#### SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM SPAC COVER SHEET PG 1

Th	e SPAC Instruction		<ul><li>2 Total pages filed:</li><li>8</li></ul>							
3	COMMITTEE NAME					OFFICE USE ONLY				
	Stronger Texas PA		Date Received							
						ELECTRONICALLY FILED 07/15/2024				
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY	; STATE; ZIP	CODE					
	ADDRESS	PO Box 5063				Date Hand-delivered or Date Postmarked				
	Change of Address									
		Austin, TX 78763				Receipt # Amount				
						Date Processed				
						Date Imaged				
						Date mageu				
5	CAMPAIGN	MS/MRS/MR FIRST				MI				
	TREASURER	Mr. Daniel O.								
	NAME									
		NICKNAME LAST				SUFFIX				
		Rios								
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	);	APT / SUITE #;	CITY	; STATE; ZIP CODE				
	TREASURER STREET	5408 N. 10th St.								
	ADDRESS									
	(Residence or Business)	McAllen, TX 78504								
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY	; STATE; ZIP CODE				
	TREASURER MAILING	PO Box 5063								
	ADDRESS									
	Change of Address	Austin, TX 78763								
8	CAMPAIGN	AREA CODE PHONE NUMBER	Ε>	KTENSION						
	TREASURER PHONE	(956) 926-5000								
9	REPORT TYPE	January 15	80th c	day before election		Exceeded modified reporting limit				
			8th da	ay before election	Г	Dissolution (Attach PAC-DR)				
		X July 15	Runof	ff		10th day after campaign treasurer				
						d termination				
10	PERIOD COVERED	Month Day Year	тис	Mon ROUGH		-				
		01/01/2024		toben	06/30/	/2024				
11	ELECTION	ELECTION DATE		ELECTION TYP	Έ					
		Month Day Year	Prima	ry Runoff		Other				
			Genei	ral Special						
	GO TO PAGE 2									
Foi	rms provided by Te	xas Ethics Commission www	.ethi	ics.state.tx.us		Version V4.1.0.d378aba0				

### SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Stronger Texas PAC			00083947					
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME						
PURPOSE								
(Attach lists on plain	Candidate							
paper to complete this report if necessary.)		OFFICE SOUGHT (candidate) / OFFICE HEL	D (officaboldor)					
		Corrice Sought (candidate) / OFFICE HEL						
X SUPPORT								
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE				
		Prop B	Month	Day Year				
(Candidate or Measure)			11/05/2	2019				
	X Measure							
(Officeholder)		DESCRIPTION	. : <b>.</b> :	lucius and floored				
		Creates flood infrastructure fund to assis mitigation/control project	t in financing d	Irainage, fiood				
15 CONTRIBUTION		TRIBUTIONS OF \$50 OR LESS (OTHER THAN	N PLEDGES,					
TOTALS	LOANS, OR GUARANTE ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$ \$0.00				
	,							
	2. TOTAL POLITICAL CO	S, LOANS, OR GUARANTEES OF LOANS)		\$ \$0.00				
		S, LOANS, OR GOARANTEES OF LOANS)						
EXPENDITURE	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES						
TOTALS				\$ \$0.00				
	4. TOTAL POLITICAL EX	KPENDITURES		\$ \$495.00				
CONTRIBUTION		TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE					
BALANCE	REPORTING PERIOD			<b>\$</b> \$873.79				
OUTSTANDING		UNT OF ALL OUTSTANDING LOANS AS OF 1						
LOAN TOTALS	DAY OF THE REPORTIN			\$ \$0.00				
16 AFFIDAVIT				•				
		I swear, or affirm, under penalty of perj and correct and includes all informatior						
		Title 15, Election Code.		reported by the under				
		Mr. Dowi						
	Mr. Daniel O. Rios Signature of Campaign Treasurer							
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed	before me, by the said	, ti	his the	day				
		n, witness my hand and seal of office.		000				
Signature of officer ad	ministering oath Print	ed name of officer administering oath	Title of office	er administering oath				
		-		-				

