			de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office sou	ght		Office he	eld
	Date	Pay	ee name						
	04/16/2024	Spe	ec's						
	Amount (\$) \$11.97		ee address; City; I7 US 181	State;	; Zip Co	de			
			tland, TX 78374						
	PURPOSE OF EXPENDITURE		egory (See Categories listed at od/Beverage Expense	the top of this sch	edule)		n, TX,	de of Texas. Com officeholder living r CCDO	
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	C	Office sou	ght		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 134/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805		
4	Date	5	Payee name						
	04/23/2024		Spec's						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$13.64		1247 US 181						
			Portland, TX 78374						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description				
-	OF		Food/Beverage Expense	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense		
					Consumables	s fo	or CCDO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	05/08/2024		Spec's						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$11.97		1247 US 181	·					
	+								
			Portland, TX 78374						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense				officeholder living expense		
					Consumables				
	Complete ONLY if direct		candidate/Officeholder name C	)ffice sou	aht		Office held		
	expenditure to benefit C/OF	н							
	Date	i							
	01/02/2024		Payee name Sprouts						
			·	7:0 00					
	Amount (\$)			Zip Co	ue				
	\$11.68		5800 N. 10th St.						
			Ste. 200						
			McAllen, TX 78504-3996						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.		
							officeholder living expense		
					Consumables	5 10			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 135/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 01/09/2024	Payee name Sprouts								
6	Amount (\$) \$11.38	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996								
8	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense ; for EDO							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/11/2024	Sprouts								
	Amount (\$) \$11.58	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996								
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense s for EDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/18/2024	Sprouts								
	Amount (\$) \$18.07	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense • for EDO							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	verhea xpens Expen Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 136/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805				
4	Date	5	Payee name									
	01/23/2024		Sprouts									
6	Amount (\$)	7	- -									
	\$5.79		5800 N. 10th St.	· •								
			Ste. 200									
			McAllen, TX 78504-3996									
8	PURPOSE	(a)			(h)	Description						
ľ	OF	(4)	Category (See Categories listed at the top of this Food/Beverage Expense	s schedule)	(5)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense				
						Consumables	s fo	r EDO				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held				
	Date		Payee name									
	01/29/2024		Sprouts									
	Amount (\$)		Payee address; City; St	ate; Zip C	ode							
	\$11.68		5800 N. 10th St.									
			Ste. 200									
			McAllen, TX 78504-3996									
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description						
	OF EXPENDITURE		Food/Beverage Expense	,			outsi	de of Texas. Complete Schedule T.				
	EXPENDITORE							officeholder living expense				
						Consumables	s to	r EDO				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou				Office held				
	expenditure to benefit C/OF		andidate/Oniceholder hame	Onice sol	uynt			Onice field				
	Data	<b>—</b>										
	Date 02/07/2024		Payee name Sprouts									
					<u> </u>							
	Amount (\$)			ate; Zip C	ode							
	\$11.68		5800 N. 10th St.									
			Ste. 200									
			McAllen, TX 78504-3996		-							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		de ef Teures, Complete Schedule, T				
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense				
						Consumable						
	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ught			Office held				
	expenditure to benefit C/OF				5.							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymer erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e se //Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 137/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	02/14/2024		Sprouts							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	nde					
ľ	\$11.58	ľ	5800 N. 10th St.	., zip oc	ac					
	<b>\$11.00</b>		Ste. 200							
			McAllen, TX 78504-3996							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Consumables				
								-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	02/27/2024		Sprouts							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$11.58		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	a a dula)	(b)	Description				
	OF		Food/Beverage Expense	leuule)		·	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·					, officeholder living expense		
						Consumables	s fo	or EDO		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	03/07/2024		Sprouts							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$11.38		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE	(0)	-		(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense		
						Consumables	s fo	or EDO		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	Office sou	ght			Office held		
	expenditure to benefit C/OF	H								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 138/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 03/14/2024	5 Payee name Sprouts								
6	Amount (\$) \$11.58	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense for EDO							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/21/2024	Sprouts								
	Amount (\$) \$11.58	Payee address;City;State; Zip Code5800 N. 10th St.Ste. 200McAllen, TX 78504-3996								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense for EDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/02/2024	Sprouts								
	Amount (\$) \$5.79	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense for EDO							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea pense xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 139/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	04/08/2024		Sprouts							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode					
	\$16.67		5800 N. 10th St.	· •						
			Ste. 200							
			McAllen, TX 78504-3996							
_	DUDDOCE	(-)			(1-)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(a)	Description	nutsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense					officeholder living expense		
						Consumables	s fo	r EDO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	04/15/2024		Sprouts							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$11.58		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hodulo)	(b)	Description				
	OF		Food/Beverage Expense	ileudic)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		5 1			Check if Austin	, TX,	officeholder living expense		
						Consumables	s fo	r EDO		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	04/23/2024		Sprouts							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$11.68		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE	(a)			(h)	Description				
	OF	(``)	Category (See Categories listed at the top of this sc Food/Beverage Expense	neuule)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Consumables	s fo	r EDO		
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries/	verhe Exper Expe /Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 140/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	05/01/2024		Sprouts							
6	Amount (\$)	7	Payee address; City; S	itate; Zip C	ode					
	\$11.68		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
8	PURPOSE	(a)			1 (h	) Description				
ľ	OF	(")	Category (See Categories listed at the top of th Food/Beverage Expense	is schedule)	(		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense		
						Consumable	s fo	or EDO		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								Office held		
	Date		Payee name							
	05/07/2024		Sprouts							
	Amount (\$)		Payee address; City; S	state; Zip C	ode	!				
	\$5.49		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996		1					
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b	) Description	outoi	ida of Toyloo, Complete Cabadula T		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Consumable				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ugh	t		Office held		
	expenditure to benefit C/OI	Н			Ū					
-	Date	<u> </u>	Payee name							
	05/09/2024		Sprouts							
	Amount (\$)	-		itate; Zip C	ode					
	\$5.79		5800 N. 10th St.		ouc					
	φ0.79									
			Ste. 200							
			McAllen, TX 78504-3996		_					
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b	) Description				
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						Consumable	5 10			
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office so		t		Office held		
	expenditure to benefit C/Oł			Onice S0	uyn	ι		Onice neid		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	rhead/Re pense pense (ages/Co	eimbursement ental Expense ntract Labor <b>this form.</b>		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 141/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date 05/14/2024	5	Payee name Sprouts							
			•							
6	Amount (\$)	7		Zip Co	de					
	\$4.49		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	<b>(b)</b> De	escription				
	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel o	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					1		officeholder living	expense	
					Co	onsumables	s fo	r EDO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	eld	
	Date		Payee name							
	05/20/2024		Sprouts							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$6.99		5800 N. 10th St.							
	+0100		Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) De	escription				
	EXPENDITURE		Food/Beverage Expense			4		de of Texas. Com officeholder living		
						onsumables		-	expense	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office he	ald	
	expenditure to benefit C/OF			Jille Sou	gn			Onice ne		
		-								
	Date		Payee name							
	05/21/2024		Sprouts							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$5.79		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(h) De	escription				
	OF	(``'	Food/Beverage Expense	euule)	(, De		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		r oourbeverage Expense			Check if Austin,	ΤX,	officeholder living	expense	
					Co	onsumables	s fo	r EDO		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OF	Н								
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explair	Office Ov Polling Ex Printing E Salaries/	verhe xpen Expei Wagi	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 142/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name				<u> </u>			
	05/28/2024		Sprouts							
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode					
-	\$11.68		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
8	PURPOSE	(2)			(h	Description				
ľ	OF	(a)	Category (See Categories listed at the top of this s Food/Beverage Expense	schedule)		Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		r oou/Deverage Expense			Check if Austir	ı, TX	officeholder living expense		
						Consumable	s fo	or EDO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ugh	t		Office held		
	Date		Payee name							
	06/04/2024		Sprouts							
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode					
	\$11.78		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b	) Description				
	OF EXPENDITURE						outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						Consumable	S TO	ir EDO		
	Complete ONLV if direct	Ľ	Candidate/Officeholder name	Office sou		+		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Oncendider name	Once sou	uyn	L		Onice field		
_	Data	<u> </u>								
	Date 06/10/2024		Payee name Sprouts							
				7.0	! -					
	Amount (\$)			te; Zip Co	oae					
	\$11.58		5800 N. 10th St.							
			Ste. 200							
			McAllen, TX 78504-3996							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b	Description	outoi	ida of Taylog, Complete Schedule T		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Consumable				
	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ugh	t		Office held		
	expenditure to benefit C/OI	H			-					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing E Salaries/V	erhea penso xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	)		
	Sch: 143/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805			
4	Date	5	Payee name								
	06/17/2024		Sprouts								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$11.58		5800 N. 10th St.								
			Ste. 200								
			McAllen, TX 78504-3996								
8	PURPOSE	(0)			(h)	Description					
ð	OF	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		roou/beverage Expense					, officeholder living expense			
						Consumables	s fo	or EDO			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	06/21/2024		Sprouts								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$11.68		5800 N. 10th St.								
			Ste. 200								
			McAllen, TX 78504-3996								
	PURPOSE	(a)	Category (See Categories listed at the top of this	ashadula)	(b)	Description					
	OF		Food/Beverage Expense	scriedule)	()	·	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense			
						Consumables	s fo	or EDO			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	06/24/2024		Sprouts								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$5.79		5800 N. 10th St.								
			Ste. 200								
			McAllen, TX 78504-3996								
-	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			_		
		Ľ	Food/Beverage Expense				outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		2 .					, officeholder living expense			
						Consumables	s fo	or EDO			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			
		•									
1											

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 144/190 Rpt:	Hinojosa, Juan (The Honorable)00013805							
4	Date 06/24/2024	Payee name Stripes #2189							
6	Amount (\$) \$31.00	7 Payee address; City; State; Zip Code 30984 SH 100 San Benito, TX 78586							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel for rental-LJM									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/12/2024	Stripes 2156							
	Amount (\$) \$35.95	Payee address;City;State; Zip Code4218 S McColl Road							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense reimbursement to JJH for leased t tied to state voucher.						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
_	Date	Payee name							
	02/03/2024	Stripes 9132							
	Amount (\$) \$36.22	Payee address; City; State; Zip Code 4420 W University Dr							
		Edinburg, TX 78539							
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense reimbursement to JJH for leased t tied to state voucher.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Expense Legal Services Expense Food/Beverage Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 145/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805						
4	Date 05/18/2024	Payee name Stripes 9132							
6	Amount (\$) \$54.87	Payee address;       City;       State; Zip Code         4420 W University Dr       Edinburg, TX 78539							
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Travel In District</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	candidate/Officeholder name Office sought	Office held						
	Date 05/26/2024	Payee name Stripes 9132							
	Amount (\$) \$45.53	Payee address; City; State; Zip Code 4420 W University Dr Edinburg, TX 78539							
	PURPOSE OF EXPENDITURE	Check if Austin Prorated fue	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense I reimbursement to JJH for leased not tied to state voucher.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/06/2024	Stripes 9650							
	Amount (\$) \$42.62	Payee address; City; State; Zip Code 201 W Nolana Avenue							
		McAllen, TX 78504-2500							
	PURPOSE OF EXPENDITURE	Check if Austin Prorated fue	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense I reimbursement to JJH for leased not tied to state voucher.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	candidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a	)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimt Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 146/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805						
4	Date	Payee name							
	01/07/2024	Stripes 9650							
6	Amount (\$) \$48.99	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>201 W Nolana Avenue</li> <li>McAllen, TX 78504-2500</li> </ul>							
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Travel In District</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/18/2024	Stripes 9650							
	Amount (\$) \$47.92	Payee address; City; State; Zip Code 201 W Nolana Avenue McAllen, TX 78504-2500							
	PURPOSE OF EXPENDITURE	Prora	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense ated fuel reimbursement to JJH for leased cle trip not tied to state voucher.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/08/2024	Stripes 9650							
	Amount (\$) \$50.18	Payee address; City; State; Zip Code 201 W Nolana Avenue							
		McAllen, TX 78504-2500							
	PURPOSE OF EXPENDITURE	Prora	ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense ated fuel reimbursement to JJH for leased cle trip not tied to state voucher.						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGO	RIES FOR	R BC	OX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 147/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	02/13/2024		Stripes 9650							
6	Amount (\$)		Payee address; City; State; Zip Code							
	\$49.02		201 W Nolana Avenue							
		<u> </u>	McAllen, TX 78504-2500							
8	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description		ide of Tourse Operations Ophodula T		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense		
								imbursement to JJH for leased		
						vehicle trip no	ot ti	ied to state voucher.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	02/17/2024		Stripes 9650							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$43.73		201 W Nolana Avenue							
			McAllen, TX 78504-2500							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc Travel In District	hedule)	(b)	Description Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
							-	imbursement to JJH for leased ied to state voucher.		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	03/05/2024		Stripes 9650							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$47.61		201 W Nolana Avenue							
			McAllen, TX 78504-2500							
	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description	outo	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Travel In District					, officeholder living expense		
								imbursement to JJH for leased		
						vehicle trip no	ot ti	ied to state voucher.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		
-										

