CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			a =: :-			- <i>6</i> 11
The C/OH Instruction	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Comm 00087854	· · · · · · · · · · · · · · · · · · ·	2 Total page	s filed: 31
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
OFFICEHOLDER NAME	Mrs.	Denise				
NAME					Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2024	
		Villalobos				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	.PT / SUITE #; CIT	TY;	ZIP CODE	Date Hand-deliver	ed or Date Postmarked
MAILING	10330 Kingsbury Dr					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 784	10				
		10			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
TREASURER						
NAME						
	NICKNAME	LAST		SUFFIX		
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	5	STATE; ZIP CODE
TREASURER ADDRESS						
ADDRE33						
(Residence or Business)						
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER	AREA CODE Pr	IONE NOWBER	EXTENSION			
PHONE						
8 REPORT		_	_	_	-	
TYPE	January 15	30th day befor	e election	Runoff		r campaign treasurer (officeholder only)
	X July 15	8th day before		Exceeded modified		(Attach C/OH-FR)
	X July 15			reporting limit		
9 PERIOD COVERED	Month Day Ye			Month Day	Year	
COVERED	01/01/2024	TI	HROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye	ar F	Primary	Runoff	Other	
	11/05/2024		General	Special	_	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	School Board Place 6	District TMISD Nue	eces	State Representa	ative District 3	4
	1					
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Ve	rsion V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Villalobos, Denise (M	Irs.) 1	4 Filer ID 00087854	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Associated Republicans of Texas Campaign F	und		
		COMMITTEE ADDRESS			
	SPECIFIC	807 Brazos Ste 601			
		Austin, TX 78746			
		COMMITTEE CAMPAIGN TREASURER NAME			
		De Leon, Hector			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5		
		901 S. Mopac Ste 300			
		Austin, TX 78746			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	29,085.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	17,116.28
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$	10,656.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS O	F THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalty of true and correct and includes all i under Title 15, Election Code.			
		Mrs. D	enise Villalobos		
		Signature of C	andidate or Officeho	older	
AFFIX NC)TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me. by the s	aid	, this the		day
		ertify which, witness my hand and seal of office.			
Signature of offi	icer administering	Printed name of officer administering	Title of office	er administeri	ng oath
-	č	2			-
orms provided by Te	exas Ethics Commission	n www.ethics.state.tx.us		Version V4	.1.0.d378aba0

S	UBT	OTALS - C/OH	с	OVER	FORM C/OH SHEET PG 3 3 of 31
-	ER NAM alobos	//E , Denise (Mrs.)	19 Filer ID 00087854	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		s	UBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,085.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7,000.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	Х	SCHEDULE E: LOANS		\$	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	17,116.28
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				0.00
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00
9.	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS				0.00
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
12.	12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				0.41

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/8 Rpt: 4/31 FILER NAME Filer ID (Ethics Commission Filers) 2 3 Villalobos, Denise (Mrs.) 00087854 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/16/2024 Benning, Stephen \$300.00 6 Contributor address; City; State; Zip Code Robstown, TX 78380 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Business Owner** Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/18/2024 \$100.00 Bergsma, Michael Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Geologist **Business Owner** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/15/2024 Carrillo, Joan \$50.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/16/2024 \$50.00 Chapa, Iris Contributor address; City; State; Zip Code Corpus Christi, TX 78414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Administration TMISD Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/16/2024 \$500.00 Dillon, Rodney Contributor address; City; State; Zip Code Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Flint Hills Resources

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
_		· · ·			Sch: 2/8 Rpt: 5/31	
Ż	FILER NAME Villalobos, D			3	Filer ID (Ethics Commissior 00087854	1 ⊢llers)
4		5 Full name of contributor Out-of-state PAC (ID#:		7		
4	03/07/2024	Etheridge, Alma	/	ľ		\$150.00
	00,01,202	6 Contributor address; City; State; Zip Code		ł		¥100.0-
		Corpus Christi, TX 78410				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
_	Retired		Retired	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/16/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78410				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Retired		Retired	,		
_	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/16/2024	Flanagan, Shawn			· · · · · · · · · · · · · · · · · · ·	\$100.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78411	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	1		
	Date 06/10/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	00/10/2024	Graves, Nancy		•		Φ200.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78411				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Fitness Instr	uctor	Crunch Fitness			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/20/2024	James Hernandez Campaign				\$100.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78416				
_	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fillicipai occu			5)		
┝						

