JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Commis 00068017	sion Filers)	 Total pages file 28 	
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE U	
OFFICEHOLDER	The Honorable	Jaime E.				
NAME					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Tijerina				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #: CIT	Y:	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER	,	, .	,			
MAILING ADDRESS					Receipt #	Amount
I	REDACTED PER 2	254.0313, GOV I C	JODE			
Change of Address					Date Processed	•
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME		Diane E.				
	NICKNAME	LAST			SUFFIX	
		Tijerina				
		. joinite				
6 CAMPAIGN	STREET ADDRESS (NO			/ SUITE #; CITY;	STA	E; ZIP CODE
TREASURER	STREET ADDRESS (NO	FO BOX FLEASE),	AFI	730HE#, CHT,	SIA	E, ZIF CODE
ADDRESS						
(Residence or Business)	REDACTED PER 2	254.0313, GOV'T C	CODE			
	AREA CODE PH	IONE NUMBER	TENCION			
7 CAMPAIGN TREASURER			EXTENSION			
PHONE	(956) 299-8386					
8 REPORT						
TYPE	January 15	30th day before		Runoff	15th day after cam	naign treasurer
					appointment (office	
	X July 15	8th day before	election	Exceeded modified	Final Report (Attac	h C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	01/01/2024	TF	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye	ar P	rimary	Runoff	Other	
	11/05/2024					
		X G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	Court Of Appeals, Just	ice Place 4 District	13 Hidalgo		,Chief Justice Pla	ce Chief District
				13		
				•		
	GO TO PAGE 2					
					<u></u>	
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Version	n V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 28

I

13 C / OH NAME	Tijerina, Jaime E. (Tl	ne Honorable)	14 Filer ID 00068017	(Ethics Commission File
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	he candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life		
		COMMITTEE ADDRESS		
	SPECIFIC	8000 Centre Park Dr.		
		Ste. 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
		4505 Corazon Cv		
		Round Rock, TX 78681		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS(OTHER THAN		
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	, ,	\$ (
		ICAL CONTRIBUTIONS		\$ 15,850
	· · ·	PLEDGES, LOANS, OR GUARANTEES OF LOANS IZED POLITICAL EXPENDITURES	5)	
TOTALS				\$ (
		ICAL EXPENDITORES		\$ 24,016
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 15,290
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	\$ (
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	r of perjury, that the a l information required	ccompanying report is to be reported by me
		The Honor	able Jaime E. Tijer	rina
			Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	UVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.d378

FORM JC/OH COVER SHEET PG 3

	COVER SHEET
19 Filer ID	(Ethics Commission F

				3 of 28
18 FILER NAM Tijerina, Ja	E ime E. (The Honorable)	19 Filer ID 00068017	(Ethics Commi	ssion Filers)
20 SCHEDULE			SUBTOT	AL AMOUNT
NAME OF S	CHEDULE		3061017	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	15,850.14
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	\$	24,016.25
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	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SUBTOTALS - JC/OH

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/28
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tijerina, Jaim	e E. (The Honorable)		00068017
03/04/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Aliseda, Ernest (Mr.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$250.00
	McAllen, TX 78504-5877		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Lawyer		General Counsel	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
	bital at Renaissance		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/27/2024	Boggus, Bob (Mr.)		\$520.51
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e N/A	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/27/2024	Bonds, Robert	/	\$26.03
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Contributor's P	rincipal Occupation	Contributor's Job Title	1
Faculty Faculty			
Contributor's employer/law firm Law firm of contributor's sp			bouse (if any)
South Texas College			
If contributor is	a child, law firm of parent(s) (if any)	l	
Forms provided b	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.d378aba0
Forms provided L	יד הלא בנווונג נטווווווגצוטוו WWW.elnic	ວ.ວເαເບ.ເλ.US	