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Exp Printing Ex Salaries/W	oense 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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 148/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805
4	Date 03/10/2024	5	Payee name Stripes 9650				
6	Amount (\$) \$46.84		Payee address; City; State; 201 W Nolana Avenue McAllen, TX 78504-2500	; Zip Coo	le		
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Travel In District</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.</li> </ul> </li> </ul>						officeholder living expense mbursement to JJH for leased	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	ht		Office held
	Date		Payee name				
	03/21/2024		Stripes 9650				
	Amount (\$) \$52.16		Payee address; City; State; 201 W Nolana Avenue McAllen, TX 78504-2500	; Zip Coo	le		
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sch Travel In District	edule)	Check if Austin Prorated fuel	, тх, rei	de of Texas. Complete Schedule T. , officeholder living expense mbursement to JJH for leased ied to state voucher.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ht		Office held
	Date		Payee name				
	04/01/2024		Stripes 9650				
	Amount (\$) \$51.65		Payee address; City; State; 201 W Nolana Avenue	; Zip Coo	le		
			McAllen, TX 78504-2500				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel In District	edule)	Check if Austin Prorated fuel	, тх, <b>rei</b>	de of Texas. Complete Schedule T. officeholder living expense mbursement to JJH for leased ied to state voucher.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held

			EXPENDITURE CATE	EGORIE	S FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	O Pi Pi Si	office Overl olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 149/190 Rpt:		Hinojosa, Juan (The Honorable)							
4	Date	5	Payee name							
	04/28/2024		Stripes 9650							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$41.70		201 W Nolana Avenue							
		<u> </u>	McAllen, TX 78504-2500							
8	PURPOSE OF		Category (See Categories listed at the top of th	his schedu	le) (	b) Description				
	EXPENDITURE		Travel In District					ide of Texas. Comp , officeholder living		
									to JJH for leased	
						vehicle trip no	ot ti	ied to state v	oucher.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offic	ce soug	nt		Office he	ld	
	Date		Payee name							
	05/05/2024		Stripes 9650							
	Amount (\$)		Payee address; City; S	State; Z	Zip Cod	9				
	\$52.20		201 W Nolana Avenue							
			McAllen, TX 78504-2500							
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	his schedu	le) (	b) Description				
	EXPENDITURE		Travel In District					ide of Texas. Comp , officeholder living		
									to JJH for leased	
						vehicle trip no	ot t	ied to state v	oucher.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Offic	ce soug	nt		Office he	ld	
	Date		Payee name							
	05/22/2024		Stripes 9650							
	Amount (\$)		Payee address; City; S	State; Z	Zip Cod	9				
	\$47.96		201 W Nolana Avenue							
			McAllen, TX 78504-2500		<u> </u>					
	PURPOSE OF		Category (See Categories listed at the top of the Travel In District	his schedu	ile)	b) Description	outsi	ide of Texas. Comp	plete Schedule T.	
	EXPENDITURE		Traver III District					, officeholder living		
						Prorated fuel	rei	mbursement	to JJH for leased	
						vehicle trip no	ot ti	ied to state v	oucher.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office he	ld	

			EXPENDITURE CATE	GORIES	FOR	3OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense mittee Legal Services The Instruction Guide expla	Office Pollir Printi Salar	e Overhe g Exper ng Expe ies/Wag	nse es/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 150/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805		
4	Date	5	Payee name							
	05/31/2024		Stripes 9650							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$52.86		201 W Nolana Avenue							
			McAllen, TX 78504-2500							
8	PURPOSE	<u> </u>			0	) Description				
ľ	OF		Category (See Categories listed at the top of th Travel In District	is schedule)	(,		outsi	ide of Texas. Compl	ete Schedule T.	
	EXPENDITURE							, officeholder living e		
						Prorated fuel	rei	mbursement	to JJH for leased	
						vehicle trip n	ot ti	ied to state vo	oucher.	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	t		Office hel	d	
	Date		Payee name							
	06/14/2024		Stripes 9650							
	Amount (\$)		•	tate; Zip	Code	3				
	\$46.46		201 W Nolana Avenue	iuie, 2ip	Cour					
	\$40.40									
			McAllen, TX 78504-2500							
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(t	Description				
	EXPENDITURE		Travel In District					ide of Texas. Compl , officeholder living e		
									to JJH for leased	
							-	ied to state vo		
			andidate (Office helder norma	Office						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sougr	IL .		Office hel	u	
	Data	_								
	Date		Payee name							
	06/18/2024		Stripes 9650							
	Amount (\$)			tate; Zip	Code	9				
	\$32.51		201 W Nolana Avenue							
			McAllen, TX 78504-2500							
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(t	) Description				
	OF		Travel In District				outsi	ide of Texas. Compl	ete Schedule T.	
	EXPENDITURE					Check if Austin	ı, ТХ,	, officeholder living e	expense	
									to JJH for leased	
						vehicle trip n	ot ti	ied to state vo	bucher.	
	Complete ONLY if direct		andidate/Officeholder name	Office	sough	t		Office hel	d	
	expenditure to benefit C/OI	Н								
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 151/190 Rpt:		Hinojosa, Juan (The Honorable)	00013805						
4	Date 06/23/2024	5	Payee name Stripes 9650							
_		_	•	7' 0						
6	Amount (\$)		Payee address; City; State; Zip Code							
	\$46.77		201 W Nolana Avenue							
			McAllen, TX 78504-2500							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T.			
							, officeholder living expense mbursement to JJH for leased			
							ied to state voucher.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	06/30/2024		Stripes 9650							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$46.96 201 W Nolana Avenue									
		<u> </u>	McAllen, TX 78504-2500							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T. , officeholder living expense			
							mbursement to JJH for leased			
					vehicle trip no	ot ti	ied to state voucher.			
	Complete ONLY if direct		Candidate/Officeholder name 0	Office sou	ght		Office held			
	expenditure to benefit C/OI	Н								
⊨	Date		Payee name							
	01/30/2024		Subway							
	Amount (\$)		-	; Zip Co	de					
	\$23.86		2901 Spirit of Texas Dr.	, <u>_</u> , _ 00						
	+20.00									
			Austin, TX 78719-2318							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Staff lunch m		oncenduel living expense			
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	aht		Office held			
	expenditure to benefit C/OI				, ·					