6 Contributor address; City; State; Zip Code 7 Corpus Christi, TX 78412 9 Employer (See Instructions) Lancesoft Date Full name of contributor or out-of-state PAC (ID::::::::::::::::::::::::::::::::::::	 FILER NAME Villalobos, Denise (Mrs.) Date Principal occupation / Job tit Dedicated Designer Date Mathematical Science Contribute Contribute Contribute Corpus (Contribute) Corpus (Contribute) Corpus (Contribute) Date Date Contribute Contribute Corpus (Contribute) Corpus (Contribute) Contribute Contribute Corpus (Contribute) Contribute Corpus (Contribute) 	e of contributor out-of-state PAC (II atrick or address; City; State; Zip Code Christi, TX 78412 tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	D#:) 9 Employer (See Instructions Lancesoft D#:)	Sch: 3/8 Rpt: 6/31 3 Filer ID (Ethics Commission 00087854 7 Amount of Contribution (\$) s)	n Filers) \$100.00
Villalobos, Denise (Mrs.) 00087854 4 Date 05/16/2024 Ful name of contributor Kolda, Patrick Corpus Christi, TX 78412 7 Amount of Contribution (\$) Stoco 8 Principal occupation / Job title (See Instructions) Dedicated Designer 9 Employer (See Instructions) Lancesoft Amount of Contribution (\$) Stoco 9 Employer (See Instructions) Dedicated Designer Amount of Contribution (\$) Stoco Stoco 03/07/2024 Full name of contributor Corpus Christi, TX 78401 Amount of Contribution (\$) Stoco Stoco Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Self Amount of Contribution (\$) Stoco Stoco 02/18/2024 Full name of contributor Contributor address; City, State; Zip Code Amount of Contribution (\$) Stoco Stoco 03/07/2024 Full name of contributor Contributor address; City, State; Zip Code Amount of Contribution (\$) Stoco Stoco 03/07/2024 Full name of contributor Contributor address; City, State; Zip Code Contributor address; City, State; Zip Code Amount of Contribution (\$) Stoco.0	Villalobos, Denise (Mrs.) 4 Date 05/16/2024 6 Contribute 6 Contribute 7 Date 03/07/2024 Corpus (1 Date 03/07/2024 Contribute Contribute Corpus (1 Date 03/07/2024 Corpus (1 Date 1 Date	atrick or address; City; State; Zip Code Christi, TX 78412 tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	9 Employer (See Instructions Lancesoft	00087854 7 Amount of Contribution (\$) s)	-
Villalobos, Denise (Mrs.) 00087854 4 Date 5 Full name of contributor out-otstate PAC (D#	 4 Date 5 Full name 05/16/2024 6 Contribute 6 Contribute 7 Corpus (8 Principal occupation / Job til Dedicated Designer Date 7 Full name 03/07/2024 Lamb, Jo Contribute Corpus (atrick or address; City; State; Zip Code Christi, TX 78412 tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	9 Employer (See Instructions Lancesoft	00087854 7 Amount of Contribution (\$) s)	-
05/16/2024 Kolda, Patrick \$100.0 6 Contributor address; City; State; Zip Code \$100.0 7 Corpus Christi, TX 78412 • 8 Principal occupation / Job title (See Instructions) • Date Full name of contributor out-of-state PAC (ID#	05/16/2024 Kolda, P 6 Contribute Corpus (8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus (Principal occupation / Job tit	atrick or address; City; State; Zip Code Christi, TX 78412 tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	9 Employer (See Instructions Lancesoft	s)	\$100.00
6 Contributor address; City; State; Zip Code 7 Corpus Christi, TX 78412 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) Date Galina and contributor inductor i	 6 Contribute 8 Principal occupation / Job tit Dedicated Designer Date 03/07/2024 Lamb, Jo Contribute Corpus (or address; City; State; Zip Code Christi, TX 78412 tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	9 Employer (See Instructions Lancesoft		\$100.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412 9 Employer (See Instructions) Dedicated Designer 9 Date Full name of contributor	8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus (Principal occupation / Job tit	or address; City; State; Zip Code Christi, TX 78412 tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	9 Employer (See Instructions Lancesoft		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O3/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Contributor address; City; State; Zip Code Contribution address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date O2/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78217 Employer (See Instructions) Retired Date Goard function of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 Principal occupation / Job title (See Instructions) <td>8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit</td> <td>tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401</td> <td>D#:)</td> <td></td> <td></td>	8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit	tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	D#:)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O3/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Contributor address; City; State; Zip Code Contribution address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date O2/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78217 Employer (See Instructions) Retired Date Goard function of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 Principal occupation / Job title (See Instructions) <td>8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit</td> <td>tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401</td> <td>D#:)</td> <td></td> <td></td>	8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit	tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	D#:)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O3/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Contributor address; City; State; Zip Code Contribution address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date O2/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) San Antonio, TX 78217 Employer (See Instructions) Retired Date Goard function of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 Principal occupation / Job title (See Instructions) <td>8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit</td> <td>tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401</td> <td>D#:)</td> <td></td> <td></td>	8 Principal occupation / Job tit Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit	tle (See Instructions) e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	D#:)		
Dedicated Designer Lancesoft Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/07/2024 Lamb, John \$250.0 Contributor address; City; State; Zip Code Corpus Christi, TX 78401 Amount of Contribution (\$) Principal occupation / Job title (See instructions) Employer (See Instructions) Amount of Contribution (\$) Business Owner Self Amount of Contribution (\$) \$25.0 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.0 O2/18/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.0 O2/18/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.0 O3/07/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$25.0 O3/07/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$500.0 O3/07/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$500.0 O3/07/2024 Full name of contributor	Dedicated Designer Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job til	e of contributor out-of-state PAC (II ohn or address; City; State; Zip Code Christi, TX 78401	D#:)		
Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/07/2024 Lamb, John \$250.0 Contributor address; City, State; Zip Code Corpus Christi, TX 78401 \$250.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 02/18/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 02/18/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) San Antonio, TX 78217 Contributor address; City, State; Zip Code Retired Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Amount of	Date Full name 03/07/2024 Lamb, Jo Contribute Corpus 0 Principal occupation / Job tit	ohn or address; City; State; Zip Code Christi, TX 78401	D#:)	Amount of Contribution (\$)	