The Instruction Guide explains how to complete	The Instruction Guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Tijerina, Jaime E. (The Honorable)		00068017
	PAC (ID#:)	7 Amount of Contribution (\$)
02/28/2024 Cantu Jr., Robert		\$104.10
6 Contributor address; City; State; Zip Code		
McAllen, TX 78504	0 Octobrillo standa Jak Titla	
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Attorney 10 Contributor's employer/law firm	Attorney 11 Law firm of contributor's	chouse (if any)
Resnick Louis		spouse (ii any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
02/28/2024 Cazares, Ceasar	AC (ID#)	\$104.10
Contributor address; City; State; Zip Code		
McAllen, TX 78501		
Contributor's Principal Occupation	Contributor's Job Title	
Administrator	Administrator	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state F	PAC (ID#:)	Amount of Contribution (\$)
06/30/2024 Escamilla, Jose		\$156.15
Contributor address; City; State; Zip Code		
Cointe Door TV 70500		
Santa Rosa, TX 78593	Contributor's Job Title	
Contributor's Principal Occupation Retired	Retired	
Contributor's employer/law firm	Law firm of contributor's	snouse (if any)
N/A		
If contributor is a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/28		
2 FILER NAME Tijerina, Jain	ne E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00068017		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
03/04/2024	Fernandez Jr., Lazaro (Mr.)		\$500.00		
	6 Contributor address; City; State; Zip Code				
	McAllen, TX 78504				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•		
Businessmai	1	Owner			
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)		
Das Rios					
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
03/04/2024	Fernandez Jr., Lazaro (Mr.)		\$500.00		
	Contributor address; City; State; Zip Code				
	McAllen, TX 78504	1			
	Principal Occupation	Contributor's Job Title			
Businessmai		Owner			
Das Rios	mployer/law firm	Law firm of contributor's sp	Jouse (ii any)		
	s a child, law firm of parent(s) (if any)				
	· · · · · · · · · · · · · · · · · · ·				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/17/2024	Galik, Susan (Mrs.)		\$5,000.00		
	Contributor address; City; State; Zip Code				
	Mission, TX 78572				
	Principal Occupation	Contributor's Job Title			
Retired Retired					
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)			
	N/A				
If contributor is	s a child, law firm of parent(s) (if any)				
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4.1.0 d378aba0		

The Instruc	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/28	
2 FILER NAME	ne E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00068017
-	· · ·		7 Amount of Contribution (\$)
4 Date 06/27/2024	5 Full name of contributor out-of-state PAC (ID#: Galindo, Joel)	\$104.10
00/21/2021	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
	Principal Occupation	9 Contributor's Job Title	
Accountant		Accountant	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Self Employe			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/30/2024	Garces, Juan		\$312.30
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired		Retired	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
N/A			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/04/2024	Guerra, John (Mr.)		\$200.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78502		
Contributor's F	Principal Occupation	Contributor's Job Title	
Physician Physician			
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Self-Employe	ed		
If contributor is	s a child, law firm of parent(s) (if any)		
Eorms provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 d378aba0

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/28		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Tijerina, Jain	ne E. (The Honorable)		00068017	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/17/2024	Hixon, Sara		\$520.51	
	6 Contributor address; City; State; Zip Code			
	Armstrong, TX 78338			
	Principal Occupation	9 Contributor's Job Title		
Rancher		Owner		
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)	
Armstrong R				
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/28/2024	Holguin, Erick		\$1,041.02	
	Contributor address; City; State; Zip Code			
	Weslaco, TX 78599	1		
	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
	employer/law firm	Law firm of contributor's sp	bouse (if any)	
Holguin Law				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/27/2024	Hubert, John (Mr.)		\$104.10	
	Contributor address; City; State; Zip Code			
	Riviera, TX 78379			
	Principal Occupation	Contributor's Job Title		
Attorney	and a set fine	District Attorney		
Contributor's employer/law firm Law firm of contributor's sp State of Texas			Jouse (II any)	
If contributor is a child, law firm of parent(s) (if any)				
	s a child, law littl of parend(s) (ii any)			
Eorms provided	by Texas Ethics Commission www.ethic	rs state ty us	Version V4.1.0 d378aba0	