		EXPENDITURE CATEGORIES FOR	R BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	pense /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 F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 152/190 Rpt:	linojosa, Juan (The Honorable)		00013805					
4	Date 02/05/2024	Payee name Subway							
6	Amount (\$)								
Ū	\$27.83	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>711 N. Carancahua</li> <li>Corpus Christi, TX 78475</li> </ul>							
8	PURPOSE		(h) Decoription						
0	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ght	Office held					
	Date	ayee name							
04/11/2024 Subway									
	Amount (\$)	ayee address; City; State; Zip Co	de						
	\$20.09	901 Spirit of Texas Dr. ustin, TX 78719-2318							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense S for Meeting					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ght	Office held					
	Date	ayee name							
	06/10/2024	ubway							
	Amount (\$) \$23.12	ayee address; City; State; Zip Co 901 Spirit of Texas Dr.	de						
		ustin, TX 78719-2318							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense ff meeting					
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ght	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Imittee Legal Services The Instruction	als Expense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 153/190 Rpt:		Hinojosa, Juan (The Hono	orable)				00013805		
4	Date 01/26/2024		Payee name TWC Unemployment Tax	Service						
_					Zin Cod	-				
0	Amount (\$) \$936.49		7 Payee address; City; State; Zip Code 101 E. 15th St. Austin, TX 78701							
8	PURPOSE					b) Description				
o	OF EXPENDITURE	Salaries/Mages/Contract Labor								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	С	Office soug	nt		Office he	ld	
	Date		Payee name							
	04/03/2024		TWC Unemployment Tax	Service						
	Amount (\$)		Payee address; City;	State;	Zip Cod	e				
	\$219.63		101 E. 15th St. Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Salaries/Wages/Contract		edule) (		n, TX,	ide of Texas. Comp , officeholder living taxes		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt		Office he	ld	
	Date		Payee name							
	01/05/2024		Taco Palenque							
	Amount (\$) \$31.28		Payee address; City; 3020 N 10th Street	State;	Zip Cod	e				
			McAllen, TX 78501-1919							
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Food/Beverage Expense	t the top of this scho	edule) (		n, TX	ide of Texas. Comp , officeholder living DO staff mtg		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	nt		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 154/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805						
4	Date 01/12/2024	Payee name Taco Palenque							
6	Amount (\$) \$21.56	<ul> <li>Payee address; City; State; Zip Code</li> <li>1414 W. University</li> <li>Edinburg, TX 78539-2914</li> </ul>							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EDO staff breakfast meeting								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2024	Taco Palenque							
	Amount (\$) \$16.17	Payee address; City; State; Zip Code 3020 N 10th Street McAllen, TX 78501-1919							
	PURPOSE OF EXPENDITURE	<ul> <li>Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if trav</li> <li>Check if Austral</li> </ul>	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense or EDO staff mtg						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/09/2024	Taco Palenque							
	Amount (\$) \$13.48	Payee address;City;State;Zip Code3020 N 10th Street							
		McAllen, TX 78501-1919							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense or EDO staff mtg						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGORIE	ES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 155/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805		
4	Date	5	Payee name						
	02/16/2024		Taco Palenque						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$16.17		3020 N 10th Street						
			McAllen, TX 78501-1919						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (	b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
					Breakfast for		, officeholder living expense		
					Dieakiast iui	ED	Stan mig		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held		
	Date		Payee name						
	02/23/2024		Taco Palenque						
	Amount (\$)		Payee address; City; State; 2	Zip Cod	e				
	\$18.87		3020 N 10th Street						
		<u> </u>	McAllen, TX 78501-1919						
	PURPOSE OF		Category (See Categories listed at the top of this schedu	ule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense		
					Breakfast for	ED	DO staff mtg		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held		
	Date		Payee name						
	03/01/2024		Taco Palenque						
	Amount (\$)		Payee address; City; State; 2	Zip Cod	e				
	\$24.86		3020 N 10th Street						
			McAllen, TX 78501-1919						
	PURPOSE OF		Category (See Categories listed at the top of this schedu	ule)	b) Description	ou .+	ide of Toylog, Complete Schedule T		
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Breakfast for				
					-		Š		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense 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 F1:	<b>2</b> F	ILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 156/190 Rpt:		linojosa, Juan (The Honorable)				00013805			
4	Date 03/08/2024		ayee name faco Palenque							
6 Amount (\$) \$16.17 7 Payee address; City; State; Zip Code \$16.17 McAllen, TX 78501-1919										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Breakfast for EDO staff mtg										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name C	Office sou	ht		Office held			
	Date	F	ayee name							
	03/15/2024	Т	aco Palenque							
	Amount (\$) \$16.17	3	020 N 10th Street	; Zip Co	le					
	PURPOSE OF EXPENDITURE	(a) (	IcAllen, TX 78501-1919 ategory (See Categories listed at the top of this sch cood/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense PO staff mtg			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name 0	Office sou	ht		Office held			
	Date	F	ayee name							
	03/22/2024		aco Palenque							
	Amount (\$) \$16.17		ayee address; City; State 020 N 10th Street	; Zip Co	le					
		Ν	IcAllen, TX 78501-1919							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sch ood/Beverage Expense	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense OO staff mtg			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name 0	Dffice sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 157/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date	Payee name								
	04/05/2024	Taco Palenque								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$18.35 3020 N 10th Street										
	McAllen, TX 78501-1919									
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description								
OF       EXPENDITURE         Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Breakfast for EDO staff mtg										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/19/2024	Taco Palenque								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.34	3020 N 10th Street								
		McAllen, TX 78501-1919								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense EDO staff mtg							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/26/2024	Taco Palenque								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$18.34	3020 N 10th Street								
		McAllen, TX 78501-1919								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense EDO staff mtg							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain:	Office Ove Polling Ex Printing E Salaries/V	erhea kpense xpens Nages	se s/Contract Labor		Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 158/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805			
4	Date	5	Payee name								
	05/03/2024		Taco Palenque								
6	Amount (\$)			e; Zip Co	ode						
	\$18.34		3020 N 10th Street								
	McAllen, TX 78501-1919										
8	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b)	Description		da af <b>T</b> aura - Oar	and the Oak and the T		
	EXPENDITURE		Food/Beverage Expense					officeholder living	nplete Schedule T. a expense		
						Breakfast for					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office h	eld		
	Date		Payee name								
	05/10/2024		Taco Palenque								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$18.34		3020 N 10th Street								
			McAllen, TX 78501-1919								
	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b)	Description					
	EXPENDITURE		Food/Beverage Expense					officeholder living	nplete Schedule T. a expense		
						Breakfast for					
								5			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	l Jght			Office h	eld		
	Date		Payee name								
	05/17/2024		Taco Palenque								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode						
	\$19.20		3020 N 10th Street								
			McAllen, TX 78501-1919		ĩ						
	PURPOSE OF		Category (See Categories listed at the top of this se	chedule)	(b)	Description	outo	do of Toyoo Com	nplete Schedule T.		
	EXPENDITURE		Food/Beverage Expense					officeholder living			
						Breakfast for					
					1			0			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office h	eld		
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp	9	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 159/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805			
4	Date	5	Payee name				-				
	05/24/2024		Taco Palenque								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$19.20		3020 N 10th Street								
		<u> </u>	McAllen, TX 78501-1919								
8	PURPOSE OF		Category (See Categories listed at the top of	this sched	dule)	<b>b)</b> Description			late Oak adula T		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp , officeholder living (			
						Breakfast for			- F		
								Ū			
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	fice souç	ht		Office hel	d		
	Date		Payee name								
	05/31/2024	·	Taco Palenque								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$15.85		3020 N 10th Street		•						
			McAllen, TX 78501-1919								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sched	dule)	<b>b)</b> Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp , officeholder living (			
						Breakfast for		-	expense		
						Breaklast for		o stan mig			
	Complete ONLY if direct	L C	andidate/Officeholder name	Of	fice soug	ht		Office hel	d		
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	06/07/2024		Taco Palenque								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$15.85		3020 N 10th Street								
			McAllen, TX 78501-1919								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sched	dule)	<b>b)</b> Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Comp			
						Breakfast for		, officeholder living (	expense		
						οιεακίαδι ΙΟΙ					
-	Complete ONLY if direct		andidate/Officeholder name	Of	fice sou	ht		Office hel	d		
	expenditure to benefit C/Oł		analatio, emotionation nume						. <u>~</u>		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 160/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 06/14/2024	5 Payee name Taco Palenque								
6 Amount (\$) \$17.47 \$17.47 Amount (\$) \$17.47 \$200 N 10th Street McAllen, TX 78501-1919										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Breakfast for EDO staff mtg										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/21/2024	Faco Palenque								
	Amount (\$) \$15.85	Payee address; City; State; Zip Code 3020 N 10th Street McAllen, TX 78501-1919								
	PURPOSE OF EXPENDITURE		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense t for EDO staff mtg							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/16/2024	Farget								
	Amount (\$) \$5.12	Payee address; City; State; Zip Code 7400 N 10th Street								
		McAllen, TX 78504-7700								
	PURPOSE OF EXPENDITURE		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense pplies for EDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           y -         Gift/Awards/Memorials Expense         Printing Expense         Tra					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME	ME (					(Ethics Commission Filers)		
	Sch: 161/190 Rpt:		linojosa, Juan (The Honorable)	)				00013805	``````````````````````````````````````		
4	Date	<b>5</b> P	ayee name								
	01/26/2024		Target								
6	Amount (\$) 7 Payee address; City; State; Zip Code \$8.65 7400 N 10th Street McAllen, TX 78504-7700										
8	PURPOSE	(a) (	ategory (See Categories listed at the tan	of this coho	dulo) (	<b>b)</b> Description					
8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies for EDO											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	0.	office soug	ht		Office he	eld		
	Date	P	ayee name								
	04/08/2024	Т	arget								
	Amount (\$)	P	ayee address; City;	State;	Zip Cod	e					
	\$10.77		400 N 10th Street IcAllen, TX 78504-7700								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top office Overhead/Rental Expens		edule) (		ı, TX,	de of Texas. Com officeholder living r EDO			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	O	ffice soug	ht		Office he	eld		
	Date	Р	ayee name								
	04/11/2024	Т	arget								
	Amount (\$) \$12.32		ayee address; City; 400 N 10th Street	State;	Zip Cod	e					
		Ν	IcAllen, TX 78504-7700								
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top office Overhead/Rental Expens		edule)		ı, ТХ,	de of Texas. Com officeholder living r EDO			
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	0	office soug	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Comn	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ittee Legal Services The Instruction Guide ex	se F	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense		
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 162/190 Rpt:		Hinojosa, Juan (The Honorable) 00013805								
4	Date 06/24/2024		Payee name Target								
_				Ctata	Zin Cas						
6	Amount (\$)		ayee address; City;	State;	Zip Coo	ie					
	\$19.45	1	400 N 10th Street								
		Ν	IcAllen, TX 78504-7700								
8	PURPOSE	<b>(a)</b> (	Category (See Categories listed at the top of	of this sched	lule)	(b) Description					
	OF EXPENDITURE		ood/Beverage Expense					de of Texas. Comple			
								officeholder living e	xpense		
						Consumables	S TO	r EDO			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	Off	fice soug	ht		Office held	1		
	Date	F	ayee name								
	05/06/2024	Т	ato's Opportunity Foundation								
	Amount (\$)	F	ayee address; City;	State;	Zip Coo	le					
	\$250.00	2	61 Saratoga Blvd								
			ste. 226								
			Corpus Christi, TX 78417-3509								
			-								
	PURPOSE OF		ategory (See Categories listed at the top of		lule)	(b) Description	outei	de of Texas. Comple	ata Schodula T		
	EXPENDITURE		Contributions/Donations Made B Candidate/Officeholder/Political		tee			officeholder living e			
				Commu		Night At The					
						-					
	Complete ONLY if direct	Ca	ndidate/Officeholder name	Off	fice soug	ht		Office held	t t		
	expenditure to benefit C/OI	4									
_	Date		ayee name								
	02/02/2024		emple Emanuel Sisterhood								
			-	Ctoto	Zip Coo						
	Amount (\$)		ayee address; City; 300 North Chai C Street	Sidle,	Zip Cut	ie					
	\$150.00	4	SUU NUITII CHAI C STEEL								
	McAllen, TX 78504										
	PURPOSE OF	<b>(a)</b> (	ategory (See Categories listed at the top of	of this sched	lule)	<b>b)</b> Description					
	EXPENDITURE		Contributions/Donations Made B					de of Texas. Comple			
		C	Candidate/Officeholder/Political	Commit	tee	10 luncheon		officeholder living e	xpense		
						To function	into				
_	Complete ONLV if direct		ndidata/Officabaldar nama	O#	fico couro	ht		Office held	4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	UII	fice soug	III		Office held	л —		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage E Gift/Awards/Mem ttee Legal Services The Instructio	Transportation E Travel in District Travel Out of Dis							
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)			
_	Sch: 163/190 Rpt:	inojosa, Juan (The Ho	norable)			00013805	ζ , , , , , , , , , , , , , , , , , , ,			
4	Date	ayee name								
	03/12/2024	Texas Children's Hospital/Vannie Cook								
6	Amount (\$)	ayee address; City;	State; Zip	Code						
	\$250.00	01 W. Expressway 83								
		cAllen, TX 78503-134	1							
8	PURPOSE	ategory (See Categories liste	d at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	ontributions/Donations	Made By			outside of Texas. Com				
		andidate/Officeholder/	Political Committee			, TX, officeholder living	g expense			
					Radiothon 20	)24				
_	Operation ONITY if all a st		0.4%			0.000	- 1 -1			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder nam	e Office	sought		Office h	eia			
	Date	ayee name								
	05/02/2024	exas Democratic Party	,							
	Amount (\$)	ayee address; City;	State; Zip	Code						
	\$5,000.00	O Box 15707								
		ustin, TX 78761-5707								
	PURPOSE OF	ategory (See Categories liste		(b)	Description	autoida of Tayloo Com	volata Cabadula T			
	EXPENDITURE	ontributions/Donations andidate/Officeholder/				outside of Texas. Com , TX, officeholder living				
		andidate/Oncendidel/	r ontical Commutee		Party donatio		5 - · · · · · · ·			
	Complete ONLY if direct	ndidate/Officeholder nam	e Office	sought		Office h	eld			
	expenditure to benefit C/OI			<b>J</b> -						
	Date	ayee name								
	06/08/2024	exas Democratic Party	,							
_	Amount (\$)	ayee address; City;	State; Zip	Code						
	\$200.00	O Box 15707	State, Zip	Couc						
	\$200.00	0 000 10101								
		ustin, TX 78761-5707								
	PURPOSE	ategory (See Categories liste	d at the top of this schedule)	(b) I	Description					
	OF EXPENDITURE	ees		[		outside of Texas. Com				
						, TX, officeholder living				
						. Convention-S				
		didata/Office helder	o	ooue bt			ald			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Office	sought		Office he	eiu			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Re       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not list)							
	Total pages Cabadula E1;	2		1000 10 00	mpic		2	Filer ID (Ethics Commission Filers)		
	Total pages Schedule F1: Sch: 164/190 Rpt:	L:       2       FILER NAME       3       Filer ID (Ethics Commonstance)         Hinojosa, Juan (The Honorable)       00013805								
4	Date	5	Payee name							
	02/09/2024		Texas Exes Hidalgo-Starr Chapter							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$500.00		2110 San Jacinto Blvd							
			Austin, TX 78712-1632							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By				outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political Comm	nittee				officeholder living expense		
						Rival Cup spo	ons	sor		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght			Office held		
╞	·									
	Date		Payee name							
02/02/2024 Texas Facilities Commission										
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$500.00		1711 San Jacinto Blvd							
			Austin, TX 78701-1416							
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Comm	nittee				officeholder living expense		
						Emma's Gard	len	Donation		
_	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	abt			Office held		
	expenditure to benefit C/OI			Onice sou	ym			Onice neid		
⊨	Date		Payee name							
	02/12/2024		Texas Monthly							
-			-	· Zin Co	do					
	Amount (\$)		Payee address; City; State PO Box 421934	e; Zip Co	ue					
	\$55.00		PO B0x 421934							
			Palm Coast, FL 32142-1934							
_	DUDDOCE				(h)	Description				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(u)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Fees					officeholder living expense		
						2 yr. subscrip				
	Complete ONLY if direct	(	Candidate/Officeholder name	Office sou	ght			Office held		
	expenditure to benefit C/OI	Н								
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	Overhea Expense g Expense s/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 165/190 Rpt:		Hinojosa, Juan (The Honorable)			00013805				
4	Date 06/24/2024		Payee name Texas Observer							
6	Amount (\$)	7	Payee address; City; State; Zip	Code						
	\$250.00 PO Box 6421									
			Austin, TX 78762-6421							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         Image: Contribution of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the schedule of the										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office s	ought			Office held			
	Date		Payee name							
	01/17/2024		Texas Senate							
Amount (\$) Payee address; City; State; Zip Code										
	\$525.00		PO Box 12068 Austin, TX 78711-2068							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	ought			Office held			
	Date		Payee name							
	02/09/2024		Texas Senate							
	Amount (\$)	$\vdash$	Payee address; City; State; Zip	Code						
	\$241.20		PO Box 12068							
			Austin, TX 78711-2068	- I						
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         10 state cotton flags									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office s	ought			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ittee Legal Services	Expense Office Polling morials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)							
_	Sch: 166/190 Rpt:	inojosa, Juan (The H	onorable)		00013805					
4	Date 05/08/2024	ayee name exas Senate								
6 Amount (\$) \$40.00 PO Box 12068 Austin, TX 78711-2068 7 Payee address; City; State; Zip Code										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense State Gavel-Zahn										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nar	ne Office s	ought	Office held					
	Date	ayee name								
	05/22/2024	exas Senate								
Amount (\$)Payee address;City;State;Zip Code\$40.00PO Box 12068										
	PURPOSE OF EXPENDITURE	ustin, TX 78711-2068 ategory _{(See Categories lis} ift/Awards/Memorials	ted at the top of this schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense -Gonzalez					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	ayee name								
	05/23/2024	exas Senate								
	Amount (\$) \$172.50	ayee address; City; O Box 12068	State; Zip	Code						
		ustin, TX 78711-2068	}							
	PURPOSE OF EXPENDITURE	ategory (See Categories lis ees	ted at the top of this schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ton flags					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nar	me Office s	ought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           y -         Gift/Awards/Memorials Expense         Printing Expense         T						Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 167/190 Rpt:		Hinojosa, Jua							
4	Date 06/17/2024	5 Payee name								
_			Texas Senate							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$40.00 PO Box 12068										
			Austin, TX 78	711-2068						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         State Gavel-Patridge										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	(	Office sou	Jht		Office he	eld
	Date		Payee name							
	06/11/2024		Texas State A	Aquarium Store	e					
	Amount (\$) \$19.62		Payee address 2710 N. Shor Corpus Chris			; Zip Co	le			
	PURPOSE OF EXPENDITURE		Category _{(See} Fees	Categories listed at th	e top of this sch	iedule)		n, TX,	de of Texas. Com officeholder living O	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	C	Office sou	jht		Office he	eld
	Date		Payee name							
	01/03/2024		The Affordabl	e Attic II						
	Amount (\$) \$534.00		Payee address 6304 N 10th		State	; Zip Co	de			
			McAllen, TX 7	78504-3233						
	PURPOSE OF EXPENDITURE			Categories listed at th ad/Rental Exp		iedule)		n, TX,	de of Texas. Com officeholder living <b>C</b>	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Office	holder name	(	Dffice sou	Jht		Office he	eld