03/07/2024 Lamb, John \$250.0 Contributor address; City; State; Zip Code Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Business Owner Self Date Full name of contributor out-of-state PAC (ID#) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78217 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Out-of-state PAC (ID#	03/07/2024 Lamb, Jo Contribute Corpus (Principal occupation / Job tit	ohn or address; City; State; Zip Code Christi, TX 78401		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Business Owner Date O2/18/2024 Lezzana, Louis Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Retired Date O3/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 Contributor address; City; State; Zip Code San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Retired Date 03/07/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.0 Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Retired Date Oate Corpus Christi, TX 78410 <tr< td=""><td>Contribute Corpus (Principal occupation / Job tit</td><td>or address; City; State; Zip Code Christi, TX 78401</td><td></td><td></td><td></td></tr<>	Contribute Corpus (Principal occupation / Job tit	or address; City; State; Zip Code Christi, TX 78401			
Contributor address; City; State; Zip Code Corpus Christi, TX 78401 Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#	Corpus (Principal occupation / Job tit	or address; City; State; Zip Code Christi, TX 78401			\$250.00
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 02/18/2024 Lezzana, Louis \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78217 \$25.0 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$500.0 Date Full name of contributor out-of-state PAC (ID#:	Principal occupation / Job tit				
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 02/18/2024 Lezzana, Louis \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78217 \$25.0 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$500.0 Date Full name of contributor out-of-state PAC (ID#:	Principal occupation / Job tit				
Principal occupation / Job title (See Instructions) Business Owner Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) 02/18/2024 Lezzana, Louis \$25.0 Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78217 \$25.0 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Amount of Contribution (\$) \$500.0 Date Full name of contributor out-of-state PAC (ID#:	Principal occupation / Job tit				
Business Owner Self Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/18/2024 Lezzana, Louis \$25.0 Contributor address; City; State; Zip Code \$25.0 San Antonio, TX 78217 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#:					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/18/2024 Lezzana, Louis \$25.01 Contributor address; City; State; Zip Code San Antonio, TX 78217 \$25.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$25.01 Retired Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.01 Official occupation / Job title (See Instructions) Employer (See Instructions) \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.01 Retired Out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.01 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.01 03/07/2024 Milby, Richard out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.01	Business Owner	le (See Instructions)	Employer (See Instructions	s)	
02/18/2024 Lezzana, Louis \$25.01 Contributor address; City; State; Zip Code \$25.01 San Antonio, TX 78217 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Corpus Christi, TX 78410 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) Corpus Christi, TX 78410 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Richard out-of-state PAC (ID#:)			Self		
Contributor address; City; State; Zip Code San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 03/07/2024 Milby, Laura Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Oat-of-state PAC (ID#:) Amount of Contribution (\$) Retired Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Retired	Date Full name	of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
San Antonio, TX 78217 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Milby, Laura Amount of Contribution (\$) S500.01 03/07/2024 Full name of contributor address; City, State; Zip Code Amount of Contribution (\$) Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Milby, Richard out-of-state PAC (ID#:) Amount of Contribution (\$)	02/18/2024 Lezzana	, Louis			\$25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Laura \$500.01 Contributor address; City; State; Zip Code Corpus Christi, TX 78410 \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.01 Retired Corpus Christi, TX 78410 Employer (See Instructions) \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	Contribut	or address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Laura \$500.01 Contributor address; City; State; Zip Code Corpus Christi, TX 78410 \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.01 Retired Corpus Christi, TX 78410 Employer (See Instructions) \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.01 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.01					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Laura \$500.01 Contributor address; City; State; Zip Code Corpus Christi, TX 78410 \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.01 Retired Corpus Christi, TX 78410 Employer (See Instructions) \$500.01 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)					
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Milby, Laura \$500.0 Contributor address; City; State; Zip Code Corpus Christi, TX 78410 \$500.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Milby, Richard \$500.0					
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Milby, Laura \$500.0 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$500.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Milby, Richard out-of-state PAC (ID#:) Amount of Contribution (\$)		le (See Instructions)		s)	
03/07/2024 Milby, Laura \$500.01 Contributor address; City; State; Zip Code Corpus Christi, TX 78410 \$500.01 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor on the contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.01 03/07/2024 Milby, Richard \$500.01	Retired		Retired		
Contributor address; City; State; Zip Code Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 03/07/2024 Milby, Richard	Date Full name	of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Amount of Contribution (\$) \$500.00	03/07/2024 Milby, La	aura			\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Richard \$500.00	Contribut	or address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Richard \$500.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#:) 03/07/2024 Milby, Richard \$500.00					
Retired Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Milby, Richard \$500.00	-				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/07/2024 Milby, Richard \$500.00		le (See Instructions)		s)	
03/07/2024 Milby, Richard \$500.0	Retired		Retired		
			D#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	03/07/2024 Milby, Ri	chard			\$500.00
	Contribute	or address; City; State; Zip Code			
Corpus Christi, TX 78410					
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions	s)	
Depter Alteria de La Constante de	Pastor		Allowed and the faile to		
Pastor Alington Heights			Alington Heights		

