CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	this form. (E	iler ID thics Commission Filers) 0065967		Total pages filed: 12			
3 CANDIDATE /	MS / MRS / MR FII	RST	!	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	The Honorable Se	ergio			Date Received			
					ELECTRONICALLY FILED			
	NICKNAME LA	ST		SUFFIX	07/15/2024			
		unoz		Jr.				
4 0411010475 /					Date Hand delivered or Date Destroyled			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	JITE#; CITY;	2	ZIP CODE	Date Hand-delivered or Date Postmarked			
MAILING ADDRESS	P.O. Box 1257				Receipt # Amount			
Change of Address	Mission, TX 78573				Date Processed			
					Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR FIF	RST		MI				
TREASURER NAME	Ms. Ma	ırla						
IVAIVIL								
	NICKNAME LA	ST		SUFFIX				
	Mu	ınoz-Lopez						
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE);	APT / SUITE #	; CITY;	STATE; ZIP CODE			
TREASURER ADDRESS	1110 S. Closner Blvd.							
(Residence or Business)								
(residence of business)	Edinburg, TX 78539							
7 CAMPAIGN	AREA CODE PHONE N	UMBER EXTEN	ICION					
TREASURER	(956) 381-5555	UNIDER EXTEN	1310IN					
PHONE	(950) 361-3333							
8 REPORT								
TYPE	January 15	30th day before election	on Runoff		15th day after campaign treasurer			
		Other dear the form of the office			appointment (officeholder only)			
	X July 15	8th day before election	Exceeded m reporting lim		Final Report (Attach C/OH-FR)			
9 PERIOD	Month Day Year		Mon	th Day	Year			
COVERED	01/01/2024	THROUG	ЭH	06/30/2024				
10 ELECTION	ELECTION DATE		ELECTION	ON TYPE				
	Month Day Year	X Primary	Runo	off	Other			
	03/11/2024	General	Speci	ial				
11 OFFICE	OFFICE HELD (if any)	I	12 OFFIC	CE SOUGHT (if known)			
	State Representative District	36 Hidalgo			tive District 36			
	•		•					
		COTOR	ACE 2					
		GO TO PA	1GE Z					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Munoz Jr., Sergio (Tr	e Honorable)	14 Filer ID (00065967	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a deficeholders are required to report this information	the candidate's or office	holder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
Ш	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 17,750.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 12,125.08						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 267,485.71						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 171,519.05						
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		The Hono	rable Sergio Munoz J	lr						
			Candidate or Officehold							
AFFIX NO	TARY STAMP / SEAL ABO	DVE								
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 office	cer administering	Printed name of officer administering	Title of officer	administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 12
18 FILER NAM Munoz Jr.	ME , Sergio (The Honorable)	19 Filer ID 00065967	(Ethics Comn	nission Filers)
20 SCHEDULE NAME OF S	SUBTO	TAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	12,125.08
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/12	
2	FILER NAME Munoz Jr., S			3	Filer ID (Ethics Commissi 00065967	on Filers)
4	Date 05/17/2024	Munoz Jr., Sergio (The Honorable) Pate 5		7	Amount of Contribution (\$)	\$10,000.00
_	Delicalis al access					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/30/2024	MCGUIRE WOODS FEDERAL PAC FUND Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$250.00	
	Principal occu		Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS SANDS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_ TEXAS TRIAL LAWYERS ASSOCIATION PAC Contributor address; City; State; Zip Code AUSTIN, TX 78767			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

FARY POLITICAL CONTRIB	BUTIONS	SCHEDULE A1
ction Guide explains how to complet	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/12	
E Sergio (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065967
 Full name of contributor out-of-state F Texas Dairymen PAC Contributor address; City; State; Zip Code 	PAC (ID#:)	7 Amount of Contribution (\$) \$500.00
Austin, TX 78711		
upation / Job title (See Instructions)	9 Employer (See Instructions	s)
1	Sergio (The Honorable) 5 Full name of contributor out-of-state of Texas Dairymen PAC 6 Contributor address; City; State; Zip Code	Sergio (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Texas Dairymen PAC 6 Contributor address; City; State; Zip Code Austin, TX 78711

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/7 Rpt: 6/12		Sergio (The Honora	able)				00065967		
4	Date	5 Payee name	е							
	03/25/2024	AMZN								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$159.17	410 Terry	Ave N.							