			EXPENDITURE CA	TEGO	RIES FOF	R BO	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper mittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)	)		
	Sch: 168/190 Rpt:		Hinojosa, Juan (The Honorable)	)					00013805			
4	Date	5	Payee name									
	04/02/2024		The Affordable Attic II									
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$534.00		6304 N 10th Street									
			McAllen, TX 78504-3233									
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Expens	e					de of Texas. Complete Schedule T.			
	-						3 mo. a/c stol		officeholder living expense			
							5 1110. d/c 5101	lay	e			
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	aht			Office held			
Ĵ	expenditure to benefit C/O					gin						
	Date		Payee name									
	06/26/2024		The Broodmoor									
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$109.16		1 Lake Ave									
			Colorado Springs, CO 80906-42	269								
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	EXPENDITURE		Transportation Equipment And I	nt And Related	b				de of Texas. Complete Schedule T. officeholder living expense			
			Expense						Receipt submitted w/others &			
									id to JJH. JJH reimb campaign 6/3	30		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(	Office sou	ght			Office held			
	Date		Payee name							-		
	01/17/2024		The Dallas Morning News									
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$32.06		1954 Commerce St		, 1							
	+0=.00											
			Dallas, TX 75201-5205									
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	EXPENDITURE		Fees						de of Texas. Complete Schedule T.			
								, IX,	officeholder living expense			
							Subscription					
	Complete ONILV & diversit	Ļ	Condidate/Office helder			~~			Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ynt			Office held			

				EXPENDITURE	CATEGO	RIES FOF	вох	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gif nmittee Leo	ent Expense	xpense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/F rhead/R pense pense ages/Co	Reimbursement ental Expense ontract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & Rela	ated Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 169/190 Rpt:		Hinojosa, Juai	n (The Honoral	ole)					00013805		
4	Date	5	Payee name									
	02/17/2024		The Dallas Mo	orning News								
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	de					
	\$32.06		1954 Commer	rce St								
			Dallas, TX 752	201-5205								
8	PURPOSE	(a)	Category (See C	atogorios listod at the	top of this sob	odulo)	(b) D	escription				
-	OF	()	Fees	ategories listed at the	top of this sen	equie)	(, υ Γ		outsid	de of Texas. Com	plete Schedule	г.
	EXPENDITURE						Ē	Check if Austin,	TX,	officeholder living	expense	
							S	ubscription				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name expenditure to benefit C/OH							ght			Office he	eld	
	Date		Payee name									
	03/17/2024		The Dallas Mo	orning News								
	Amount (\$)		Payee address;	City;	State	Zip Co	de					
	\$32.06		1954 Commer									
	<b>402100</b>		1001 00111101									
			Dallas, TX 752	201-5205								
	PURPOSE OF	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b) D	escription				
	EXPENDITURE		Fees				Ļ	Check if travel outside of Texas. Complete Schedule T.				
							L	Ubscription	ustin, TX, officeholder living expense			
							5	ubscription				
	Complete ONLY if direct		Candidate/Officel	older name		Office sou	nht			Office he	hl ار	
	expenditure to benefit C/Oł					511100 500	Jin			Office fic		
_	Date		Payee name									
	04/17/2024		The Dallas Mo	orning News								
				-		7. 0						
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$32.06		1954 Commer	ce St								
Dallas, TX 75201-5205												
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b) D	escription				
	OF EXPENDITURE		Fees					4		de of Texas. Com		г.
							Ľ	_	TX,	officeholder living	expense	
							3	ubscription				
	0 1 1 0 11 1 1									0.00		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officel	nolder name	C	Office sou	ght			Office he	eid	
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	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	e Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)	
1	Sch: 170/190 Rpt:	<b> </b>		an (The Honora	ahla)			ľ	00013805		
_	-	<u> </u>	-		une)				00013003		
4	Date	5	Payee name								
	05/16/2024		The Dallas	Morning News							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$32.06		1954 Comm	ierce St							
			Dallas, TX 7	75201-5205							
	DUDDOCE						(b) p : : ::				
8	PURPOSE OF	(a)		e Categories listed at th	e top of this sch	edule)	(b) Description	oute	ide of Texas. Com	nloto Schodulo T	
									, officeholder living		
							Subscription	, .,	, enteeneder innig	oxponed	
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_	Complete ONILV if direct		Canadialata (Offi						Office he		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Ju		Office he	210	
╞		-									
	Date		Payee name								
	06/16/2024		The Dallas I	Morning News							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$32.06		1954 Comm	ierce St							
			Dollag TV 7	25201 5205							
			Dallas, TX 7								
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	e top of this sch	edule)	(b) Description				
	EXPENDITURE		Fees					plete Schedule T.			
							Subscription	I, I A	TX, officeholder living expense		
							Subscription				
⊢	Complete ONILV if direct		Canadialata (Offi						Office he		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OIII	ceholder name	C	Office sou	jni		Office he	210	
	•										
	Date		Payee name								
	02/03/2024		The Econor	nist							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de				
	\$274.32		PO Box 469	70							
	Saint Louis, MO 63146-6970										
	PURPOSE OF	(a)		e Categories listed at th	e top of this sch	edule)	(b) Description				
	EXPENDITURE		Fees						ide of Texas. Com		
								I, I A	, officeholder living	expense	
							Subscription				
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(	Office sou	ght		Office he	eld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 171/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805					
4	Date 06/29/2024	5 Payee name The Meatball Face						
6	Amount (\$) \$146.58	7 Payee address; City; State; Zip Code 2412 Padre Blvd South Padre Island, TX 78597-6926						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Staff dinner/meeting - LJM								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/02/2024	The Monitor						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1400 E Nolana Avenue McAllen, TX 78504-6111						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rship					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/18/2024	The Monitor						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1400 E Nolana Avenue						
		McAllen, TX 78504-6111						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rship					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
1	Sch: 172/190 Rpt:	Image: Arrient DImage:					
4	Date	5 Payee name					
	01/21/2024	The New York Times Company					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$63.72	620 8th Avenue					
		New York, NY 10018-1618					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Subscription					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name					
	02/18/2024	The New York Times Company					
⊢							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$71.28	620 8th Avenue					
		New York, NY 10018-1618					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Subscription					
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OF	1					
	Date	Payee name					
	03/17/2024	The New York Times Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$71.28	620 8th Avenue					
		New York, NY 10018-1618					
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Fees					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
Í		Subscription					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OF	Ū Ū					

			EXPENDITURE CATEG	ORIES FO	R BO	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	oayme erhea kpense Expens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 173/190 Rpt:		Hinojosa, Juan (The Honorable)					00013805			
4	Date	5	Payee name								
	04/14/2024	ľ	The New York Times Company								
6	Amount (\$)	7		te; Zip Co	odo						
ľ	\$71.28	ľ	620 8th Avenue	ie, zip ci	Jue						
	ψ11.20		020 bill Avenue								
			New York, NY 10018-1618								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	EXPENDITURE		Fees					de of Texas. Complete Schedule T. officeholder living expense			
						Subscription	, 17,				
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jaht			Office held			
expenditure to benefit C/OH											
╞	Date	<u> </u>	Davias nome								
	05/12/2024		Payee name The New York Times Company								
	Amount (\$)			te; Zip Co	ode						
	\$71.28		620 8th Avenue								
			New York, NY 10018-1618								
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	OF EXPENDITURE		Fees					de of Texas. Complete Schedule T.			
						Subscription	officeholder living expense				
						Subscription					
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	Int			Office held			
	expenditure to benefit C/OI			Onice Soc	igin						
_	Data	_									
	Date 06/11/2024		Payee name								
			The New York Times Company								
	Amount (\$)		<b>,</b> , , , , , , , , , , , , , , , , , ,	te; Zip Co	ode						
	\$71.28		620 8th Avenue								
New York, NY 10018-1618											
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	EXPENDITURE		Fees					de of Texas. Complete Schedule T. officeholder living expense			
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	expenditure to benefit C/OI			JIICE 301	agin						

			EXPENDITURE C	CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp amittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 174/190 Rpt:		Hinojosa, Juan (The Honorabl	e)				00013805			
4	Date 03/04/2024	5	Payee name The Roaring Fork								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le					
	\$53.30		701 Congress Avenue		· •						
			Austin, TX 78701-3216								
8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LJM lunch mtg											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office hel	d		
	Date		Payee name								
	01/03/2024		The UPS Store								
	Amount (\$)		Payee address; City;	State	; Zip Co	le					
	\$99.04		1108 Lavaca Street								
			Suite 110								
			Austin, TX 78701-2110								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Exper		nedule)		n, TX,	ide of Texas. Compl , officeholder living e to CCDO			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Dffice sou	Jht		Office hel	d		
-	Date	<u> </u>	Payee name								
	04/30/2024		Tuloso-Midway High School								
	Amount (\$) \$150.00		Payee address; City; P.O. Box 10900	State	; Zip Co	le					
			Corpus Christi, TX 78460-090	0							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Contributions/Donations Made Candidate/Officeholder/Politica	ву	,			ide of Texas. Compl , officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	Jht		Office hel	d		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense       Loan Repayment/Reimbur         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gitt/Awards/Memorials Expense       Printing Expense         Mittee       Legal Services         Salaries/Wages/Contract L         The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 175/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date 04/23/2024	Payee name Tumble 22	
6	Amount (\$) \$68.10	Payee address; City; State; Zip Code 2304 Lake Austin Blvd Austin, TX 78703-4546	
8	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense hch mtg
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/23/2024	JSPS Edinburg	
	Amount (\$) \$8.05	Payee address; City; State; Zip Code 410 S. Jackson Rd Edinburg, TX 78539-3924	
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense d mail-Penitas
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/27/2024	JSPS Seguin	
	Amount (\$) \$9.85	Payee address; City; State; Zip Code 531 W. Court	
		Seguin, TX 78155-5443	
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense e for package to EDO
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held