The Instruction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 4/8 Rpt: 7/31
2 FILER NAME 3	3 Filer ID (Ethics Commission Filers)
Villalobos, Denise (Mrs.)	00087854
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	7 Amount of Contribution (\$)
06/24/2024 Moak Casey PAC	\$500.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78701	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/15/2024 Murphy, Daniel	\$500.00
Contributor address; City; State; Zip Code	+ - +
Corpus Christi, TX 78469	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Business Owner Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2024 Nielsen, Patricia	\$500.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Business Owner Self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/08/2024 Olsson, Natalie	\$50.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/16/2024 Olsson, Natalie	\$50.00
Contributor address; City; State; Zip Code	
Comus Christi TV 70/12	
Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired	

⊢							
	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/31	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Villalobos, D					00087854	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	05/16/2024	Parker, Robert					\$2,500.00
	••••	6 Contributor address; City; State; Zip Code					- ,
	I						
	I						
	I	Corpus Christi, TX 78469					
8	Principal occu	pation / Job title (See Instructions)	Ę	Employer (See Instructions	<u> </u> ו)		
ľ	Business Ov			Self	,		
╞					<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor out-of-state PA	<pre>\C (ID#:</pre>)		Amount of Contribution (\$)	±100.00
	03/07/2024						\$100.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
L		Portland, TX 78374					
		ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Banker			First Community Bank			
	Date	Full name of contributor out-of-state PA	4C (ID#:)		Amount of Contribution (\$)	
	05/16/2024	Ruiz, Jeannie					\$100.00
		Contributor address; City; State; Zip Code					
	I						
	I						
	I	Mathis, TX 78368					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ow	vner		Self			
⊨	Date	Full name of contributor Out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	04/24/2024	Salwen, Richard		/			\$750.00
							Ψι στ.στ
	I	Contributor address; City; State; Zip Code					
	I						
	I	Austin, TX 78746					
┝	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> נו		
	retired			retired	<i>י</i> י		
╘			<u> </u>				
	Date	Full name of contributor out-of-state PA	\C (ID#:)		Amount of Contribution (\$)	
	03/07/2024	Scott, Mike					\$1,000.00
	I	Contributor address; City; State; Zip Code					
	ļ						
	ļ						
L		Robstown, TX 78380					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Vice Preside	ent		H&S Constructors			
			<u> </u>				

				_		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/31	
2	FILER NAME		+	3	Filer ID (Ethics Commissio	on Filers)
	Villalobos, D			-	00087854	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/20/2024	Scott, Mike				\$5,000.00
	,	6 Contributor address; City; State; Zip Code				
	,	1				
	,	1				l
L	!	Robstown, TX 78380	J			
8			9 Employer (See Instructions)	;)		
L	Vice Preside	int	H&S Constructors	_		
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/10/2024	Seaman, Gene				\$1,000.00
	,	Contributor address; City; State; Zip Code				
	,	1				ļ
	,					
		Corpus Christi, TX 78410		Ĺ		
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions))		ļ
L		<u>_</u>	Retired	—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2024	Seaman, Gene	J			\$1,000.00
	,	Contributor address; City; State; Zip Code				
	,	1				
	ļ	Corpus Christi, TX 78410				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	() ()		
	Retired		Retired	,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	—	Amount of Contribution (\$)	
	03/07/2024	Simmons, Robert	/			\$100.00
	00/01/202	Contributor address; City; State; Zip Code				Ψ±νυ
	,	CUITINDUU autress, City, State, Zip Cour				
	ł	1				
	,	Corpus Christi, TX 78410				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Pastor	1	Annaville Baptist Church			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/02/2024	Suarez, Jesse				\$180.00
	,	Contributor address; City; State; Zip Code				
	ł		ļ			
	1	1				
		Corpus Christi, TX 78467				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Electrician	1	Rabalais I&E Constructo	ors		

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/31	
Ļ				Ļ	-	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Villalobos, D	enise (Mrs.)			00087854	
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	06/30/2024	Suarez, Jesse				\$180.00
		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78467				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	is)		
	Electrician		Rabalais I&E Construct	tors	i	
⊨	Date	Full name of contributor Out-of-state PAC (ID	#:)	Т	Amount of Contribution (\$)	
	02/02/2024	Texans for Lawsuit Reform PAC				\$5,000.00
		Contributor address; City; State; Zip Code				+ = , = • = = =
		Continuation dualess, City, State, Zip Code				
		Austin, TX 78701				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	l s)		
	1 1110124. 0011			0)		
⊨	Data	Full same of contributor	··	Т	Amount of Contribution (\$)	
	Date		#:)		Amount of Contribution (\$)	ቀሳር ሰብ
	01/26/2024					\$25.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75238				
L	Dringingl oppu	pation / Job title (See Instructions)		<u> </u>		
	Technical W		Employer (See Instruction GXO Inc.	IS)		
				_		
	Date	Full name of contributor Dut-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	05/16/2024	Vasquez, Rhonda				\$250.00
		Contributor address; City; State; Zip Code		Ί		
		Odem, TX 78370	i			
		pation / Job title (See Instructions)	Employer (See Instruction			
	Risk Manage	ement Coordinator	Christus Spohn Health	Sys	stem	
F	Date	Full name of contributor 🛛 out-of-state PAC (ID	#:)	T	Amount of Contribution (\$)	
	04/05/2024	Villalobos, Ruben				\$200.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78412				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Police Office	r	Kleberg Sheriff's Office			
⊢						
Í						

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/31	Π
2	FILER NAME Villalobos, D	enise (Mrs.)			Filer ID (Ethics Commission Filers) 00087854	
4	Date 02/02/2024	 5 Full name of contributor out-of-state PAC (ID#: Young, Kimberly 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418)	7	Amount of Contribution (\$) \$25.0	Ō
8	Principal occu Retired		Employer (See Instructions Retired	1 5)		—

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A	2
------------	---

	The Instru	ction Guide explains how to complete this f	orm.	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/31				
2	FILER NAME			3	3 Filer ID (Ethics Commission Filers)				
	Villalobos, E	Denise (Mrs.)		00087854					
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00				
5	Date 06/28/2024	 6 Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas Campaign Fur 7 Contributor address; City; State; Zip Code) nd	8	Amount of 9 In-kind contribution contribution (\$) 9 description \$7,000.00 I Opposition Research				
		Austin, TX 78701			Check if travel outside of Texas. Complete Schedule T.				
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	JDICIAL) (See instructions)				
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 contributor's spouse (if any) (FOR JUDICIAL)						
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 13/31
2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
⁴ TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:)	8 Amount of 9 In-kind description pledge (\$) (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	