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/28
2 FILER NAME Tijerina, Jaim	e E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00068017
02/26/2024	 Full name of contributor out-of-state PAC (ID#: Jimenez, Jorge Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
	Edinburg, TX 78541		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Transportatio	n Broker	Owner	
10 Contributor's e N/A	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/27/2024	Jones, Daniel		\$104.10
	Contributor address; City; State; Zip Code Mckinney, TX 75070		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e Self Employe	mployer/law firm d	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$) \$104.10
	McAllen, TX 78501		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Marketing	Marketing Owner		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Advetir, Inc.			
If contributor is	a child, law firm of parent(s) (if any)		
Forme provided l	av Texas Ethics Commission www.ethic	es state tx us	Version V4 1 0 d378aba0

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/28	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tijerina, Jain	ne E. (The Honorable)		00068017
	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
02/06/2024	Karam Law Firm		\$1,250.00
	6 Contributor address; City; State; Zip Code		
9 Contributor's F	McAllen, TX 78501	9 Contributor's Job Title	
8 Contributors P	Principal Occupation		
10 Contributor's e	mplover/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/04/2024	Marina, Charles (Mr.)	······································	\$2,500.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Contributor's F	Principal Occupation	Contributor's Job Title	
Real Estate I	Broker	Owner	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
First America	-		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/04/2024	Rodriguez, Paul (Mr.)		\$100.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78503		
Contributor's F	Principal Occupation	Contributor's Job Title	
Land Title		President	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Valley Land a	and Title		
If contributor is	a child, law firm of parent(s) (if any)		
Forme provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4.1.0 d378aba0

The Instrue	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/28	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Tijerina, Jain	ne E. (The Honorable)		00068017
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
01/23/2024	Tijerina, Lauro		\$520.51
	6 Contributor address; City; State; Zip Code		
	Mission, TX 78572		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Dentist		Dentist	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Tijerina Dent	listry		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
02/12/2024	Vitko, Jolene		\$500.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Retired		retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
N/A		N/A	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
06/27/2024	Winslow, Louis		\$250.00
	Contributor address; City; State; Zip Code		
	Cuero, TX 77794		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
N/A			
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Texas Ethics Commission www.ethi	rs state ty us	Version V4.1.0 d378aba0

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 9/9 Rpt: 12/28	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ne E. (The Honorable)		00068017
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/03/2024	Worthington, Dan (Mr.)	\$520.51	
	6 Contributor address; City; State; Zip Code		
	Mission, TX 78572		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorny	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
Ramon/Wor	thington Law Firm		
12 If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2024	guggenheim, Susanne)	\$58.00
01/00/2024			
	Contributor address; City; State; Zip Code		
	Comus Christi TV 70410		
	Corpus Christi, TX 78418		
	Principal Occupation	Contributor's Job Title	
Rtired		Retired	
	employer/law firm	Law firm of contributor's sp	ouse (if any)
N/A			
If contributor i	s a child, law firm of parent(s) (if any)		
1			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 1/16 Rpt: 13/28		Tijerina, Jaime E. (The Honorable)				00068017					
4	Date 01/16/2024		Payee name ASAP Printing Solutions									
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de							
	\$1,660.50		2012 Orchid Avenue McAllen, TX 78504									
_					4 X							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Signs, Cards, Buttons											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	ght		Office held					
	Date		Payee name									
	01/23/2024		ASAP Printing Solutions									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$27.06		2012 Orchid Avenue McAllen, TX 78504									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	nedule)		, тх,	de of Texas. Complete Schedule T. , officeholder living expense 'S					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name 0	Office sou	ght		Office held					
	Date		Payee name									
	02/13/2024		ASAP Printing Solutions									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$1,235.80		2012 Orchid Avenue									
			McAllen, TX 78504									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	iedule)			de of Texas. Complete Schedule T. officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	ght		Office held					