				EXPEN	DITURE CATEG	ORIES FOR	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	e Expense emorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ pense pense ages/0	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)	
	Sch: 176/190 Rpt:		Hinojosa, J	uan (The H	Honorable)					00013805		
4	Date	5	Payee name									
	06/21/2024		USPS Seg									
6	Amount (\$)	7	Payee addre	ss; City	r; Sta	ate; Zip Co	de					
	\$22.09		531 W. Co	urt								
			Seguin, TX	78155-54	43							
8	PURPOSE	(a)	Category (S	ee Categories I	isted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Fees	ce calegones i		seriedule)	Ì	-	outsi	de of Texas. Comp	plete Schedule T.	
Check if Austin, 1X, officeholder living expense												
								Stamps/Posta	age	for package	e to EDO	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							ld					
	Date		Payee name									
	03/25/2024				Chamber of C	ommerce F	oun	dation				
_	Amount (\$)	$\vdash$	Payee addre			ate; Zip Co						
	\$417.00		602 N. Staj		, 010	ac, zip co	ac					
	φ+17.00		Ste.150	JICS OI.								
					401							
			Corpus Ch									
	PURPOSE OF	(a)			isted at the top of this	schedule)	(b) ו	Description	outoi	to of Toyac, Com	alata Sahadula T	
	EXPENDITURE				ons Made By er/Political Com	nmittee	I			outside of Texas. Complete Schedule T. TX, officeholder living expense Sity '23		
			Curialaate	onicentitia		innitee	1	 State of the C				
									,			
	Complete ONLY if direct	(	Candidate/Off	iceholder na	ame	Office sou	ght			Office he	ld	
	expenditure to benefit C/OF	Н										
	Date		Payee name									
	04/19/2024		United Cor	ous Christi	Chamber of C	ommerce F	oun	dation				
	Amount (\$)		Payee addre	ss; City	r; Sta	ate; Zip Co	de					
	\$625.00		602 N. Sta	oles St.								
			Ste.150									
			Corpus Ch	risti. TX 78	401							
	PURPOSE	(a)	-		isted at the top of this		(h)	Description				
	OF	```			isted at the top of this : Ins Made By	schedule)	(,		outsi	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE				er/Political Corr	nmittee	İ	Check if Austin	, TX,	officeholder living	expense	
							-	State of the C	Cou	nty '24-1/2 ta	able	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder na	ame	Office sou	ght			Office he	ld	
⊢												

			EXPENDITURE			BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	EXPENDITORE Event Expense Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Loan Repay Office Overl Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:		=			-	2	Filer ID	(Ethics Commission Filers)		
1	Sch: 177/190 Rpt:		- uan (The Honorab	le)				00013805			
4	Date	Payee name					I				
-	05/08/2024	2	ous Christi Chamb	er of Con	nmerce F	oundation					
6	Amount (\$)	Payee addre	ss; City;	State;	; Zip Cod	e					
	\$20.00	602 N. Stap	oles St.								
		Ste.150									
			risti, TX 78401								
_		-									
8	PURPOSE OF		ee Categories listed at the		nedule)	b) Description	outoi	de of Towas, Com	volata Cabadula T		
	EXPENDITURE		ns/Donations Mad Officeholder/Politic		nittoo			officeholder living	nplete Schedule T.		
		Canulualen	Onicenoidei/Foillic		nilee	2 tkts Hurrica					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH								eiu			
	Date	Payee name									
	01/09/2024	United State	es Department of	the Treas	sury						
	Amount (\$)	Payee addre	ss; City;	State:	; Zip Cod	e					
	\$899.66	PO Box 379			· •						
	\$000100	1 O Dox on									
		Hartford, C	T 06176								
	PURPOSE	Category (S	ee Categories listed at the	top of this sch	nedule) (	b) Description					
	OF EXPENDITURE	Salaries/Wa	ages/Contract Lab	or		Check if travel outside of Texas. Complete Schedule T.					
							in, TX, officeholder living expense				
						Payroll tax p	ymt				
		Condidate/Off				<b></b>		Office b			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/OII	iceholder name	Ĺ	Office soug	nı		Office h	eia		
	Date	Payee name									
	01/25/2024	2	es Department of	the Treas	sury						
	Amount (\$)	Payee addre	ss; City;	State;	; Zip Cod	e					
	\$337.20	PO Box 379	941								
		Hartford, C	T 06176								
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description											
	OF EXPENDITURE	Salaries/Wa	ages/Contract Lab	or					nplete Schedule T.		
								officeholder living	g expense		
	ſ					Payroll tax p	ymt				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	C	Office soug	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /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 F1:	2			•	3	Filer ID (Ethics Commission Filers)				
	Sch: 178/190 Rpt:		Hinojosa, Juan (The Honorable)				00013805				
4	Date	5	Payee name								
	02/06/2024		United States Department of the Treas	sury							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de						
	\$893.39		PO Box 37941								
			Hartford, CT 06176								
8	PURPOSE	<u> </u>			(b) December 1						
°	OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	el outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Salaries/Wages/Contract Labor				, officeholder living expense				
			Payroll tax pymt								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI	Н									
⊨	Date		Payee name								
	03/05/2024		United States Department of the Treas	urv							
_				-	de						
	Amount (\$)			; Zip Co	de						
	\$893.43		PO Box 37941								
			Hartford, CT 06176								
	PURPOSE	(a)	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
					Payroll tax						
					Fayroli lax	Jynn					
L	Complete ONIL V if direct		Candidate/Officeholder name		abt		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeriolder frame	Office sou	gn		Office held				
		-									
	Date		Payee name								
	04/04/2024		United States Department of the Treas	-							
	Amount (\$)			; Zip Co	de						
	\$893.35		PO Box 37941								
			Hartford, CT 06176								
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description											
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ŗ			ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
					Payroll tax	oymt	t				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held				
	expenditure to benefit C/OI	-1									

			EXPENDITURI	E CATEGOR	RIES FOR	вох	( 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials B nittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	nead/F ense iense iges/C	Reimbursement Rental Expense contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
_		-		ide explains	now to con	ipiete		-		
1	Total pages Schedule F1: Sch: 179/190 Rpt:		ILER NAME Hinojosa, Juan (The Honora	ble)					Filer ID 00013805	(Ethics Commission Filers)
4	Date	5	Payee name				I			
	05/07/2024		Jnited States Department o		-					
6	Amount (\$) \$893.43		Payee address; City; PO Box 37941 Hartford, CT 06176	State;	; Zip Cod	e				
8	PURPOSE	(a)	Satagony			b) г	Description			
J	OF		Category (See Categories listed at th Salaries/Wages/Contract La		iedule)		Check if travel of	TX,	de of Texas. Comp officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht			Office he	ld
	Date		Payee name							
	06/04/2024		Jnited States Department o	f the Treas	sury					
	Amount (\$)		Payee address; City;	State:	; Zip Cod	е				
	\$893.39		PO Box 37941 Hartford, CT 06176		· •					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Salaries/Wages/Contract La		nedule) (			TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht			Office he	ld
	Date		Payee name							
	02/15/2024		Jreste, Selma							
	Amount (\$) \$250.00		Payee address; City; .112 Vista Hermosa	State;	; Zip Cod	e				
			Edinburg, TX 78539-6526							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Contributions/Donations Ma Candidate/Officeholder/Polit	de By	,	Ē			de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(	Office soug	ht			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 180/190 Rpt:	Hinojosa, Juan (The Honorable)							
4	Date	te 5 Payee name							
	04/19/2024		Vanguard Academy Family Golf Classi	С					
6	Amount (\$) 7 Payee address; City; State; Zip Code								
	\$200.00		2510 S. Veterans Blvd						
			Edinburg, TX 78539-7016						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Comm	ittee	Golf Classic		, officeholder living expense		
					Gui Classic	uui	lation		
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	uht		Office held		
5	expenditure to benefit C/OI				ji it		Onice held		
⊨	Date		Payee name						
	02/26/2024		Vick's						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$16.25 626 N. Port Ave								
			Corpus Christi, TX 78408-3954						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					CCDO staff I		- ·		
						ante			
	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou	ıht		Office held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	02/26/2024		Vick's						
-	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$8.10		626 N. Port Ave	·					
			Corpus Christi, TX 78408-3954						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
					CCDO staff I		, officeholder living expense		
						and	200 mg		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	uht		Office held		
	expenditure to benefit C/OI				,				
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 181/190 Rpt:	Hinojosa, Juan (The Honorable)00013805								
4	Date 03/08/2024	Payee name Walgreens								
6 Amount (\$) \$54.40 T Payee address; City; State; Zip Code 1520 S Mccoll Road Edinburg, TX 78539-8832										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense Stamps										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/20/2024	Walgreens								
	Amount (\$) \$30.34	Payee address; City; State; Zip Code 1920 E. Riverside Dr Austin, TX 78741-1342								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense s for Cap. office							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/11/2024	Walgreens								
	Amount (\$) \$81.04	Payee address;City;State;Zip Code1920 E. Riverside Dr								
		Austin, TX 78741-1342								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense s for Cap. office							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 182/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805							
4	Date 03/26/2024	Payee name Wallbanger's								
6	Amount (\$) \$17.06	<ul> <li>Payee address; City; State; Zip Code</li> <li>6542 S. Staples St.</li> <li>Corpus Christi, TX 78413-5401</li> </ul>								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense CCDO staff lunch mtg										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/04/2024	Walmart Online								
	Amount (\$) \$36.65	Payee address; City; State; Zip Code 702 SW 8th St.								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense /supplies for EDO							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/19/2024	Walmart Online								
	Amount (\$) \$242.66	Payee address;City;State;Zip Code702 SW 8th St.								
		Bentonville, AR 72716-6209								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense /supplies for EDO							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Fransportation E Fravel in District Fravel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)					
1	Total pages Schedule F1:	The Instruction Guide explains how to complete this form.           2         FILER NAME         3         Filer ID         (Ethics)							(Ethics Commission Filers)
-	Sch: 183/190 Rpt:	Hinojosa, Juan	(						
4	Date 02/07/2024	Payee name Walmart Online							
6	Amount (\$) \$63.11	Payee address; 702 SW 8th St. Bentonville, AR	City; 72716-6209	State; Zip	Code				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense Consumables for EDO									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office	sought			Office he	eld
	Date	Payee name							
	03/06/2024	Walmart Online	!						
	Amount (\$) \$242.91	Payee address; 702 SW 8th St.	City;	State; Zip	Code				
	PURPOSE OF EXPENDITURE	Bentonville, AR Category _{(See Ca} Food/Beverage	tegories listed at the top o	of this schedule)	(b)		i, TX, of	fficeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office	sought			Office he	eld
	Date	Payee name							
	04/15/2024	Walmart Online							
	Amount (\$) \$84.44	Payee address; 702 SW 8th St.	City;	State; Zip	Code				
		Bentonville, AR							
	PURPOSE OF EXPENDITURE	Category _{(See Ca} Food/Beverage	tegories listed at the top o Expense	of this schedule)	(b)		i, TX, of	fficeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeho	older name	Office	sought			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Gift/Awards/Me mittee Legal Services The Instruct	Travel in District Travel Out of Dis	quipment & Related Expense					
1	Total pages Schedule F1:	· · · · ·							
-	Sch: 184/190 Rpt:	Hinojosa, Juan (The H	00013805						
4	Date 05/02/2024	^D ayee name Walmart Online							
6	Amount (\$) \$32.58	Payee address; City; 702 SW 8th St. Bentonville, AR 72716		Zip Code					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Office Overhead/Rental Expense       Office Supplies for EDO									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Offi	ce sought		Office he	ld		
	Date	Payee name							
	05/14/2024	Walmart Online							
	Amount (\$) \$75.24	Payee address; City; 702 SW 8th St.	State; Z	Zip Code					
	PURPOSE OF EXPENDITURE	Bentonville, AR 72716 Category _{(See Categories lis} Food/Beverage Expen	ed at the top of this schedu	ule) (b)		outside of Texas. Com , TX, officeholder living S for EDO			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Offi	ce sought		Office he	ld		
	Date	Payee name							
	05/21/2024	Walmart Online							
	Amount (\$) \$40.05	Payee address; City; 702 SW 8th St.	State; 2	Zip Code					
		Bentonville, AR 72716							
	PURPOSE OF EXPENDITURE	Category (See Categories lis Food/Beverage Expen	•	_{ıle)} (b)	Check if Austin,	outside of Texas. Com , TX, officeholder living S/SUPPlies for E	expense		
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Offi	ce sought		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense 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 F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 185/190 Rpt:	2	Hinojosa, Juan (The Honorable)	00013805					
4	Date	5	Payee name						
	06/24/2024		Walmart Online						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$117.60		702 SW 8th St.						
			Bentonville, AR 72716-6209						
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	a dula)	(b) Description				
Ĩ	OF		Food/Beverage Expense	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense		
					Consumables	s/sı	upplies for EDO		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
02/06/2024 Walmart									
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$20.86		4101 S McColl Road	·					
			Edinburg, TX 78539-8387						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
							upplies for EDO		
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ught Office held				
	expenditure to benefit C/OI				<u>, , , , , , , , , , , , , , , , , , , </u>				
-	Date		Payaa pama						
	02/16/2024		Payee name Walmart						
				7:0 00					
	Amount (\$)			Zip Co	be				
	\$53.49		4101 S McColl Road						
			Ediahuma TV 70500 0007						
			Edinburg, TX 78539-8387						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					3 tote boxes				
					0 1010 00703	.01			
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	tht		Office held		
	expenditure to benefit C/OI			2000 300					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)						
	Sch: 186/190 Rpt:	Hinojosa, Juan (The Honorable)	00013805						
4	Date 03/04/2024	5 Payee name Walmart							
6	Amount (\$) \$112.55	7 Payee address; City; State; Zip Code 3829 US Hwy 77 Corpus Christi, TX 78410							
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bike for CB Tejano Democrats</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/11/2024	Walmart							
	Amount (\$) \$125.57	Payee address; City; State; Zip Code 3829 US Hwy 77 Corpus Christi, TX 78410							
	PURPOSE OF EXPENDITURE	<ul> <li>(b) Description</li> <li>Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description</li> <li>Check if travel ou</li> <li>Check if Austin, T</li> </ul>	itside of Texas. Complete Schedule T. IX, officeholder living expense egos Easter Egg Hunt						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/28/2024	Walmart							
	Amount (\$) \$8.27	Payee address; City; State; Zip Code 1421 Frontage Rd							
		Alamo, TX 78516							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. FX, officeholder living expense for EDO						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						uipment & Related Expense			
1	Total pages Schedule F1:	<b>2</b> F	LER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 187/190 Rpt:	н	Hinojosa, Juan (The Honorable) 00013805								
4	Date	<b>5</b> P	ayee name								
	04/12/2024	V	Whataburger								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code										
	\$11.79	2	300 Guadalupe Street								
			ustin, TX 78705-3704		i						
8	PURPOSE OF		ategory (See Categories listed at the	top of this sche	edule)	b) Description					
	EXPENDITURE	F	ood/Beverage Expense					de of Texas. Comp officeholder living e			
						Travel breakf			s.poneo		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	C	Office soug	ht		Office hel	d		
	Date	P	ayee name								
06/14/2024 Whole Foods											
	Amount (\$)	P	ayee address; City;	State:	Zip Coo	le					
	\$21.03		01 E. 5th St.								
	+==::::										
			ustin, TX 78702-4075								
	PURPOSE OF		ategory (See Categories listed at the	top of this sche	edule)	<b>b)</b> Description	outei	de of Texas. Comp	lete Schedule T		
	EXPENDITURE	F	ood/Beverage Expense					officeholder living			
						Consumables	s fo	or Cap. office	mtg		
									-		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office hel	d		
	Date	P	ayee name								
	03/08/2024	W	/illiam Billy" Leo Foundation								
	Amount (\$)	P	ayee address; City;	State:	Zip Coo	le					
	\$500.00		.O. Box 1	,	1						
		-									
		L	a Joya, TX 78560-0001								
	PURPOSE OF		ategory (See Categories listed at the		edule)	<b>b)</b> Description	outo:	de of Texas. Comp	loto Schodulo T		
	EXPENDITURE		ontributions/Donations Made andidate/Officeholder/Politic		ittoo			officeholder living			
					nice	5th Annual B					
-	Complete ONLY if direct	Са	ndidate/Officeholder name	C	Office soug	ht		Office hel	d		
	expenditure to benefit C/Oł					-		2	-		
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           e By -         Gift/Awards/Memorials Expense         Printing Expense         Tra							Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FI	LER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 188/190 Rpt:		Hinojosa, Juan (The Honorable) 00013805								
4	Date 01/19/2024		ayee name ⁄illiams, RD								
6	Amount (\$) \$2,300.00	54	ayee address; 110 Hewlett Dr. an Diego, CA 92		State; Z	Zip Code	2				
8	PURPOSE OF EXPENDITURE		ategory _{(See Catego} ffice Overhead/F		this schedul	_{le)} (I	<ul> <li>Description</li> <li>Check if travel</li> <li>Check if Austin</li> <li>Austin Apartr</li> </ul>	I, TX,	officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Offic	ce sough	t		Office he	əld	
	Date	Pa	ayee name								
	02/20/2024	W	′illiams, RD								
	Amount (\$) \$2,300.00	54	ayee address; 410 Hewlett Dr.		State; Z	Code	2				
	PURPOSE OF EXPENDITURE	<b>(a)</b> C	an Diego, CA 92 ategory _{(See Catego} ffice Overhead/F	pries listed at the top of	this schedul	le) (I	D) Description	ı, TX,	officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Offic	ce sough	t		Office he	eld	
	Date	Pa	ayee name								
	03/21/2024	W	′illiams, RD								
	Amount (\$) \$2,600.00		ayee address; 410 Hewlett Dr.	City;	State; Z	Zip Code	2				
		S	an Diego, CA 92	115							
	PURPOSE OF EXPENDITURE		ategory _{(See Catego} ffice Overhead/F		this schedul	le) (I	D) Description Check if travel Check if Austin Austin Apartr	I, TX,	officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officehold	er name	Offic	ce sough	it		Office he	əld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           e By -         Gift/Awards/Memorials Expense         Printing Expense         Tra							raising Expense quipment & Related Expense trict category not listed above)		
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 189/190 Rpt:		Hinojosa, Juan (The Honorable) 00013805								
4	Date 04/19/2024		ayee name Villiams, RD								
6	Amount (\$) \$2,600.00	5	ayee address; C 410 Hewlett Dr. an Diego, CA 921		; Zip Coc	le					
8	PURPOSE OF EXPENDITURE		ategory (See Categori office Overhead/Re	es listed at the top of this sch ental Expense	edule)	b) Description Check if travel Check if Austir Austin Aparte	ι, TX,				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name C	Office soug	ht		Office he	eld		
	Date	F	ayee name								
	05/22/2024	V	Villiams, RD								
	Amount (\$) \$2,600.00	5	410 Hewlett Dr.		; Zip Coo	le					
	PURPOSE OF EXPENDITURE	(a) (	an Diego, CA 921 ategory _{(See Categori} Office Overhead/Re	es listed at the top of this sch	edule)	(b) Description Check if travel Check if Austir Austin Aparti	ı, TX,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder	name C	Office soug	ht		Office he	eld		
	Date	F	ayee name								
	06/21/2024	v V	Villiams, RD								
	Amount (\$) \$2,600.00		ayee address; 0 410 Hewlett Dr.	City; State;	; Zip Coc	le					
		S	an Diego, CA 921	15	i						
	PURPOSE OF EXPENDITURE		ategory _{(See Categori} ) office Overhead/Re	es listed at the top of this sch ental Expense	edule)	b) Description	ı, TX,				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder	name C	Office soug	ht		Office he	ld		