LOANS			SC	HEDULE E
The Instruction Guide explains how to complete this form.			ages Schedule /1 Rpt: 14/31	
2 FILER NAME Villalobos, Denise (Mrs.)		3 Filer ID00087		mission Filers)
⁴ TOTAL OF UNITEMIZED LOANS			\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 9 Loan Am	ount (\$)
6 Is lender a 8 Lender address; City; State; Zip Code financial institution?			10 Interest F	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	ructions)		
14 Description of Collateral 15 Check if personal fu None Image: Check if personal fu	unds wei	re deposite	d into political a (See Inst	
16 GUARANTOR 17 Name of guarantor INFORMATION			19 Amount 0	Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code				
20 Principal occupation 21 Employer (See Instr	ructions)		

	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: 1/15 Rpt: 15/31	Villalobos, Denise (Mrs.)	00087854							
4	Date	5 Pavee name								
	01/26/2024	Anedot								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$1.30	1340 Poydras St. Suite 1770								
		New Orleans, LA 70112								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
	EXPENDITORE		TX, officeholder living expense							
		Donation Fee	(Barry Thistlethwaite)							
_										
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	Anedot								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1.30									
		New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense (Kimberly Bridges Young)							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/18/2024	Anedot								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1.30	1340 Poydras St. Suite 1770								
		New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense (Louis Lezzana)							
	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 Loar Fees Offic Food/Beverage Expense Polit Gift/Awards/Memorials Expense Print ittee Legal Services Sala 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:	LER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 2/15 Rpt: 16/31	illalobos, Denise (Mrs.)		00087854						
4	Date	ayee name								
	03/07/2024	Anedot								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$4.30	340 Poydras St. Suite 1770								
		ew Orleans, LA 70112								
8	PURPOSE	ategory (See Categories listed at the top of this schedule)	(b) Description							
	OF EXPENDITURE	ees		outside of Texas. Complete Schedule T.						
				n, TX, officeholder living expense e (JoAnn Pinkerton)						
			Donation Fee							
9	Complete ONLY if direct	ndidate/Officeholder name Office	sought	Office held						
-	expenditure to benefit C/OF									
	Date	ayee name								
	03/07/2024	nedot								
	Amount (\$)	ayee address; City; State; Zip	Code							
	\$6.30	340 Poydras St. Suite 1770								
	+0.00									
		ew Orleans, LA 70112								
	PURPOSE OF	ategory (See Categories listed at the top of this schedule)	(b) Description							
	EXPENDITURE	ees		outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
				e (Alma Etheridge)						
			201040011100							
	Complete ONLY if direct	ndidate/Officeholder name Office	Isought	Office held						
	expenditure to benefit C/OF		C							
	Date	ayee name								
	03/08/2024	nedot								
	Amount (\$)	ayee address; City; State; Zip	Code							
	\$2.30	340 Poydras St. Suite 1770								
		-								
		ew Orleans, LA 70112								
	PURPOSE	ategory (See Categories listed at the top of this schedule)	(b) Description							
	OF EXPENDITURE	ees		outside of Texas. Complete Schedule T.						
				n, TX, officeholder living expense						
Donation Fee (Natalie Olsson)										
	Complete ONLV if direct	ndidate/Officeholder name Office	sought	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		souyin							
-										

	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: 3/15 Rpt: 17/31	Villalobos, Denise (Mrs.)	00087854							
4	Date 04/02/2024	Payee name Anedot								
6		Payee address; City; State; Zip Code								
6	Amount (\$) \$7.50	1340 Poydras St. Suite 1770								
		New Orleans, LA 70112								
8	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense e (Jesse Suarez)							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/05/2024	Anedot								
	Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Fees Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense e (Ruben Villalobos)							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
-	Date	Payee name								
	05/16/2024	Anedot								
	Amount (\$) \$4.30	Payee address;City;State;ZipCode1340 Poydras St. Suite1770								
		New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense e (Patrick Kolda)							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 4/15 Rpt: 18/31	Villalobos, Denise (Mrs.)	00087854							
4	Date 05/16/2024	Payee name Anedot								
6	Amount (\$)	Payee address; City; State; Zip Code								
Ū	\$2.30	1340 Poydras St. Suite 1770								
		New Orleans, LA 70112								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense e (Iris Chapa)							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2024	Anedot								
	Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense e (Rhonda Vasquez)							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2024	Anedot								
	Amount (\$) \$2.30	Payee address;City;State;ZipCode1340 Poydras St. Suite 1770								
		New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense e (Natalie Olsson)							
	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 build be been been been been been been been	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: 5/15 Rpt: 19/31	Villalobos, Denise (Mrs.)	00087854							
4	Date 05/16/2024	Payee name Anedot								
_										
6	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770								
		New Orleans, LA 70112								
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e (Jeannie Ruiz)							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2024	Anedot								
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e (Rodney Dillon)							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/16/2024	Anedot								
	Amount (\$) \$4.30	Payee address;City;State;ZipCode1340 Poydras St. Suite1770								
		New Orleans, LA 70112								
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense e (Alma Etheridge)							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
		Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Event Expense Loan Repayment/Reimbursement S Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T committee Legal Services Salaries/Wages/Contract Labor C The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/15 Rpt: 20/31		ʻillalobos, Denis	e (Mrs.)	00087854						
4	Date 06/10/2024		Payee name Anedot								
6	Amount (\$)	7 P	ayee address;								
	\$10.30		1340 Poydras St. Suite 1770 New Orleans, LA 70112								
_	DUDDOOF						L)				
8	PURPOSE OF EXPENDITURE		ategory _(See Cate) ees	pories listed at the top of	this schedu	ile) (n, TX,	de of Texas. Com officeholder living lancy Grave	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	ler name	Offi	ce soug	ht		Office he	eld	
	Date	P	ayee name								
	06/30/2024	A	nedot								
	Amount (\$)	P	ayee address;	City;	State; Z	Zip Cod	e				
	\$7.50	N	340 Poydras St lew Orleans, LA								
	PURPOSE OF EXPENDITURE		ategory (See Cate)	gories listed at the top of	this schedu	ile) (n, TX,	de of Texas. Com officeholder living esse Suarez	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	ler name	Offi	ce soug	ht		Office he	eld	
	Date	P	ayee name								
	03/25/2024		nnaville Baptist	Church							
	Amount (\$) \$153.00	P	ayee address; 025 Violet Rd.		State; Z	Zip Cod	e				
		c	Corpus Christi, T	X 78410							
	PURPOSE OF EXPENDITURE		ategory _{(See Cater} dvertising Expe	pories listed at the top of NSC	this schedu	ile) (ı, TX,	de of Texas. Com officeholder living p		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officehold	ler name	Offi	ce soug	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			•		•		3	Filer ID	(Ethics Commission Filers)		
-	Sch: 7/15 Rpt: 21/31	-	Villalobos, D	enise (Mrs.)					0	00087854	()		
4	Date	5	Payee name										
	02/07/2024		Beto's Scree	en Printing									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de						
	\$620.20		110 W 4th S	t.									
			San Juan, T	X 78589									
8	PURPOSE	(a)				I	(h)	Description					
ľ	OF	(<i>a</i>)	Printing Exp		at the top of this sch	iedule)	(0)	Description Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE			CHSC				Check if Austin	, TX,	officeholder living	, expense		
							Large Campaign Signs						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	· (Office sou	ght			Office he	eld		
	Date		Payee name										
	02/13/2024		Beto's Scree	en Printing									
_	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de						
	\$911.50		110 W 4th S			,							
	\$011.00		110 10 4010										
			San Juan, T	X 78589									
PURPOSE OF EXPENDITURE			(a) Category (See Categories listed at the top of this schedule) Printing Expense							de of Texas. Com officeholder living	•		
								Large Campa	aigr	n Signs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	• (Office sou	ght			Office he	eld		
	Date		Payee name										
	02/28/2024		Corpus Chri	sti Country C	lub								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de						
	\$2,365.45		6300 Everha	art Rd.									
			Corpus Chri	sti, TX 78413	3								
	PURPOSE OF	(a)			at the top of this sch	edule)	(b)	Description					
	EXPENDITURE		Event Exper	ise						de of Texas. Com	•		
								Fundraiser ve		officeholder living	expense		
								Fundiser Ve	FIIU	CIUUU			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	enolder name	· (Office sou	ght			Office he	eia		