			EXPENDITURE CATEGO	RIES FOF	R BC)X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
_	Sch: 2/16 Rpt: 14/28		Tijerina, Jaime E. (The Honorable)					00068017	(
4	Date	5	Payee name									
	06/20/2024		ASAP Printing Solutions									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$733.39		2012 Orchid Avenue									
			McAllen, TX 78504									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b)	Description						
-	OF		Advertising Expense	equie)	()		outsi	de of Texas. Compl	lete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	officeholder living e	expense			
						Car Magnets						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office hel	d			
	Date		Payee name									
	01/19/2024		Amara Foundation									
_	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$541.25		615 Blaze Blvd	, 1								
	+0.1120		010 11410 2.04									
			Edinburg, TX 78539									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Advertising Expense					de of Texas. Compl				
						T-Shirts	, 17,	officeholder living e	expense			
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office hel	d			
	expenditure to benefit C/OI			Jince Sou	yn			Onice her	u			
_	Data	<u> </u>	D									
	Date 01/18/2024		Payee name Chandler Showit									
				7: 0	-1 -							
	Amount (\$)			; Zip Co	ae							
	\$30.86		2490 S Gilbert Rd									
			Chandler, TX 85286	i								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description						
	EXPENDITURE		Advertising Expense					de of Texas. Compl officeholder living e				
						Website Mair			skpense			
-	Complete ONLY if direct	L(Candidate/Officeholder name C	Office sou	aht			Office hel	d			
expenditure to benefit C/OH								-				
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Offic/Awards/Memorials Expense Git/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 3/16 Rpt: 15/28	Tijerina, Jaime E. (The Honorable)	00068017								
4	Date 02/20/2024	Payee name Chandler Showit									
6	Amount (\$) \$30.86	Payee address; City; State; Zip Code 2490 S Gilbert Rd Chandler, TX 85286									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Website Maintenance Fee											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/18/2024	Chandler Showit									
	Amount (\$) \$30.86	Payee address; City; State; Zip Code 2490 S Gilbert Rd Chandler, TX 85286									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Itenance Fee								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	04/18/2024	Chandler Showit									
	Amount (\$) \$30.86	Payee address; City; State; Zip Code 2490 S Gilbert Rd									
		Chandler, TX 85286									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Itenance fee								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 4/16 Rpt: 16/28	Tijerina, Jaime E. (The Honorable)	00068017								
4	Date	Payee name									
	05/20/2024	Chandler Showit									
6	Amount (\$) \$30.86	7 Payee address; City; State; Zip Code 2490 S Gilbert Rd Chandler, TX 85286									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Website Maintenance Fee											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/18/2024	Chandler Showit									
	Amount (\$) Payee address; City; State; Zip Code \$30.86 2490 S Gilbert Rd										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense tenance Fee.								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/16/2024	Hernandez, Joacim (Mr.)									
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1317 E Filmore Ave									
		Alton, TX 78573									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Ti Food/Beverage Expense Polling Expense Ti By - Gift/Awards/Memorials Expense Printing Expense Ti					Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 5/16 Rpt: 17/28		Tijerina, Jaime E. (The Hono	rable)				00068017				
4	Date	5	Payee name									
	02/01/2024		Hernandez, Joacim (Mr.)									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$1,000.00		1317 E Filmore Ave									
			Alton, TX 78573									
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	b) Description						
	OF EXPENDITURE		Consulting Expense					ide of Texas. Com				
							1, I X	, officeholder living	expense			
						Consulting						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	ht		Office he	eld			
	Date		Payee name									
	03/15/2024		Hernandez, Joacim (Mr.)									
	Amount (\$)	┝	Payee address; City;	State:	Zip Co	le						
	\$1,000.00		1317 E Filmore Ave	,								
	\$2,000,000											
			Alton, TX 78573									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Consulting Expense	top of this sch	edule)			ide of Texas. Com				
						Consulting	ı, TX	, officeholder living	expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office he	eld			
	Date		Payee name									
	04/18/2024		Hernandez, Joacim (Mr.)									
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le						
	\$1,000.00		1317 E Filmore Ave	otato,	, <u> </u>							
	\$2,000,000											
			Alton, TX 78573									
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	b) Description						
	EXPENDITURE		Consulting Expense					ide of Texas. Com , officeholder living				
						Consulting	1, 1 A	, onicendider hving	expense			
						Consulting						
		Ļ	andidato/Officeholder reme			ht		Office	ald.			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	m		Office he	eiu.			