		Seattle, T	< 98109							
8	PURPOSE OF	I	See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	ise				ide of Texas. Com , officeholder livinç		
						Office Supplie		, conconcider name	, охронов	
						• • • • • • • • • • • • • • • • • • • •				
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	<u>I</u> ught			Office he	eld	
	Date	Payee name	e							
	06/07/2024	AMZN								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$43.24	410 Terry								
		_								
		Seattle, T	< 98109							
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	se		=		ide of Texas. Com , officeholder living		
						Office supplie		, omcendaer nving	у схренас	
						CCC Cupp.ic				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	Date	Payee name	е							
	06/20/2024	AMZN								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$485.92	410 Terry	Ave N.							
		Seattle, T	〈 98109							
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se		<u></u>		ide of Texas. Com		
						Office supplie		, officeholder living	j expense	
						Office Supplie	53			
\vdash	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	uaht			Office he	old.	
	expenditure to benefit C/OI		ncentiuei name	Office so	uynı			Office ne	aiu.	
L	•									
L										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
•	Sch: 2/7 Rpt: 7/12	Munoz Jr., Sergio (The Honorable) O0065967
4	Date	5 Payee name
	06/14/2024	GONZALEZ, MARIA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3533 Cessna
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/20/2024	HEB 448
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.33	1840 West Palm Vista Drive
L		Palmview, TX 78573
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/31/2024	MISSION CISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1201 BRYCE
L		MISSION, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of Di OTHER (enter a	strict a category not listed above)	
Ļ	-	a =:: ==		ac explains now to t	ompl	ete una ioini.	١.	F11	(Edd.) 0 = 1 = 2
1	Total pages Schedule F1:						3		(Ethics Commission Filers)
	Sch: 3/7 Rpt: 8/12	Munoz 、	Jr., Sergio (The Hono	rable)				00065967	
4	Date	5 Payee na	ame						
	01/03/2024	MUNOZ	Jr., SERGIO						
6	Amount (\$)	7 Payee ac	ddress; City;	State; Zip C	ode				
	\$1,000.00	1001 N.	CONWAY AVE.	•					
		MISSIO	N, TX 78572						
<u> </u>	D. IDE				1				
8	PURPOSE OF		(See Categories listed at the		(b)	Description			
	EXPENDITURE	Loan Re	epayment/Reimburse	ment				de of Texas. Com officeholder living	nplete Schedule T.
						Loan reimbur			y expense
							JUI		
_	Complete ONL V if direct	Condidata	/Officabolder name	Office so	ught			Office h	old
9	Complete ONLY if direct expenditure to benefit C/O		/Officeholder name	Office Sc	ugnt			Office n	c iu
	Date	Payee na	ame						
	01/24/2024	MUNOZ	Z Jr., SERGIO						
	Amount (\$)	Payee ad	ddress; City;	State; Zip C	ode				
	\$1,000.00	1001 N.	CONWAY AVE.						
		MISSIO	N, TX 78572						
_	PURPOSE				(h)	Dogoristics			
	OF		(See Categories listed at the		(0)	Description Check if travel	outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE	LUAN RE	epayment/Reimburse	ment				officeholder living	
						Loan reimbur	rser	ment	
\vdash	Complete ONLY if direct		/Officeholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI				•				
H	Date	Doves :	amo.						
		Payee na							
	01/25/2024		Z Jr., SERGIO						
	Amount (\$)	Payee ad		State; Zip C	ode				
	\$1,000.00	1001 N.	CONWAY AVE.						
