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

GO TO PAGE 2

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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 00069193	(Ethics Com	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted of These expenditures may have a difficeholders are required to re	been made without tl	he candidate's or of	ficeholder's kno	wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TRI	EASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	S			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTI ES OF LOANS, OR CONTRIBU			S, \$	0.00	
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	· ·	ZED POLITICAL EXPENDITUR	\$	2,446.99			
	4. TOTAL POLIT	ICAL EXPENDITURES	\$	26,386.30			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTA	INED AS OF THE LA	AST DAY OF THE	\$	187.33	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	NDING LOANS AS	OF THE LAST DAY	\$	10,509.03	
17 AFFIDAVIT		true and co	affirm, under penalty rrect and includes all 15, Election Code.				
				ble Gloria M. Rin			
			Signature of	Candidate or Office	holder		
AFFIX NOT	TARY STAMP / SEAL AB	OVE					
Sworn to and subsc		_ day					
	eer administering oath	ertify which, witness my hand ar Printed name of officer ac		Title of offi	cer administeri	ng oath	
g		3.2				5	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		JVLK SHLLI	3 of 17		
Rii	_ER NAN ncones,	(Ethics Commission	Filers)		
	ME OF	SUBTOTAL AN	JOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	6,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	26,386.30
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,265.76

	MONET	ARY POLITICAL CO	NTRIBUTIO)NS		:	SCHEDULE	A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total page Sch: 1/2 I	es Schedule A(J)2 Rpt: 4/17	1:
2	FILER NAME Rincones, G	loria M. (The Honorable)			3	Filer ID ((Ethics Commissi 3	ion Filers)
4	Date 02/27/2024				7	Amount of	f Contribution (\$)	\$2,500.00
		Brownsville, TX 78526						
8	Contributor's F	Contributor's Principal Occupation 9 Contributor's Job Title						
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of	f Contribution (\$)	
	03/07/2024 Jimenez, Antonia Contributor address; City; State; Zip Code							\$500.00
	Contributoric	Brownsville, TX 78521 Principal Occupation		Contributor's Job Title				
	Retired	ППСІраї Оссираціон		N/A				
		employer/law firm		Law firm of contributor's sp	ากนูร	se (if any)		
	N/A	F - 7		N/A				
	If contributor is	s a child, law firm of parent(s) (if any)	<u>_</u>					
	N/A			N/A				
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of	f Contribution (\$)	
	03/07/2024 Mann, Jason (Mr.) Contributor address; City; State; Zip Code Harlingen, TX 78552						\$500.00	
		Principal Occupation		Contributor's Job Title	_	_		_
_	Law	· n c		Attorney				
		employer/law firm ann, Attorney at Law		Law firm of contributor's sp N/A	ous	se (if any)		
_		s a child, law firm of parent(s) (if any)	<u>_</u>	19/74				
	N/A	of the control of parameter (in all y)		N/A				

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/17
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Rincones, G	loria M. (The Honorable)				00069193
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Oz/27/2024 Ortega, Saul (Mr.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1,000.00	
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	_	
	Finance			CEO		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Texas Nation	nal Bank		N/A		
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)	•		
	N/A			N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	03/07/2024	Robertson, Dale (Mr.) Contributor address; City; S	tate; Zip Code			\$500.00
		Brownsville, TX 78526-81	130			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Law			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	E. Dale Rob	ertson, Attorney at Law		N/A		
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	N/A			N/A		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	03/04/2024	Silva P.A., Jaime (Dr.)				\$1,000.00
		Contributor address; City; S Brownsville, TX 78520	tate; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Medical			Doctor		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self-Employ	ed		N/A		
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	N/A			N/A		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	S		ages	Contract Labor		OTHER (enter a	strict category not listed a	bove)
				The Instruction G	uide explains hov	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 1/11 Rpt: 6/17		Rincones, G	Sloria M. (The H	lonorable)					00069193		
4	Date	5	Payee name									
	02/27/2024		Alaniz, Grise	elda (Ms.)								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Coc	de					
	\$285.44		32963 Sam	uel Rd								
			Los Fresnos	s, TX 78566								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedu	ıle)	(b)	Description				
	OF		Event Exper		no top or ano concua			:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							—		officeholder living		
								candies for pa	ara	de (reimbur	sement)	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offic	ce soug	ght			Office h	eld	
	experientare to benefit Grot											
	Date		Payee name									
	03/18/2024		Alaniz, Grise	elda (Ms.)								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$259.80		32963 Sam	uel Rd								
			Los Fresnos	s, TX 78566								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				-			plete Schedule T.	
								—		officeholder living		
								campaign t-sl	HIIL	s (IIIVOICE O	0044)	
	Complete ONLY if direct	<u> </u>		ceholder name	Offic	ce soug	ht			Office h	ald	
	expenditure to benefit C/OI		Janaidate/Oni	centider name	Olliv	cc soug	Jiic			Office II	Ciu	
-	Data	_										
	Date 05/25/2024		Payee name Anaheim Ma	arriott								
						7: 0						
	Amount (\$)		Payee addres		State; Z	Zip Coc	ae					
	\$18.76		700 W COIN	vention Way								
			Anaheim, C	A 92802								
	PURPOSE OF	(a)		ee Categories listed at t	he top of this schedu	ıle)	(b)	Description				
	EXPENDITURE		Fees							officeholder living	nplete Schedule T.	
								hotel fees	,,	omoonoido: iiviii,	g expense	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI						-					
l												