	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 NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/15 Rpt: 22/31		Villalobos,							
4	Date	5	Payee name							
	04/12/2024			order of Poli	ce					
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	le			
-	\$300.00	[.	3236 Reid			,				
			Cornus Ch	risti, TX 784	.04					
8	PURPOSE	(2)				I	(b) Description			
°	OF	(a)	Advertising		ted at the top of this sch	nedule)	(b) Description	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Λανεπισιηί	ј шлрепве					, officeholder living	
							FOP Golf Sp	ons	sorship	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nar	ne (Office sou	Jht		Office he	eld
	Date		Payee name	9						
	03/08/2024		KEDT							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$125.00	\$125.00 3205 S Staples St.								
			Corpus Ch	risti, TX 784	11					
	PURPOSE OF EXPENDITURE	(a)	Category (: Advertising		ted at the top of this sch	nedule)		n, TX	ide of Texas. Com , officeholder living Vine Classic	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nar	ne (Dffice sou	Jht		Office he	eld
	Date	Γ	Payee name	2						
	05/02/2024		Kloberdan							
	Amount (\$)		Payee addre		State	; Zip Co	1e			
	\$2,000.00		•	zer Dr. Apt 5		, 20 00				
	\$2,000.00		1000-110							
			Corpus Ch	risti, TX 784	10					
	PURPOSE OF	(a)			ted at the top of this sch	nedule)	(b) Description		ide of Tours	nlata Cabadula T
	EXPENDITURE		Salaries/W	'ages/Contra	act Labor			n, TX	ide of Texas. Com , officeholder living ager 4/15 - 4	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nar	ne (Office sou	jht		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	Fees Food Gift/A nmittee Lega	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	P FILER NAME 3						3	Filer ID	(Ethics Commission	Filers)	
	Sch: 9/15 Rpt: 23/31		Villalobos, Denise (Mrs.)							00087854			
4	Date	5	Payee name										
	05/17/2024		Kloberdanz, Ma	х									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	de						
	\$2,093.65		10654 Heizer D	r. Apt 5									
			Corpus Christi,	TX 78410									
8	PURPOSE	(a)	Category (See Cat	egories listed at the to	p of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages				I				plete Schedule T.		
							I			c, officeholder living expense			
								Campaign wa	ana	ager 5/1 - 5/15 + Expenses			
_										011			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	Ĺ	Office soug	ght			Office he	eld		
	Date		Payee name										
	06/03/2024		Kloberdanz, Ma	х									
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de						
	\$2,000.00		10654 Heizer D	r. Apt 5		•							
	. ,			1									
			Corpus Christi,	TX 78410									
	PURPOSE	(a)	Category (See Cat	egories listed at the to	p of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages	/Contract Labo	r		ļ			de of Texas. Com officeholder living	plete Schedule T.		
							l	Campaign Ma					
								Campaign ma	ana	ger 5/15 - 5	/51		
	Complete ONLY if direct		Candidate/Officeho	lder name		Office soug	ht			Office he	ald		
	expenditure to benefit C/OF			nder name			JIIC			Office In			
	Date	<u> </u>	Deves rema										
	06/06/2024		Payee name Kloberdanz, Ma	v									
					<u> </u>								
	Amount (\$)		Payee address;	City;	State;	Zip Coo	de						
	\$40.00		10654 Heizer D	r. Apt 5									
			Corpus Christi,	TV 70/10									
	DUDDOOF		•				(1-)	D 1.11					
	PURPOSE OF	(a)	Category (See Cat			edule)	(a) 1	Description	nuteir	te of Texas Com	plete Schedule T.		
	EXPENDITURE		Salaries/Wages	Contract Labo	1		ļ			officeholder living			
							1				Tribune Coastal	Series	
Luncheon													
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	C	Office soug	ght			Office he	eld		
	Copenditure to benefit C/Or	1											

