

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069193	2 Total pages filed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Gloria M.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2024
	NICKNAME	LAST Rincones	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt #
				Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jesus R. Rick	MI	
	NICKNAME	LAST Canales	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE
	REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956) 546-7766			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH		Month Day Year
	02/25/2024		06/30/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 445 Cameron		12 OFFICE SOUGHT (if known) District Judge District 445	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 17

13 C / OH NAME Rincones, Gloria M. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00069193

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	2,446.99
	4. TOTAL POLITICAL EXPENDITURES	\$	26,386.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	187.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,509.03

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Gloria M. Rincones

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 17

18 FILER NAME Rincones, Gloria M. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00069193
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 6,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,386.30
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,265.76

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/17
2 FILER NAME Rincones, Gloria M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069193
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Begum Law Group <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78526	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Antonia <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jason (Mr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm Jason R. Mann, Attorney at Law		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/17
2 FILER NAME Rincones, Gloria M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069193
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Saul (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Edinburg, TX 78539	
8 Contributor's Principal Occupation Finance		9 Contributor's Job Title CEO
10 Contributor's employer/law firm Texas National Bank		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dale (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Brownsville, TX 78526-8130	
Contributor's Principal Occupation Law		Contributor's Job Title Attorney
Contributor's employer/law firm E. Dale Robertson, Attorney at Law		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva P.A., Jaime (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520	
Contributor's Principal Occupation Medical		Contributor's Job Title Doctor
Contributor's employer/law firm Self-Employed		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 6/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
4 Date 02/27/2024	5 Payee name Alaniz, Griselda (Ms.)	
6 Amount (\$) \$285.44	7 Payee address; City; State; Zip Code 32963 Samuel Rd Los Fresnos, TX 78566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candies for parade (reimbursement)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Alaniz, Griselda (Ms.)	
Amount (\$) \$259.80	Payee address; City; State; Zip Code 32963 Samuel Rd Los Fresnos, TX 78566	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign t-shirts (invoice 00844)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/25/2024	Payee name Anaheim Marriott	
Amount (\$) \$18.76	Payee address; City; State; Zip Code 700 W Convention Way Anaheim, CA 92802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt: 7/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
4 Date 05/26/2024	5 Payee name Anaheim Marriott	
6 Amount (\$) \$18.76	7 Payee address; City; State; Zip Code 700 W Convention Way Anaheim, CA 92802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2024	Payee name Anaheim Marriott	
Amount (\$) \$645.57	Payee address; City; State; Zip Code 700 W Convention Way Anaheim, CA 92802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/07/2024	Payee name Anaheim Marriott	
Amount (\$) \$215.19	Payee address; City; State; Zip Code 700 W Convention Way Anaheim, CA 92802	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt: 8/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
4 Date 04/02/2024	5 Payee name BRCA Service Fees	
6 Amount (\$) \$5.31	7 Payee address; City; State; Zip Code 2300 Clayton Road Suite 520 Concord, CA 94520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee for online payment to State Bar of California
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/17/2024	Payee name Cameron County Bar Association	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1200 E. Harrison St. Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala (attorney/judge award recipient)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/14/2024	Payee name Cano's Flowers & Gifts	
Amount (\$) \$180.11	Payee address; City; State; Zip Code 405 Old Port Isabel Rd Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense memorial flowers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 9/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
--	--	--

4 Date 05/25/2024	5 Payee name Cano's Flowers & Gifts
-----------------------------	---

6 Amount (\$) \$84.42	7 Payee address; City; State; Zip Code 405 Old Port Isabel Rd Brownsville, TX 78521
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense memorial flowers
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/18/2024	Payee name Chase Bank
--------------------	--------------------------

Amount (\$) \$11,000.00	Payee address; City; State; Zip Code 2300 Boca Chica Blvd Brownsville, TX 78521
----------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment towards campaign loan
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 05/15/2024	Payee name Chase Bank
--------------------	--------------------------

Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2300 Boca Chica Blvd Brownsville, TX 78521
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment to campaign loan
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 10/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
---	--	--

4 Date 03/09/2024	5 Payee name Democrats of Southern Cameron County
-----------------------------	---

6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 975 W. Ruben Torres Suite 2 Brownsville, TX 78520
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/28/2024	Payee name J Cody's Steak and Barbeque
--------------------	---

Amount (\$) \$235.80	Payee address; City; State; Zip Code 3610 S College Ave Bryan, TX 77801
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Drug & Divert Court during conference
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/15/2024	Payee name La Fonda on the Plaza
--------------------	-------------------------------------