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 6/16 Rpt: 18/28		Tijerina, Jaime E. (The Honor	able)				00068017				
4	Date	5	Payee name									
	06/05/2024		Hernandez, Joacim (Mr.)									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$1,000.00		1317 E Filmore Ave									
			Alton, TX 78573									
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	b) Description						
	OF EXPENDITURE		Consulting Expense					side of Texas. Complete Schedule T. K, officeholder living expense				
						Consulting	I, IA,	, oncenduer iving expense				
						e e suiti i g						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	ht		Office held				
	Date		Payee name									
	02/20/2024		Hidalgo County GOP									
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le						
	\$1,000.00		4900 N 23rd									
			McAllen, TX 78504									
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					side of Texas. Complete Schedule T. K, officeholder living expense				
								e Campaign Event				
							100					
	Complete ONLY if direct		andidate/Officeholder name	0	Office souc	ht		Office held				
	expenditure to benefit C/OI			-								
_	Date		Payee name									
	01/02/2024		MAILCHIMP									
	Amount (\$)		Payee address; City;	Stato	; Zip Coo	10						
	\$140.71		512 Means Street	State,	, zip cot							
	φ1+0.71		Suite 404									
			Atlanta, GA 30318									
	PURPOSE OF		Category (See Categories listed at the	top of this sch	edule)	(b) Description	outei	side of Texas. Complete Schedule T.				
	EXPENDITURE		Advertising Expense					(, officeholder living expense				
						Email Service						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held				

			EXPENDITURE CATE	GORIES FO	RB	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ov Polling E Printing I Salaries/	verhea xpens Expen Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 19/28		Tijerina, Jaime E. (The Honorable)					00068017
4	Date	5	Payee name					
	02/01/2024		MAILCHIMP					
6	Amount (\$)	7	Payee address; City; S	state; Zip C	ode			
	\$140.71		512 Means Street					
			Suite 404					
			Atlanta, GA 30318					
8	PURPOSE	<u> </u>			(h)	Description		
ľ	OF		Category (See Categories listed at the top of the Advertising Expense	is schedule)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense
						Email Service	Э	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	03/01/2024		MAILCHIMP					
	Amount (\$)		Payee address; City; S	itate; Zip C	ode			
	\$140.71		512 Means Street					
			Suite 404					
			Atlanta, GA 30318					
	PURPOSE	(a)	Category (See Categories listed at the top of th	ic cohodulo)	(b)	Description		
	OF		Advertising Expense	is scriedule)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Email Service	9	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held
		-						
	Date		Payee name					
	04/01/2024		MAILCHIMP					
	Amount (\$)			state; Zip C	ode			
	\$140.71		512 Means Street					
			Suite 404					
			Atlanta, GA 30318					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
-	Complete ONLY if direct	L	Candidate/Officeholder name	Office so				Office held
	expenditure to benefit C/OF			Chice 30	agiit			
-								

			EXPENDITURE CATE	GORIES FC	R E	3OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office O Polling E Printing Salaries	verhe Exper Expe /Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 20/28		Tijerina, Jaime E. (The Honorable))				00068017
4	Date	5	Payee name					
	05/01/2024		MAILCHIMP					
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode	9		
	\$140.71		512 Means Street					
			Suite 404					
			Atlanta, GA 30318					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				outsi	de of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						Email service	;	
_				0				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugn			Office held
	Date		Payee name					
	06/03/2024		MAILCHIMP					
	Amount (\$)		Payee address; City; S	State; Zip C	ode	9		
	\$140.71		512 Means Street					
			Suite 404					
			Atlanta, GA 30318					
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(b	Description		
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.
						Email Service		officeholder living expense
						Email Cervice		
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ugh	t		Office held
	expenditure to benefit C/OI	Н			0			
	Date		Payee name					
	05/13/2024		Republican Party of Texas					
	Amount (\$)			State; Zip C	ode	3		
	\$498.75		211th E. 7th Street					
			Austin, TX 78701		_			
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis schedule)	(b) Description		
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
						Booth Fee	, ., ,	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ugh	t		Office held
	expenditure to benefit C/OF	Н						