	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			Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.				Travel in District Travel Out of Di	Equipme t strict	Expense ent & Related Expense ry not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Eth	ics Commission Filers)
	Sch: 10/15 Rpt: 24/31	·	Villalobos, De	nise (Mrs.)						00087854			
4	Date	5	Payee name										
	06/20/2024		Kloberdanz, M	lax									
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	ode						
	\$2,000.00		10654 Heizer										
			Corpus Christ	i, TX 78410									
8	PURPOSE	<u> </u>	Category (See (a tan of this sol	odulo)	(b)	Description					
-	OF		Salaries/Wage			ieuuie)			outsid	de of Texas. Com	nplete S	chedule T.	
	EXPENDITURE		5							officeholder living		se	
								Campaign Ma	ana	.ger 6/1 - 6/	15		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	holder name	(Office sou	ight			Office h	eld		
	Date		Payee name										
	06/20/2024		Kloberdanz, M	lax									
	Amount (\$)		Payee address;	City;	State	; Zip Co	ode						
	\$60.00 10654 Heizer Dr. Apt 5												
			Corpus Christ	i, TX 78410									
	PURPOSE	(a)	Category (See C	Categories listed at th	ne top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wage							de of Texas. Com			
	-									officeholder living		^{se} ciated Builders	
								Contractors L			A3500	cialeu Bullueis	
	Complete ONLY if direct		andidate/Office	holder name		Office sou	Inht			Office h	eld		
	expenditure to benefit C/OI						igin			Office II	ciù		
	Date	1	Payee name										
	06/02/2024		Larry Cantu C	ampaign									
	Amount (\$)		Payee address;		State	; Zip Co	nde						
	\$100.00	I	110 W Ave J	Oity,	Olute,	, 210 00	Juc						
	\$100.00		110 11 / 110 0										
			Robstown, TX	78380									
	PURPOSE OF		Category (See C		ne top of this sch	iedule)	(b)	Description					
	EXPENDITURE	·	Advertising E>	pense						de of Texas. Com officeholder living			
		1						Larry Cantu S					
												I.	
-	Complete ONLY if direct	L C	andidate/Office	holder name	(Office sou	l Ight			Office h	eld		
	expenditure to benefit C/OH Cantu Jr., Larry Nueces County Commissioner												
-													

	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	5)							
	Sch: 11/15 Rpt: 25/31	Villalobos, Denise (Mrs.) 00087854								
4	Date	5 Payee name								
	04/06/2024	Magic 104.9								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
•	\$200.00	PO Box 270547								
		Corpus Christi, TX 78427								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tuloso-Midway vs. Robstown Baseball Radio Ad									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name								
	04/17/2024	Magic 104.9								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$400.00	PO Box 270547								
		Corpus Christi, TX 78427								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Robstown Baseball Radio Ad 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H								
	Date	Payee name	-							
	05/15/2024	Mike Pusley Campaign								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 3912 Castle Valley Dr.								
		Corpus Christi, TX 78410								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mike Pusley Golf Sponsorship 								
	Complete ONLY if direct expenditure to benefit C/OHCandidate/Officeholder name Pusley, MikeOffice soughtOffice heldNueces County CommissionerCorpus Christi City Council									