Amount (\$) \$34.21	Payee address; City; State; Zip Code 100 E San Francisco St Santa Fe, NM 87501
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fees
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 11/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
---	--	--

4 Date 03/17/2024	5 Payee name La Fonda on the Plaza
-----------------------------	--

6 Amount (\$) \$592.48	7 Payee address; City; State; Zip Code 100 E San Francisco St Santa Fe, NM 87501
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel fees
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/25/2024	Payee name Lopez, Krystle (Mrs.)
--------------------	-------------------------------------

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3305 Wildrye Dr College Station, TX 77845
---------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/29/2024	Payee name Lowe's
--------------------	----------------------

Amount (\$) \$43.28	Payee address; City; State; Zip Code 525 Ruben Torres Sr Blvd Brownsville, TX 78520
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense materials needed for parade float
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 12/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
---	--	--

4 Date 05/29/2024	5 Payee name Morales, Marisol
-----------------------------	---

6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 33408 Lovelace Blvd La Feria, TX 78559
----------------------------------	--

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RGV Havoc World Series Donation
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/26/2024	Payee name Ricardo's Restaurant
--------------------	------------------------------------

Amount (\$) \$210.89	Payee address; City; State; Zip Code 3201 S Expressway 83 Unit C Harlingen, TX 78550
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fed campaign volunteers after plate event
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/27/2024	Payee name Ricardo's Restaurant
--------------------	------------------------------------

Amount (\$) \$2,706.25	Payee address; City; State; Zip Code 3201 S Expressway 83 Unit C Harlingen, TX 78550
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense plates for campaign event
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 13/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
---	--	--

4 Date 04/01/2024	5 Payee name Sauceda, Meagan
-----------------------------	--

6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 32894 Jazmine Lane Los Fresnos, TX 78566
----------------------------------	--

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/02/2024	Payee name State Bar of California
--------------------	---------------------------------------

Amount (\$) \$212.40	Payee address; City; State; Zip Code 180 Howard St San Francisco, CA 94105
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense annual membership fee
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 04/27/2024	Payee name Texas Board of Legal Specialization
--------------------	---

Amount (\$) \$200.00	Payee address; City; State; Zip Code 505 E. Huntland Dr. Ste. 400, LB 28 Austin, TX 78752
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense conference fees
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt: 14/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
---	--	--

4 Date 06/09/2024	5 Payee name Texas Center for the Judiciary
-----------------------------	---

6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 1210 San Antonio Street Austin, TX 78701
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense conference registration fees
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/23/2024	Payee name Texas Southmost College
--------------------	---------------------------------------

Amount (\$) \$750.00	Payee address; City; State; Zip Code 80 Ft Brown St Brownsville, TX 78520
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emerald Gala tickets
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/16/2024	Payee name Thrift Car Rental
--------------------	---------------------------------

Amount (\$) \$290.58	Payee address; City; State; Zip Code 3400 University Blvd SE Ste T Albuquerque, NM 87106
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rental car for trip
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 15/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
--	--	--

4 Date 05/06/2024	5 Payee name USPS
-----------------------------	-----------------------------

6 Amount (\$) \$205.00	7 Payee address; City; State; Zip Code 1535 E Los Ebanos Blvd Brownsville, TX 78520
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Fees
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/14/2024	Payee name Viva Media Group
--------------------	--------------------------------

Amount (\$) \$933.66	Payee address; City; State; Zip Code 143 North Street Suite E Brownsville, TX 78521
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense vehicle decals (15)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 04/14/2024	Payee name Whataburger
--------------------	---------------------------

Amount (\$) \$186.28	Payee address; City; State; Zip Code 605 N Alamo St Refugio, TX 78377
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for jurors
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 16/17	2 FILER NAME Rincones, Gloria M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069193
4 Date 04/27/2024	5 Payee name Whataburger	
6 Amount (\$) \$125.12	7 Payee address; City; State; Zip Code 605 N Alamo St Refugio, TX 78377	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch for jurors
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 17/17
2 FILER NAME Rincones, Gloria M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069193
4 Date 03/20/2024	5 Name of person from whom amount is received Cameron County Imprest Fund	8 Amount (\$) \$202.50
	6 Address of person from whom amount is received; City; State; Zip Code Brownsville, TX 78520	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer College Station, Texas Conference for Drug Divert Court	
Date 05/14/2024	Name of person from whom amount is received Cameron County Imprest Fund	Amount (\$) \$1,063.26
	Address of person from whom amount is received; City; State; Zip Code Brownsville, TX 78520	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Anaheim, CA Divert Court Conference	