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 7/17	Rincones, Gloria M. (The Honorable) 00069193
4	Date	5 Payee name
	05/26/2024	Anaheim Marriott
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.76	700 W Convention Way
		Anaheim, CA 92802
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		hotel fees
		110101 1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	05/27/2024	Anaheim Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$645.57	700 W Convention Way
		Anaheim, CA 92802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense hotel fees
		Hotel lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 06/07/2024	Payee name
		Anaheim Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.19	700 W Convention Way
L		Anaheim, CA 92802
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense hotel fees
		Hotel Ices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 8/17	Rincones, Gloria M. (The Honorable) 00069193
4	Date	5 Payee name
	04/02/2024	BRCA Service Fees
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.31	2300 Clayton Road
		Suite 520
		Concord, CA 94520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fee for online payment to State Bar of California
		lee for offiline payment to state bar of California
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/17/2024	Cameron County Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1200 E. Harrison St.
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Cala (alternoy) Jaage awara recipienty
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/14/2024	Cano's Flowers & Gifts
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.11	405 Old Port Isabel Rd
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense memorial flowers
		memorial nowers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
一		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

nent Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (portor a estonory not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 9/17	Rincones, Gloria M. (The Honorable) 00069193
4	Date	5 Payee name
	05/25/2024	Cano's Flowers & Gifts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.42	405 Old Port Isabel Rd
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		memorial flowers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/18/2024	Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,000.00	2300 Boca Chica Blvd
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		payment towards campaign loan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/15/2024	Payee name Chase Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	2300 Boca Chica Blvd
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		payment to campaign loan
		payment to campaign loan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┰	Total pages Schedule F1:		_
1	Sch: 5/11 Rpt: 10/17	Rincones, Gloria M. (The Honorable) 8 Filer ID (Ethics Commission Filers) 00069193	
4	Date	5 Payee name	
	03/09/2024	Democrats of Southern Cameron County	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	975 W. Ruben Torres	
		Suite 2	
		Brownsville, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	03/28/2024	J Cody's Steak and Barbeque	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$235.80	3610 S College Ave	
	,		
		Bryan, TX 77801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Dinner for Drug & Divert Court during conference	
		Billier for Brug & Bivert Gourt during conference	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		_
	Date	Payee name	
	03/15/2024	La Fonda on the Plaza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.21	100 E San Francisco St	
		Santa Fe, NM 87501	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		hotel fees	
		Hotel lees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 11/17	Rincones, Gloria M. (The Honorable) 00069193
4	Date	5 Payee name
	03/17/2024	La Fonda on the Plaza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$592.48	100 E San Francisco St
		Santa Fe, NM 87501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		hotel fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/25/2024	Lopez, Krystle (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3305 Wildrye Dr
L		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Manager
		Sampaig. Marage.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
F	Date	Payee name
	02/29/2024	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.28	525 Ruben Torres Sr Blvd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		materials needed for parade float
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 12/17	Rincones, Gloria M. (The Honorable) 00069193
4	Date	5 Payee name
	05/29/2024	Morales, Marisol
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	33408 Lovelace Blvd
		La Feria, TX 78559
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		NOV Havoo vvoila denes ponation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	02/26/2024	Ricardo's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.89	3201 S Expressway 83
	4210.00	Unit C
		Harlingen, TX 78550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fed campaign volunteers after plate event
		iou oumpuign rotumosto unto piuto orom