	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: 12/15 Rpt: 26/31		Villalobos, Denise (Mrs.)					00087854		
4	Date	5	Payee name				I			
	05/02/2024		Moller Promotions							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le				
-	\$256.55	I	711 N Carancahua St.		,					
			Corpus Christi, TX 78401							
	DUDDOSE		-		r					
8	PURPOSE OF		Category (See Categories listed at t	he top of this sch	nedule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Printing Expense					officeholder living expense		
						Campaign Ko	ooz	ies		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	03/07/2024		Prints Charming Royal - Te	es						
Amount (\$) Payee address; City; State; Zip Code										
	\$450.00		3814 Acushnet Dr. Ste 204							
			Corpus Christi, TX 78413							
	PURPOSE OF		Category (See Categories listed at t	he top of this sch	nedule)	(b) Description	outoi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Printing Expense					officeholder living expense		
						Campaign Sł	nirts	5		
	Complete ONLY if direct		andidate/Officeholder name	(Office sou	Jht		Office held		
	expenditure to benefit C/OF	Н								
-	Date		Payee name							
	03/16/2024		Prints Charming Royal - Te	es						
	Amount (\$)		Payee address; City;		; Zip Co	10				
	\$270.00		3814 Acushnet Dr. Ste 204		, zip coi					
	φ210.00		SOIT / Reashiner Dr. Ste 204							
			Corpus Christi, TX 78413							
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Printing Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Campaign Sł	mts			
	Complete ONUM 11	L	andidate (Office - Is - Ist			-la 4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	Int		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				rhead/Rental Expense bense 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: 13/15 Rpt: 27/31		Villalobos, Denise (Mrs.))				00087854		
4	Date	5	Payee name							
	03/29/2024		Rally Credit Union							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$49.65		12129 Leopard St.							
			Corpus Christi, TX 7841	0						
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking		,		outsi	side of Texas. Complete Schedule T.		
	EXPENDITORE						n, TX,	K, officeholder living expense		
						Check Book				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder nam	e C	Office sou	yht		Office held		
	Date		Payee name							
	01/27/2024		Signs.com							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$1,446.45 1550 S. Gladiola St.									
	<i>+_,</i>									
			Salt Lake City, UT 8410	4						
	PURPOSE OF	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Printing Expense					side of Texas. Complete Schedule T. K, officeholder living expense		
						Campaign Ya				
						Campaign 1	aiu	Cigilo		
	Complete ONLY if direct		andidate/Officeholder nam	- (Office sou	nht		Office held		
	expenditure to benefit C/OI					,				
	Date		Payee name							
	05/18/2024		Tschritter, Luke							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le				
	\$150.00		15450 Cruiser St.	Olato,	, <u>Lip</u> 00					
	\$100100									
			Corpus Christi, TX 7841	8						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Event Expense					side of Texas. Complete Schedule T.		
	-							(, officeholder living expense		
						Campaign Ev	ven			
_										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder nam	e (Office sou	jnt		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 Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense			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: 14/15 Rpt: 28/31		alobos, Denise (Mrs.)					00087854		
4	Date	5 Pay	ee name				•			
	02/22/2024		aprint							
6	Amount (\$)	7 Pay	ee address; City;	State;	; Zip Coo	le				
	\$276.89	670	6 Lohman Ford Rd.							
		Laç	o Vista, TX 78645							
8	PURPOSE	(a) Cat	egory (See Categories listed at the l	ton of this sch	edule)	(b) Description				
	OF		iting Expense		edule)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE							, officeholder living	expense	
						Campaign Pe	ens	& Stickers		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		idate/Officeholder name	C	Office sou	ht		Office he	ld	
	Date	Рау	ee name							
	02/22/2024	Vis	aprint							
Amount (\$) Payee address; City; State; Zip Code										
	\$70.88	670	6 Lohman Ford Rd.							
		Lag	o Vista, TX 78645							
	PURPOSE OF		egory (See Categories listed at the t	top of this sch	edule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	PIII	iting Expense					, officeholder living		
						Campaign B	usir	ness Cards		
	Complete ONLY if direct		idate/Officeholder name	C	Office sou	ht		Office he	ld	
	expenditure to benefit C/OI	ł								
	Date	Pav	ee name							
	02/26/2024		aprint							
	Amount (\$)	Pay	ee address; City;	State;	; Zip Coo	le				
	\$246.78	670	6 Lohman Ford Rd.							
			o Vista, TX 78645							
	PURPOSE OF		egory (See Categories listed at the	top of this sch	edule)	(b) Description	outo	ide of Texas. Com	alata Schadula T	
	EXPENDITURE	Prir	ting Expense					, officeholder living		
						Campaign M				
							5			
-	Complete ONLY if direct	Cand	idate/Officeholder name	(Office sou	ht		Office he	ld	
	expenditure to benefit C/Oł							2	-	
-										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Gligt/Awards/Memorials Expense Printing Expense Travel Out of District Loan Repayment/Reimbursement Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1: Sch: 15/15 Rpt: 29/31	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Villalobos, Denise (Mrs.) 00087854				
	Date 03/10/2024	5 Payee name Vistaprint				
6	Amount (\$) \$140.70	 7 Payee address; City; State; Zip Code 6706 Lohman Ford Rd. Lago Vista, TX 78645 				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living exper Campaign Notepads						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H				
	Date 02/29/2024	Payee name Zazzle				
	Amount (\$) \$41.08	Payee address; City; State; Zip Code 1200 Chestnut St. Menlo Park, CA 94025				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Name Tag 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

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

SCHEDULE K

	The Instru	bages Schedule K: 1/2 Rpt: 30/31					
2	FILER NAME	D (Ethics Commission F	ilers)				
	Villalobos, D	7854					
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	** **
	01/31/2024		Rally Credit Union				\$0.05
		6	Address of person from whom amount is received; City; State; Zip Code				
			Corpus Christi, TX 78410				
		7	Purpose for which amount is received Check if p	oliti	cal con	tribution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	02/29/2024		Rally Credit Union				\$0.06
			Address of person from whom amount is received; City; State; Zip Code				
			Corpus Christi, TX 78410				
			Purpose for which amount is received Check if p	oliti	cal con	tribution returned to filer	
	Date 03/31/2024		Name of person from whom amount is received			Amount (\$)	\$0.06
	03/31/2024		Rally Credit Union Address of person from whom amount is received; City; State; Zip Code				Φ0.00
			Corpus Christi, TX 78410				
			Purpose for which amount is received Check if p	oliti	cal con	tribution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	04/30/2024		Rally Credit Union				\$0.06
			Address of person from whom amount is received; City; State; Zip Code				
			Corpus Christi, TX 78410				
			· · · · · · · · · · · · · · · · · · ·	oliti	cal con	I tribution returned to filer	
			Interest	0			
	Date		Name of person from whom amount is received			Amount (\$)	
	05/31/2024		Rally Credit Union				\$0.09
			Corpus Christi, TX 78410				
			<u> </u>	oliti	cal con	tribution returned to filer	
			Interest				

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

SCHEDULE K

	The Instru	cti	Total pages Schedule K: Sch: 2/2 Rpt: 31/31			
2	FILER NAME			ler ID (Ethics Commission Filers)		
	Villalobos, D		0008			
4	Date	5	Name of person from whom amount is received		8 Amount (\$)	
	06/30/2024		Rally Credit Union			\$0.09
		6	Address of person from whom amount is received; City; State; Zip Cod	le		
			Corpus Christi, TX 78410			
		7	Purpose for which amount is received	Check if no	litical con	I tribution returned to filer
			Interest			
-						