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Event Accounting/Banking Fees Consulting Expense Food/		erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipm Travel in District Travel Out of District			
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 1/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805			
4 CREDIT CARD	Name of financial institution PNC Bank		5 TOTAL OF UNITEMIZE				
ISSUER			EXPENDITURES CHARGED TO A CREI CARD	CHARGED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$10.81	06/30/2024	06/30/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Apple		1 Infinite Loop				
			Cupertino, CA 95014-2	Cupertino, CA 95014-2083			
8 PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Clime.NOAA Subscript	tion			
X Political		··· •					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$55.00	01/04/2024	02/06/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Current Revolt		111 Sutter Street				
				San Francisco, CA 94104			
PURPOSE OF	(a) Category		., .	(b) Description			
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Online Subscription				
X Political		•					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held			
expenditure to benefit C/OH		1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 02/06/2024	suer Paid			
	\$2.12	01/11/2024	02/00/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Google		1600 Amphitheatre Pa	1600 Amphitheatre Parkway			
				Mountain View, CA 04042			
PURPOSE OF	(a) Category		(b) Description	Mountain View, CA 94043			
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Gmail Storage				
X Political	Office Overhead/Ren	tal Expense	Cintal Ctorage				
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate/Officeholder	name C	office 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	/ - 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 Equipm Travel in District Travel Out of District OTHER (enter a categor	ent & Related I	
Candidate/Officeholder/Political 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 F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 2/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZI			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$37.48	01/04/2024	02/06/2024			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
			1954 Commerce Stree	et		
	Dallas Morning Nev	WS				
			Dallas, TX 75201			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Subscription for newsp	apor		
X Political	Office Overhead/Ren			ареі		
Non-Political						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	, TX, officeholder living ex Office held	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			-			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 02/06/2024	suer Paid		
	\$88.88	01/13/2024	02/00/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Grease Monkey #7	51	4515 N. 10th St.			
		51				
	(a) Catagony		McAllen, TX 78504-29 (b) Description	09		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Leased vehicle mainte	nance		
X Political	Transportation Equip	ment And Related				
Non-Political	Expense	of Texas. Complete Schedule		, TX, officeholder living ex	00000	
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		Diffice sought	Office held	pense	
expenditure to benefit C/OH			Ũ			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$2.99	01/25/2024	02/06/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Applo		1 Infinite Loop			
	Apple					
	(a) Catagory		Cupertino, CA 95014-2 (b) Description	2083		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	iPad Cloud Storage			
X Political	Office Overhead/Ren	tal Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	rage Expense s/Memorials Expense ices	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 Instruction Guide explains how to complete this form.					
	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 3/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE	\$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$200.00	01/17/2024	02/06/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			540 Willow Ave			
	Instaraise.com		Suite B			
			Cedarhurst, NY 11516	6		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Morris Middle School I	band donation		
X Political	Candidate/Officehold		e			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living exp	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$18.99	01/17/2024	02/06/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Foreign Policy Magazine		1750 Pennsylvania Ave., NW			
			Suite 200			
			Washington, DC 2000	6-4508		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Subcscription			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$73.43	02/22/2024	03/04/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Koko's Uptown Caf	0	6100 N. 10th St.			
	Noko s Optown Cal	6				
			McAllen, TX 78504			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
X Political	Food/Beverage Expe		Food for poll workers.			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living exp	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/P	de By - Gift/Award	erage Expense Js/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ	ient & Related I	
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4: 2 FILER NAME 3 Fi				3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 4/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ			
ISSUER	see p	see previous EXPENDITURES S CHARGED TO A CREDIT CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$12.79	02/17/2024	04/02/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1301 K. Street NW			
	The Washington P	ost				
			Washington, DC 2007	1-0004		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description			
	Office Overhead/Ren		Subscription			
X Political						
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		r name O	Office sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suor Daid		
			04/02/2024			
	\$18.99	02/18/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Foreign Policy Magazine		ve., NW		
	Foreign Policy Mag			Suite 200		
			Washington, DC 2000	06-4508		
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description			
EXPENDITURE	Office Overhead/Ren		Subscription			
X Political						
Non-Political	· / <b>ப</b>	of Texas. Complete Schedule		n, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		r name O	Office sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
			04/02/2024			
	\$30.27	03/03/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			5115 N 10th Street			
	Office Depot					
			McAllen, TX 78504-28	335		
	(a) Category	of this school ()	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Consumables/Supplie	es for EDO.		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living e	vnense	
Complete <u>ONLY</u> if direct	· / <b>ப</b>		Diffice sought	Office held	vhense	
expenditure to benefit C/C		<b>C</b>				