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date 02/27/2024	Payee name Ricardo's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,706.25	3201 S Expressway 83
		Unit C
		Harlingen, TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		plates for campaign event
_	Operation ONE V. C. F.	Ora didata (Office hadden grown
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Con		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 8/11 Rpt: 13/17	L	Rincones, C	Sloria M. (The H	onorable)					00069193		
4	Date	5	Payee name									
L	04/01/2024	L	Sauceda, M	leagan								
6	Amount (\$)	ı	Payee addre		State;	Zip Co	ode					
	\$200.00		32894 Jazn	nine Lane								
		L	Los Fresnos	s, TX 78566			_					
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE			ns/Donations Ma Officeholder/Poli		ittoo		=		de of Texas. Com officeholder living	plete Schedule T.	
			Canuluale/(miceriolaei/P0ll	ucai Cullill	illee		donation	, 17,	oc.ioidei iiviii(,,oo	
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OH	Н										
	Date		Payee name									
	04/02/2024		State Bar of	California								
	Amount (\$)	Г	Payee addre	ss; City;	State;	Zip Co	ode					
	\$212.40		180 Howard	l St								
			San Francis	sco, CA 94105								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					-			plete Schedule T.	
								annual memb		officeholder living	g expense	
								a. maar mome				
\vdash	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>I</u> ıght			Office h	eld	
	expenditure to benefit C/O						-					
H	Date		Payee name									_
	04/27/2024		•	d of Legal Spec	ialization							
	Amount (\$)	⊢	Payee addres			Zip Co	ode					
	\$200.00	ı	505 E. Hunt	•								
			Ste. 400, LE	3 28								
		l	Austin, TX 7									
	PURPOSE	 		ee Categories listed at th	ne ton of this scho	edule)	(b)	Description				
	OF EXPENDITURE	<u> </u>	Fees	oo oalogonoo nolou al li	.5 .50 01 1113 30116	Judicy	<u> </u>	Check if travel			plete Schedule T.	
	LAFEINDITURE									officeholder living	g expense	
								conference fe	ees			
	Complete ONLY if direct	Ļ	`andidato/Offi	ceholder name		Office sou	lapt			Office he	ald	_
	expenditure to benefit C/O		anuuate/OIII	cenoluel Hallie	C	71110 0 500	agrit			Onice III	oiu	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 9/11 Rpt: 14/17	Rincones, Gloria M. (The Honorable) 00069193						
4	Date	5 Payee name						
	06/09/2024	Texas Center for the Judiciary						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$350.00	1210 San Antonio Street						
		Austin, TX 78701						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		conference registration fees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	04/23/2024	Texas Southmost College						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$750.00	80 Ft Brown St						
		Brownsville, TX 78520						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Contributions/Donations Made By Condidate /Officeholder/Political Committee						
		Candidate/Officeholder/Political Committee						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	03/16/2024	Thrift Car Rental						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$290.58	3400 University Blvd SE						
		Ste T						
		Albuquerque, NM 87106						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense						
		rental car for trip						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	orportantile to borrow orott							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 10/11 Rpt: 15/17	Rincones, Gloria M. (The Honorable) 00069193							
4	Date	5 Payee name							
	05/06/2024	USPS							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$205.00	1535 E Los Ebanos Blvd							
		Brownsville, TX 78520							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense PO Box Fees							
		TO BOX 1 CCS							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	03/14/2024	Viva Media Group							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$933.66 143 North Street								
	4000.00	Suite E							
		Brownsville, TX 78521							
	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		vehicle decals (15)							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	04/14/2024	Whataburger							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$186.28	605 N Alamo St							
		Refugio, TX 78377							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		lunch for jurors							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense ommittee Legal Services The Instruction Guide explains h			Printing E Salaries/\	Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FII FR NAM	lF				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/11 Rpt: 16/17				The Honorable))			00069193	(
4	Date	5	Payee name	<u></u> е							
	04/27/2024		Whataburg								
6	Amount (\$)	7	Payee addr	ess; City	r; Sta	te; Zip Co	ode				
	\$125.12		605 N Alar	mo St							
			Refugio, T	X 78377							
8	PURPOSE	(a)			isted at the top of this	schedule)	(b) Description				
	OF EXPENDITURE		Food/Beve	erage Expe	nse				ide of Texas. Com		
							lunch for		, officeholder living	expense	
							lancino	juiois			
Ļ	Operation ONE Wife disease	L_	O 11 -1 - 4 - 4 O 4	C : -		04:			O#: I	.l.a	
9	Complete ONLY if direct expenditure to benefit C/OI		Januluale/OI	fficeholder na	ame	Office sou	igni		Office he	eia	

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