		MISSIO	N, TX 78572						
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description			
	OF		epayment/Reimburse				outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE		. ,					officeholder living	g expense
						Loan reimbur	rser	ment	
L									
	Complete ONLY if direct		/Officeholder name	Office so	ught			Office h	eld
	expenditure to benefit C/OI	1							
_									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission I	Filers)
	Sch: 4/7 Rpt: 9/12		Sergio (The Honora	able)				00065967		
4	Date	5 Payee name	Э							
	02/01/2024	MUNOZ Jr	., SERGIO							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	1001 N. C	ONWAY AVE.							
		MISSION,	TX 78572							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Loan Repa	yment/Reimbursem	ent				ide of Texas. Com , officeholder living		
						Loan reimbur			Гехрепас	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
Г	Date	Payee name								
	02/11/2024	1	., SERGIO							
H	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	1 1	ONWAY AVE.	, ,						
	+= ,000.00									
		MISSION,	TX 78572							
	PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Loan Repa	yment/Reimbursem	ent				ide of Texas. Com , officeholder living		
						Loan reimbur			rexpense	
						Loan reimbai	50	inone		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	l ught			Office he	eld	
L	·									
	Date	Payee name								
	02/13/2024	MUNOZ Ji	., SERGIO							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	1001 N. C	ONWAY AVE.							
		MISSION,	TX 78572							
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Loan Repa	ayment/Reimbursem	ent		ш		ide of Texas. Com		
						Loan reimbur		, officeholder living	expense	
						Loan reimbul	5E	ment		
\vdash	Complete ONII V if allow -t	Condidate /Of	finahaldar rassas	Office	l alat			Office	ald.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ugnt			Office he	eiu	
$ldsymbol{ld}}}}}}$										
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi 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	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: Sch: 5/7 Rpt: 10/12	2 FILER NAME Munoz Jr., Sergio (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065967
4	Date	5 Payee name
•	02/13/2024	MUNOZ Jr., SERGIO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1001 N. CONWAY AVE.
		MISSION, TX 78572
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/16/2024	MUNOZ Jr., SERGIO
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1001 N. CONWAY AVE.
		MISSION, TX 78572
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Loan reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/17/2024	MUNOZ Jr., SERGIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1001 N. CONWAY AVE.
	, ,	
		MISSION, TX 78572
	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
		Loan reimbursement
\vdash	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u>_</u>
1	Total pages Schedule F1: Sch: 6/7 Rpt: 11/12	2 FILER NAME Munoz Jr., Sergio (The Honorable) 3 Filer ID (Ethics Commission Filers) 00065967
4	Date 05/24/2024	5 Payee name MUNOZ Jr., SERGIO
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1001 N. CONWAY AVE.
_	2112202	MISSION, TX 78572
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Loan reimbursement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	SALINAS, PETER
	Amount (\$) \$51.32	Payee address; City; State; Zip Code 901 E. VAN WEEK
		EDINBURG, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/28/2024	Payee name SALINAS, PETER
	Amount (\$) \$243.56	Payee address; City; State; Zip Code 901 E. VAN WEEK
		EDINBURG, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Co	nmittee Le	ft/Awards/Memorials Exergal Services he Instruction Guid			pense /ages/Contract Labor	Travel Out OTHER (er	of District ter a category not listed abo	ove)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID	(Ethics Commissi	on Filers)
	Sch: 7/7 Rpt: 12/12			ergio (The Hono	rable)			000659	67	·
4	Date	5	Payee name							
	02/19/2024		SIGNS & PRI	NTS						
6	Amount (\$)	7	Payee address	; City;	State;	Zip Co	de			
	\$164.54		308 N. CONV	VAY SUITE 6						
			MISSION, TX	78572						
8	PURPOSE	(a)	Category (See	Categories listed at the	top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Advertising E		•	,	Check if travel		Complete Schedule T.	
	LXI LINDITORL						ш	n, TX, officeholder	living expense	
							BANNER			
9	Complete ONLY if direct expenditure to benefit C/OI	٦ (Candidate/Office	holder name	C	Office sou	ght	Offic	e held	