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	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Exper Transportation Equipment & R Travel in District Travel Out of District	elated Expense	
Candidate/Officenoide//Politica	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				iisteu above)	
1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers				mmission Filers)		
Sch: 5/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	D		
ISSUER	see previous		EXPENDITURES CHARGED TO A CRED CARD	DIT <b>\$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$21.64	01/20/2024	02/06/2024			
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, S	tate, Zip Code	
	Annala		1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-20	083		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	rintion		
	Office Overhead/Rent		New York Times Subsc	приоп		
X Political						
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	office sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$12.79	01/20/2024	03/04/2024			
PAYEE	(a) Payee name	l	(b) Payee address;	City, S	tate, Zip Code	
	The Weehington D	act	1301 K. Street NW			
	The Washington Po	JSI				
			Washington, DC 20071	-0004		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Subscription			
X Political	Office Overhead/Rent	tal Expense	Subscription			
Non-Political		of Tourse, Operandede Ophendude	T Dohashik Austin			
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	TX, officeholder living expense Office held		
expenditure to benefit C/OH			inoo oougin			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$37.48	02/04/2024	03/04/2024			
	<i>Q</i>	02/01/2021				
PAYEE	(a) Payee name		(b) Payee address;	City, S	tate, Zip Code	
			1954 Commerce Street			
	Dallas Morning Nev	VS				
			Dallas, TX 75201			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Subscription			
X Political	Office Overhead/Rent		Subscription			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	Office 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	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
	The Inst	ruction Guide explains h	now to complete this form.			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 6/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	ED		
ISSUER	see previous		EXPENDITURES CHARGED TO A CRE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$2.12	02/11/2024	03/04/2024			
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
	Google		1600 Amphitheatre Pa	Irkway		
			Mountain View, CA 94	043		
8 PURPOSE OF	(a) Category	of this askedula)	(b) Description			
	(See Categories listed at the top Office Overhead/Ren		Gmail Cloud Storage			
X Political		·				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$93.05	02/12/2024	03/04/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
			5248 N 10th Street			
	Costa Messa					
			McAllen, TX 78504-27	02		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Food/Beverage Expe		Dinner Meeting			
X Political						
Non-Political		of Texas. Complete Schedule		, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 02/06/2024	suer Paid		
	\$35.71	01/28/2024	02/00/2024			
DAVEE						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Apple		1 Infinite Loop			
			Cuportino CA 050141	2002		
PURPOSE OF	(a) Category		Cupertino, CA 95014-2 (b) Description	2003		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Wall Street Journal Su	bscription		
X Political	Office Overhead/Ren	tal Expense		boonption		
Non-Political		of Texas. Complete Schedule		, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - 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 Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related E	
	The Inst	ruction Guide explains l	how to complete this form.			
1 Total pages Schedule F4:	1 Total pages Schedule F4: 2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 7/24 Rpt:	Hinojosa, Juan (Th	Hinojosa, Juan (The Honorable) 000				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$97.64	01/22/2024	02/06/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			101 N Main Street			
	Casa De Palmas					
			McAllen, TX 78501-46	528		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Dinner Meeting			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$78.54	02/07/2024	03/04/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			5001 N 10th Street			
	El Divino					
			McAllen, TX 78504-28	333		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Dinner Meeting			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$21.64	02/16/2024	03/04/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Applo		1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-2	2083		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	- vinition		
X Political	Office Overhead/Ren		New York Times Subs	scripuon		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense     Event Expense       Accounting/Banking     Fees       Consulting Expense     Food/Beverage Expense       Contributions/ Donations Made By -     Gift/Awards/Memorials Expense       Candidate/Officeholder/Political Committee     Legal Services			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising E Transportation Equipmen Travel in District Travel Out of District OTHER (enter a category	t & Related E		
	The Instruction Guide explains how to complete this form.					,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 8/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$179.43	02/18/2024	03/04/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			5115 N 10th Street				
	Office Depot						
			McAllen, TX 78504-283	5			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
Office Overhead/Rental			Office supplies for EDO	Office supplies for EDO.			
X Political							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			X, officeholder living expe	inse			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held			
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uor Paid			
	\$91.98	02/22/2024	03/04/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			7400 N 10th Street			·	
	Target						
			McAllen, TX 78504-770	0			
PURPOSE OF	(a) Category		(b) Description				
	(See Categories listed at the top Event Expense	of this schedule)	Canopy and chairs for poll workers.				
X Political							
Non-Political		of Texas. Complete Schedule		X, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH		(b) Data of Charge	(a) Data(a) Credit Card lass	ion Doid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 04/02/2024	ler Paid			
	\$37.48	03/04/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(d) r dyce hame		1954 Commerce Street		State,		
	Dallas Morning Nev	WS					
			Dallas, TX 75201				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Subscription				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expe	inse		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Ũ		now to complete this form.			
<b>1</b> Total pages Schedule F4:	·	•		3 Filer ID (Ethics Commission F	-ilers)	
Sch: 9/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805	-	
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	5		
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid		
	\$49.92	03/05/2024	03/05/2024			
7 PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip	o Code	
	Walmart Neighborh	nood Market	5700 N. 23rd St.			
			McAllen, TX 78504			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE (See Categories listed at the top of this sched Food/Beverage Expense			Water/consumables for	poll workers		
X Political						
Non-Political		of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense		
9 Complete <u>ONLY</u> if direct						
expenditure to benefit C/OH		1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 04/02/2024	ier Paid		
	\$21.64	03/16/2024	04/02/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip	o Code	
			1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-20	)83		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
EXPENDITURE	Office Overhead/Ren		New York Times Subsci	ription		
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	office sought	Office held		
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Ier Paid		
	\$16.00		04/02/2024			
	\$10.00	03/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip	o Code	
			3002 Heritage Way			
	Valley International	Airport				
			Harlingen, TX 78550-36	23		
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohectule)	(b) Description			
EXPENDITURE	Travel Out of District	of this schedule)	Airport Parking Fee			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. T	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)							
Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gift		ense rage Expense s/Memorials Expense rices	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 h	ow to complete this form.				
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 10/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$35.71	03/24/2024	04/02/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Apple		1 Infinite Loop				
			Cupertino, CA 95014-2	2083			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	EXPENDITURE         (See Categories listed at the top of this schedule)           Office Overhead/Rental Expense		Wall Street Journal Sul	bscription			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$57.25	02/20/2024	03/04/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			2316 N. 10th St.				
	Green Beret, LLC						
			McAllen, TX 78501				
PURPOSE OF	(a) Category	of this school (10)	(b) Description				
	(See Categories listed at the top Gift/Awards/Memorial		Patches, pins, flags for	Veterans.			
X Political		I I					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH		1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 03/04/2024	suer Paid			
	\$113.97	02/22/2024	03/04/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(a) Fayee hame		6308 N. 10th St.	City,	Siale,		
	Shake Express						
			McAllen, TX 78504-399	93			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Food for poll workers.				
X Political	Food/Beverage Expe	nse					
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisir Transportation Equipr		Expense
Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense Is/Memorials Expense	Polling Expense Printing Expense	Travel Out of District		Exponeo
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a cate	gory not listed a	oove)
	The Inst	ruction Guide explains h	now to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 11/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	<b>\$</b>		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$35.71	02/24/2024	03/04/2024			
	\$00H1	02/2 1/202 1				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-2	2083		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Wall Street Journal Su	bscription		
X Political		lai Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$2.99	02/25/2024	03/04/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
			1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-2	2083		
PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Office Overhead/Ren		iPad Cloud Storage			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$12.79	03/15/2024	04/02/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The Washington Po	aat	1301 K. Street NW			
		JSL				
			Washington, DC 20072	1-0004		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Office Overhead/Ren		Subscription			
X Political						
Non-Political		of Texas. Complete Schedule		, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	r name O	office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense     Event Expense       Accounting/Banking     Fees       Consulting Expense     Food/Beverage Expense       Contributions/ Donations Made By -     Gift/Awards/Memorials Expense       Candidate/Officeholder/Political Committee     Legal Services		erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Polling Expense         Travel in District           Printing Expense         Travel Out of District			
	The Inst	ruction Guide explains h	how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 12/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	<b>\$</b> П			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid			
	\$2.99	03/25/2024	04/02/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Apple		1 Infinite Loop				
			Cupertino, CA 95014-2	083			
8 PURPOSE OF	(a) Category	of this school (a)	(b) Description				
	(See Categories listed at the top Office Overhead/Ren		iPad Cloud Storage				
X Political		•					
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH		1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 06/30/2024	suer Paid			
	\$2.99	06/25/2024	00/30/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1 Infinite Loop		,	p =	
	Apple						
			Cupertino, CA 95014-2	083			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	iPad Cloud Storage				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 02/06/2024	suer Paid			
	\$186.39	01/02/2024	02/00/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Office Depot		5115 N 10th Street				
				~ ~			
	(a) Catagon <i>i</i>		McAllen, TX 78504-283 (b) Description	35			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Office supplies for EDC	<b>`</b>			
X Political	Office Overhead/Ren	tal Expense		, 			
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held			
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		ense vrage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District		Expense
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a catego	ory not listed al	oove)
			ruction Guide explains I	how to complete this form.			
	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
:	Sch: 13/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
		Name of final	ncial institution	5 TOTAL OF UNITEMIZE			
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD	DIT <b>\$</b>		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$12.79	06/07/2024	06/30/2024			
		+==					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				1301 K. Street NW			
		The Washington Po	ost				
				Washington, DC 20071	L-0004		
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Subscription			
	X Political	Onice Overneau/Nen					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
9 (	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held		
ex	penditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$19.99	06/18/2024	06/30/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Foreign Policy Mag	azino	1750 Pennsylvania Ave	e., NW		
		Foreight Folicy Mag	azine	Suite 200			
				Washington, DC 20006	6-4508		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Subscription			
	_	Office Overhead/Ren	tal Expense	Subscription			
		<b>—</b>					
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Onicendider	name C	Office sought	Office held		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suor Paid		
				04/02/2024			
		\$2.12	03/11/2024				
-	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(u) r uyee name		1600 Amphitheatre Par		Olule,	
		Google			inway		
				Mountain View, CA 940	043		
$\vdash$	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top		Gmail Cloud Storage			
	X Political	Office Overhead/Ren	lai Expense				
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
ex	penditure to benefit C/OH						
	-						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
	The Inst	ruction Guide explains h	ow to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 14/24 Rpt:	Hinojosa, Juan (Th	Hinojosa, Juan (The Honorable) 00013805				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ			
ISSUER	see previous		EXPENDITURES CHARGED TO A CRI CARD	EDIT		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
	\$18.99	03/18/2024	04/02/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Foreign Policy Mag	azine	1750 Pennsylvania A Suite 200 Washington, DC 2000			
8 PURPOSE OF	(a) Category		(b) Description	00 4000		
EXPENDITURE	(See Categories listed at the top	,	Subscription			
X Political	Office Overhead/Rent	tal Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		in, TX, officeholder living ex	(00000	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	(pense	
expenditure to benefit C/OH			_			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I 04/02/2024	ssuer Paid		
	\$144.86	03/19/2024	04/02/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
			5001 N 10th Street			
	El Divino					
			McAllen, TX 78504-2	833		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
	Food/Beverage Expense		Dinner Meeting			
X Political						
Non-Political		of Texas. Complete Schedule		in, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I 04/02/2024	ssuer Paid		
	\$100.28	03/28/2024	0 1/02/2021			
PAYEE				0.1	<u></u>	i o -
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Maison Stivalet		5101 N. 10th St.			
			MaAllon TV 79504			
PURPOSE OF	(a) Category		McAllen, TX 78504 (b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Lunch Meeting			
X Political	Food/Beverage Expe	nse				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held		
expenditure 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	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related E	
	The Inst	ruction Guide explains I	how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 15/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE			
ISSUER	see previous		EXPENDITURES CHARGED TO A CREI CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$37.48	04/04/2024	05/01/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Dallas Morning Nev	WS	1954 Commerce Stree	t		
			Dallas, TX 75201			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this school (10)	(b) Description			
	Office Overhead/Ren		Subscription			
X Political		•				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 05/01/2024	suer Paid		
	\$12.79	04/12/2024	05/01/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	The Mashimutan D	4	1301 K. Street NW			
	The Washington Po	DSL				
	Washington, DC 20071-0004					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
	Office Overhead/Ren		Subscription			
X Political						
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure to benefit C/OH		(h) Data of Charge	(a) Data(a) Credit Card las	nuer Deid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 05/01/2024	suer Pald		
	\$64.94	04/19/2024				
PAYEE				City	Ctata	Zin Cada
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Apple		1 Infinite Loop			
			Cupertino, CA 95014-2	2083		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Houston Chronicle Sub	oscription		
X Political	Office Overhead/Ren	tal Expense		-		
Non-Political		of Texas. Complete Schedule		TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought	Office held		
expenditure 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	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related I	
	The Inst	ruction Guide explains l	how to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 16/24 Rpt:	Hinojosa, Juan (Th	Hinojosa, Juan (The Honorable) 00013805				
4 CREDIT CARD	Name of fina	ncial institution		5 TOTAL OF UNITEMIZED		
ISSUER	see previous		EXPENDITURES CHARGED TO A CRE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$37.48	05/04/2024	06/03/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1954 Commerce Stree	et		
	Dallas Morning Nev	WS				
			Dallas, TX 75201			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Subscription			
X Political	Office Overhead/Ren	tal Expense	Subscription			
Non-Political		(7				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Dffice sought	n, TX, officeholder living ex Office held	kpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 06/03/2024	ssuer Paid		
	\$35.71	05/28/2024	00/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Apple		1 Infinite Loop			
PURPOSE OF	(a) Catagony		Cupertino, CA 95014- (b) Description	2083		
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Wall Street Journal St	ubscription		
X Political	Office Overhead/Ren	tal Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		n, TX, officeholder living ex	vnense	
Complete ONLY if direct	Candidate/Officeholder	•	Office sought	Office held		
expenditure to benefit C/OH			-			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$80.78	05/24/2024	06/03/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	El Divino		5001 N 10th Street			
PURPOSE OF	(a) Category		McAllen, TX 78504-28 (b) Description	333		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Dinner Meeting			
X Political	Food/Beverage Expe	nse				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office 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	/ - 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 Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related I	
	The Inst	ruction Guide explains h	now to complete this form.			
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	iics Commiss	sion Filers)
Sch: 17/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of fina	ncial institution				
ISSUER	see previous		EXPENDITURES CHARGED TO A CRE CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$718.12	04/03/2024	05/01/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	South Texas Buick	GMC	4220 W. Expy 83			
			McAllen, TX 78501-30	33		
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Transportation Equip	,	Leased vehicle mainte	enance.		
X Political	Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$2.12	04/11/2024	05/01/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			1600 Amphitheatre Parkway			
	Google					
			Mountain View, CA 94	043		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
	Office Overhead/Rental Expense		Gmail Cloud Storage	Gmail Cloud Storage		
X Political						
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 05/01/2024	suer Paid		
	\$2.99	04/25/2024	00/01/2024			
PAYEE				<u></u>		i o -
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Apple		1 Infinite Loop			
			Cupertino, CA 95014-2	2083		
PURPOSE OF	(a) Category		(b) Description	2000		
EXPENDITURE	(See Categories listed at the top		iPad Cloud Storage			
X Political	Office Overhead/Ren	tal Expense				
Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name O	ffice 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	/ - Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expe Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related E		
	The Inst	ruction Guide explains h	ow to complete this form.				
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commissi	on Filers)	
Sch: 18/24 Rpt:	Hinojosa, Juan (Th	Hinojosa, Juan (The Honorable) 00013805					
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	5 TOTAL OF UNITEMIZED			
ISSUER	see previous		EXPENDITURES CHARGED TO A CRED CARD	DIT <b>\$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$18.99	04/18/2024	06/03/2024				
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
	Foreign Policy Mag	azine	1750 Pennsylvania Ave Suite 200 Washington, DC 20006				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Subscription				
X Political	Onice Overneau/Ren	lai Experise					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expens	e		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$12.79	05/10/2024	06/03/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
			1301 K. Street NW				
	The Washington Post						
			Washington, DC 20071	-0004			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
	Office Overhead/Rental Expense		Subscription				
X Political		T					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living expens	e		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH		1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 06/30/2024	uer Paid			
	\$37.48	06/04/2024	00/30/2024				
PAYEE	(a) Payee name		(b) Payee address;		State,	Zip Code	
	Dallas Morning Nev	NS	1954 Commerce Street				
			D. II TV 75004				
	(a) Category		Dallas, TX 75201 (b) Description				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Subscription				
X Political	Office Overhead/Ren	tal Expense	Subscription				
Non-Political		of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expens	e		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		ense vrage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District		
Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		
	·	ruction Guide explains I	now to complete this form.			
<b>1</b> Total pages Schedule F4:				<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 19/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	) \$		
ISSUER	see p	revious	CHARGED TO A CREDI CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$98.44	06/23/2024	06/30/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	(a) Fayee hame		4515 N. 10th St.	City, State, Zip Code		
	Grease Monkey #7	51	4515 N. 1001 St.			
			McAllen, TX 78504-2909	9		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Transportation Equip		Leased vehicle maintena	ance		
X Political	Expense					
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 06/30/2024	er Paid		
	\$35.71	06/24/2024	00/30/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	America		1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-20	83		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description			
	(See Categories listed at the top of this schedule)       Wall Street Journal Subscription         Office Overhead/Rental Expense       Value Street Journal Subscription			scription		
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
			06/30/2024			
	\$49.38	06/29/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code		
			International Airport Gat	e 30		
	TGI Friday's					
			Dallas, TX 75261			
PURPOSE OF	(a) Category	of this color to to )	(b) Description			
	(See Categories listed at the top Food/Beverage Expe		Travel meal/meeting			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name C	office sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B	/- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out of District	ient & Related E			
Candidate/Officeholder/Politica	Ũ	Salaries/Wages/Contract Labor	OTHER (enter a categ	ory not listed at	bove)			
<b>1</b> Total pages Schedule F4:		•	3 Filer ID (Etl	nics Commiss	sion Filers)			
Sch: 20/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMI	ZED				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CR CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$50.00	06/29/2024	06/30/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			2500 Bicentennial Bl	vd				
	Republic Parking S	ystem						
			McAllen, TX 78503-3	3184				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Travel Out of District		Parking Fee					
X Political								
Non-Political		of Texas. Complete Schedule		tin, TX, officeholder living e	xpense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	office sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$21.64	04/16/2024	05/01/2024					
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
	Apple		1 Infinite Loop					
	Apple							
	(a) Catagony		Cupertino, CA 95014 (b) Description	-2083				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	., .	New York Times Subscription				
X Political	Office Overhead/Ren	tal Expense						
Non-Political	(c) Chock if travel outside	of Texas. Complete Schedule		tin, TX, officeholder living e	vpopso			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		Office sought	Office held	(pense			
expenditure to benefit C/OH			Ŭ					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
	\$142.64	04/19/2024	05/01/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	El Divino		5001 N 10th Street					
PURPOSE OF	(a) Category		McAllen, TX 78504-2 (b) Description	833				
EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Dinner Meeting					
X Political	Food/Beverage Expe	nse						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	name C	office sought	Office held				
expenditure to benefit C/OH								