			EXPENDITURE C	ATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe littee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 ⊢		o			3	Filer ID (Ethics Commission Filers)
-	Sch: 9/16 Rpt: 21/28		ijerina, Jaime E. (The Honora	ble)				00068017
4	Date	5 P	ayee name					
	01/16/2024	F	lio Bank					
6	Amount (\$) \$1.76		ayee address; City; O BOX 4169	State;	Zip Coo	е		
		N	IcAllen, TX 78502					
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top	o of this sch	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
						Debit Cald I		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held
	Date	P	ayee name					
	02/15/2024	F	tio Bank					
	Amount (\$)	P	ayee address; City;	State;	Zip Coo	e		
	\$1.76		O BOX 4169					
		N	IcAllen, TX 78502					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top	o of this sch	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice soug	ht		Office held
	Date	P	ayee name					
	03/15/2024		lio Bank					
	Amount (\$) \$1.76		ayee address; City; O BOX 4169	State;	Zip Coo	e		
		N	IcAllen, TX 78502					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top	o of this sch	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense thly Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office held

			EXPENDI	TURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Memo hittee Legal Services	xpense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement nead/Rental Expense ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 ⊑					2	Filer ID	(Ethics Commission Filers)	
1	Sch: 10/16 Rpt: 22/28		ijerina, Jaime E. (The I	Honorable)			J	00068017		
4	Date 04/15/2024		ayee name Rio Bank							
6	Amount (\$) \$1.76									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nam	e C	Office soug	ht		Office he	ld	
	Date	F	ayee name							
	05/15/2024	F	Rio Bank							
	Amount (\$) \$1.76	F	Payee address; City; PO BOX 4169	State;	Zip Coo	e				
	PURPOSE OF EXPENDITURE	(a) (AcAllen, TX 78502 Category (See Categories liste Gees	d at the top of this sche	edule)		ı, TX,	de of Texas. Comp officeholder living hly Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nam	e C	Office soug	ht	Office held			
	Date	F	ayee name							
	06/17/2024	F	Rio Bank							
	Amount (\$) \$1.76		Payee address; City; PO BOX 4169	State;	; Zip Coc	e				
			IcAllen, TX 78502		,					
	PURPOSE OF EXPENDITURE		Category (See Categories liste	d at the top of this sch	edule)		ı, ТХ,	de of Texas. Comp officeholder living hly Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nam	e C	Office soug	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 11/16 Rpt: 23/28	Tijerina, Jaime E. (The Honorable) 00068017							
4	Date 01/11/2024	5 Payee name Steve Ray and Associates							
6	Amount (\$) \$2,000.00	 7 Payee address; City; State; Zip Code 901 N Caranchua Corpus Christi, TX 78403 							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/21/2024	Steve Ray and Associates							
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 901 N Caranchua Corpus Christi, TX 78403							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/30/2024	Steve Ray and Associates							
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 901 N Caranchua							
		Corpus Christi, TX 78403							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor plete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 12/16 Rpt: 24/28		Tijerina, Jaime E. (The Honorable)							
4	Date 06/20/2024	5	5 Payee name Steve Ray and Associates							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$2,000.00		901 N Caranchua Corpus Christi, TX 78403							
8	PURPOSE	(2)) Description					
U	OF	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense consulting 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held			
	Date		Payee name							
	02/05/2024		Tijerina, Jaime (Mr.)							
	Amount (\$) Payee address; City; State; Zip Code									
	\$156.71		4517 Ben Hogan Ave							
			McAllen, TX 78503							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Travel In District	_{ile)} (ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense aign Event			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held			
	Date		Payee name							
	02/05/2024		Tijerina, Jaime (Mr.)							
	Amount (\$) \$157.00		Payee address; City; State; Z 4517 Ben Hogan Ave	Zip Cod	9					