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking	Event Exp Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Ex Transportation Equipment Travel in District		Expense			
Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense s/Memorials Expense rices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category	2010			
	-	now to complete this form.	o mer (enter a category	not listed at	5000)			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 21/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805				
4 CREDIT CARD	CREDIT CARD         Name of financial institution           ISSUER         see previous			D				
ISSUER				EXPENDITURES \$ CHARGED TO A CREDIT				
	CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 05/01/2024	uer Paid				
	\$35.71	04/24/2024	03/01/2024					
7 PAYEE			(b) Davias address:	City	Ctoto	Zip Codo		
	(a) Payee name		(b) Payee address; 1 Infinite Loop	City,	State,	Zip Code		
	Apple		I minite Loop					
			Cupertino, CA 95014-20	083				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Wall Street Journal Sub	scription				
X Political								
Non-Political		of Texas. Complete Schedule		TX, officeholder living expe	ise			
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	office sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 06/03/2024	uer Paid				
	\$2.12	05/11/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1600 Amphitheatre Parkway					
	Google							
			Mountain View, CA 940	43				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Office Overhead/Ren		Gmail Cloud Storage					
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T	TX, officeholder living expension	ise			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicentitide	name O	ince sought	Once neid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
	\$19.99	05/18/2024	06/03/2024					
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
	Foreign Policy Mag		1750 Pennsylvania Ave., NW					
	Foreight Folicy May	lazine	Suite 200					
	(a) Category		(b) Description	-4508				
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Subscription					
X Political	Office Overhead/Ren	tal Expense						
Non-Political		of Texas. Complete Schedule		TX, officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	name O	office 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	Event Exp Fees Food/Beve / - Gift/Award I Committee Legal Serv	ban Repayment/Reimbursement     Solicitation/Fundraising Expense       Iffice Overhead/Rental Expense     Transportation Equipment & Related Expense       olling Expense     Travel in District       rainfes/Wages/Contract Labor     OTHER (enter a category not listed above)							
	The Inst	now to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Sch: 22/24 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805					
4 CREDIT CARD				D					
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	\$21.64	05/20/2024	06/03/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod					
	Apple		1 Infinite Loop						
			Cupertino, CA 95014-20	083					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		New York Times Subsc	New York Times Subscription					
X Political									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T			T. Check if Austin,	TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name O	office sought	Office held					
expenditure to benefit C/OH		1							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss 06/03/2024	uer Paid					
	\$2.99	05/25/2024	00/03/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod					
	Apple		1 Infinite Loop						
			Cupertino, CA 95014-20	083					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Office Overhead/Ren	,	iPad Cloud Storage						
X Political									
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	office sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	ier Paid					
	\$2.12	06/11/2024	06/30/2024						
	ΦΖ.ΙΖ	00/11/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod					
			1600 Amphitheatre Parl	kway					
	Google								
			Mountain View, CA 940	43					
	(a) Category	of this schedule)	(b) Description						
EXPENDITURE       (See Categories listed at the top of this schedule)         X       Political			Gmail Cloud Storage						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	r name O	office sought	Office held					
expenditure to benefit C/OH									

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense Is/Memorials Expense vices	Office Overhead/Rental Expense         Transportation Equation           ge Expense         Polling Expense         Travel in District           femorials Expense         Printing Expense         Travel Out of Distri           s         Salaries/Wages/Contract Labor         OTHER (enter a calcored)		ravel in District ravel Out of District	uipment & Related Expense			
			ruction Guide explains l	now to complete	this form.					
1	Total pages Schedule F4:				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 23/24 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805				
4	CREDIT CARD ISSUER	Name of fina see p	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	er Paid				
		\$21.64	06/17/2024	06/30/20	)24					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
Apple 1 Infinite Loop				Loop						
				Cupertine	o, CA 95014-208	33				
8	PURPOSE OF	(a) Category		(b) Descri						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		New Yor	k Times Subscri	ption				
	X Political									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX	, officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	er Paid				
		\$32.46	06/14/2024	06/30/20	)24					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
				1 Infinite	Loop					
		Apple								
				-	o, CA 95014-208	33				
	PURPOSE OF	(a) Category	of this school (a)		(b) Description					
		(See Categories listed at the top Office Overhead/Ren		Whitepag	ges Subscription	l				
	X Political		•							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	: Т.	Check if Austin, TX	, officeholder living exp	ense			
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name C	Office sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	er Paid				
1										
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
L										
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description										
I	Political									
I	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	• T.						
⊢	Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
e	expenditure 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 al Committee Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	tal Expense Tr Tr Tr ract Labor O	olicitation/Fundraising Expense ransportation Equipment & Related Exp ravel in District ravel Out of District DTHER (enter a category not listed abov		
Ļ		·	ruction Guide explains l	now to complete u	lis form.	I //		·
1	Total pages Schedule F4:					3 Filer ID (Eth	ics Commis	sion Filers)
	Sch: 24/24 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805		
4	CREDIT CARD ISSUER	RD Name of financial institution American Express		EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$71.00	03/18/2024	04/02/202	4			
7	PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
		United Airlines		PO Box 0	6649			
				Chicago, I	L 60606			
8	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Boarding	upgrade			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. Г	Check if Austin, TX,	officeholder living ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
		\$93.49	06/26/2024	06/30/202	.4			
	PAYEE	(a) Payee name	(b) Payee a	ddress;	City,	State,	Zip Code	
		The Broodmoor		1 Lake Ave				
					Springs, CO 80	906-4269		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Dinner Me				
		Food/Beverage Expe		Diffier Me	eung			
	X Political							
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	officeholder living ex	pense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought		Office held		
e	expenditure to benefit C/OH							
-								

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1		ages Schedule K: /1 Rpt: 240/240	
2	FILER NAME			3	Filer ID	O (Ethics Commiss	ion Filers)
	Hinojosa, Ju	an	(The Honorable)		00013	8805	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	06/30/2024		Hinojosa, Juan (Sen.)				\$544.67
		6	Address of person from whom amount is received; City; State; Zip Code				
		Ŀ	Edinburg, TX 78539				
		7		oliti	cal cont	ribution returned to f	iler
			Mileage Reimbursement to Campaign from Vehicle Lease				
	Date		Name of person from whom amount is received			Amount (\$)	
	06/30/2024		Hinojosa, Juan (Sen.)				\$109.16
			Address of person from whom amount is received; City; State; Zip Code				
			Edinburg, TX 78539				
				oliti	cal cont	ribution returned to f	iler
			Reimb. to campaign for exp at The Broodmoor erroneously reimb to JJH				
	Date		Name of person from whom amount is received			Amount (\$)	
	02/20/2024		Lone Star National Bank				\$2,598.02
			Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78501				
				oliti	cal cont	ribution returned to f	iler
			Interest Earned on CD				
	Date		Name of person from whom amount is received			Amount (\$)	
	05/20/2024	 	Lone Star National Bank				\$2,573.56
			Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78501				
		┝					
			Purpose for which amount is received Check if p Interest Earned on CD	oliti	cal cont	ribution returned to f	ller
⊢							