			McAllen, TX 78503							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Travel In District	ile) (Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense Campaign Event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce soug	nt		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2			·		3	Filer ID	(Ethics Commission Filers)	
1	Sch: 13/16 Rpt: 25/28		2 FILER NAME 3 Filer ID (Ethics C Tijerina, Jaime E. (The Honorable) 00068017							
4	Date	5	Payee name							
	02/05/2024		Tijerina, Jaime (Mr.)							
6	Amount (\$)			; Zip Co	de					
	\$182.00		4517 Ben Hogan Ave							
			McAllen, TX 78503							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	a dula)	(b) Descrip	ntion				
-	OF		Travel In District	ledule)			outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				Chec	ck if Austin,	TX,	officeholder living	j expense	
					Corpu	s Christ	ti-C	ampaign Ev	vent	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office he	əld	
	Date		Payee name							
	02/05/2024		Tijerina, Jaime (Mr.)							
	Amount (\$)			; Zip Co	de					
	\$252.00		4517 Ben Hogan Ave	, zip co	uc					
	φ202.00		4517 Bell Hogall Ave							
			McAllen, TX 78503							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel In District	nedule)	Chec	ck if travel o ck if Austin,	TX,	de of Texas. Com officeholder living aign Event	plete Schedule T. g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought Office held H					eld		
	Date		Payee name							
	02/05/2024		Tijerina, Jaime (Mr.)							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$279.00		4517 Ben Hogan Ave	, 1						
	\$210100		lorr Don nogan , we							
			McAllen, TX 78503							
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Descrip					
	EXPENDITURE		Travel Out of District						plete Schedule T.	
								officeholder living		
		Houston-Campaign Training							I	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office he	eld	
⊢										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Renta Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contra The Instruction Guide explains how to complete thi	al Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 14/16 Rpt: 26/28	Tijerina, Jaime E. (The Honorable) 00068017							
4	Date 02/05/2024	5 Payee name Tijerina, Jaime (Mr.)							
6	Amount (\$) \$428.69								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Image: Check if Austin, TX, officeholder living expense Yoakum-Campaign Event Check if Austin, TX, officeholder living expense Yoakum-Campaign Event								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/05/2024	Tijerina, Jaime (Mr.)							
	Amount (\$) \$429.31	Payee address; City; State; Zip Code 4517 Ben Hogan Ave							
		McAllen, TX 78503							
	PURPOSE OF EXPENDITURE		cription check if travel outside of Texas. Complete Schedule T. check if Austin, TX, officeholder living expense etsville-Campaign Event						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	05/08/2024	Γijerina, Jaime (Mr.)							
	Amount (\$) \$176.00	Payee address; City; State; Zip Code 4517 Ben Hogan Ave							
		McAllen, TX 78503							
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ville-Campaign Event						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 15/16 Rpt: 27/28	Tijerina, Jaime E. (The Honorable)00068017							
4	Date 05/08/2024	5 Payee name Tijerina, Jaime (Mr.)							
6	Amount (\$) \$329.44	 7 Payee address; City; State; Zip Code 4517 Ben Hogan Ave McAllen, TX 78503 							
8	PURPOSE OF EXPENDITURE	OF Travel In District							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/28/2024 Tijerina, Jaime (Mr.)								
	Amount (\$) \$174.00	Payee address; City; State; Zip Code 4517 Ben Hogan Ave							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description 								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/28/2024	Tijerina, Jaime (Mr.)							
	Amount (\$) \$1,543.23	Payee address; City; State; Zip Code 4517 Ben Hogan Ave							
		McAllen, TX 78503							
	PURPOSE OF EXPENDITURE	OF Travel Out of District							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repay Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 16/16 Rpt: 28/28		- me E. (The Honorable)				00068017	(
4	Date	5 Payee name						
	06/30/2024	Winred						
6	Amount (\$) \$172.14	7 Payee addre 1776 Wilso	n Blvd	e; Zip Cod	e			
		Arlington, V	A 22209					
8	PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office soug	ht		Office he	eld