SUBTOTALS - SPAC	C	FORM SPAC OVER SHEET PG 3 3 of 8
17 COMMITTEE NAME Stronger Texas PAC	18 Filer ID 00083947	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR	\$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
7. SCHEDULE E: LOANS		\$
8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 240.00
9. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$</b> 255.00	
10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
14. C SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Be Gift/Awa	Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor					Travel in District Travel Out of Dis	quipment & Related Expense		
	Credit Card Payment		The Ins	struction Guide e	xplains l	how to con	plete th	nis form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	)
	Sch: 1/4 Rpt: 4/8		Stronger Texas P	AC						00083947		
4	Date	5	Payee name									
	01/02/2024		JPMorgan Chase	Bank								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	le					
	\$25.00		PO Box 182051									
			Columbus, OH 42	318-2051								
8	PURPOSE	(a)	Category (See Catego	ries listed at the top (	of this sch	(aluba	(b) Des	scription				
	OF		Fees			euule)	_		outsic	le of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, тх,	officeholder living	expense	
							PA	C bank fee	es			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officehold	er name	C	Office soug	ht			Office he	eld	
	Date		Payee name									
	01/31/2024		JPMorgan Chase	Bank								
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le					
	\$15.00		PO Box 182051									
			Columbus, OH 42	318-2051								
	PURPOSE OF EXPENDITURE		Category (See Catego Fees	ries listed at the top o	of this sche	edule)				le of Texas. Com	•	
								Check if Austin, C bank fee		officeholder living	expense	
							PA		35			
	Complete ONLY if direct		andidate/Officehold	er name		Office soug	ht			Office he	hمار م	
	expenditure to benefit C/OI				C	5000 Sout	, nc			Office fic		
_	Date		Payee name									
	02/01/2024	I	JPMorgan Chase	Bank								
-	Amount (\$)		Payee address;	City;	State	Zip Co	ام					
	\$25.00		Payee address, PO Box 182051	City,	Sidle,		ie.					
	φ25.00		FO B0X 102051									
			Columbus, OH 42	318-2051								
-	PURPOSE		<b>.</b> .	ries listed at the top (	of this cal-	odule)	(b) Des	scription				
	OF		Fees	mes listed at the top o	of this sche	edule)		•	outsic	le of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, тх,	officeholder living	expense	
							PÁ	C bank fee	es			
L												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	C	Office soug	ht			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fee Foo Gift/	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					Transportation E Travel in District Travel Out of Dis			
	Credit Card Payment		The	Instruction Gu	ide explains l	how to cor	nplet	e this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 2/4 Rpt: 5/8		Stronger Texas	PAC						00083947		
4	Date	5	Payee name									
	02/29/2024		JPMorgan Cha	se Bank								
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de					
	\$15.00		PO Box 18205	1								
			Columbus, OH	42318-2051								
8	PURPOSE		<u> </u>			odulo)	(b) r	Description				
	OF		Fees	tegories listed at th	te top of this sch	edule)	(, I		outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Ī	Check if Austin,	, тх,	officeholder living	) expense	
							F	PAC bank fee	es			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	03/01/2024		JPMorgan Cha	se Bank								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$25.00		PO Box 18205			•						
			Columbus, OH	42318-2051								
	PURPOSE OF EXPENDITURE		Category (See Ca Fees	tegories listed at th	ne top of this sch	edule)			, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeh	older name	C	Dffice sou	ght			Office he	eld	
	Date		Payee name									
	03/29/2024		JPMorgan Cha	se Bank								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de					
	\$15.00		PO Box 18205	1								
			Columbus, OH	42318-2051								
	PURPOSE OF		,	tegories listed at th	ne top of this sch	edule)	(b) [	Description		1 ( T C	alata Oaka III T	
	EXPENDITURE		Fees				ļ			de of Texas. Com officeholder living	plete Schedule T.	
							L	PAC bank fee		Sincerioider IIVIIIų	стренае	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	С	Office souç	ght			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food Gift/A	Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor					Travel in District Travel Out of Dis	quipment & Related Expense	e	
	Credit Card Payment		The	Instruction Gui	de explains l	how to cor	nplete t	his form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 3/4 Rpt: 6/8		Stronger Texas	PAC						00083947		
4	Date	5	Payee name									
	04/01/2024		JPMorgan Chas	e Bank								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$25.00		PO Box 182051									
			Columbus, OH	42318-2051								
8	PURPOSE	<u> </u>					(h) Do	corintion				
ľ	OF		Category (See Cat Fees	egories listed at the	top of this sche	edule)	_	Scription Check if travel of	outsio	le of Texas. Com	plete Schedule T.	
	EXPENDITURE		FEE3				H			officeholder living		
							PA	C bank fee	es			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehc	lder name	C	Dffice soug	ght			Office he	eld	
	Date		Payee name									
	04/30/2024		JPMorgan Chas	e Bank								
	Amount (\$)		Payee address;	City;	State:	Zip Co	de					
	\$15.00		PO Box 182051		,	1						
			Columbus, OH	42318-2051								
	PURPOSE OF	(a)	Category (See Cat	egories listed at the	e top of this sche	edule)	(b) De	scription				
	EXPENDITURE		Fees				H			officeholder living	plete Schedule T.	
							PA	C bank fee		onicenciaer innig	l expense	
							.,					
	Complete ONLY if direct		andidate/Officeho	lder name	0	Office souc	nht			Office he	jld	
	expenditure to benefit C/Oł						,			01100110		
_	Data	_										
	Date 05/01/2024		Payee name JPMorgan Chas	a Bank								
					Otata	7: 0	1.					
	Amount (\$)		Payee address;	City;	State;	Zip Co	le					
	\$25.00		PO Box 182051									
			Columbus, OH	42318-2051								
	PURPOSE	(a)	Category (See Cat	egories listed at the	top of this sche	edule)	(b) De	scription				
	OF EXPENDITURE		Fees								plete Schedule T.	
										officeholder living	expense	
							PA	C bank fee	35			
	0 1.1 0.111	L								~ ~ ~ ~		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	ider name	C	Office soug	int			Office he	90	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mittee Legal Service	ge Expense Memorials Expense es	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	-			ction Guide explains h	now to con	nplete this form.		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 7/8		Stronger Texas PAC					00083947
4	Date	5	Payee name					
	05/31/2024		JPMorgan Chase Ba	nk				
6	Amount (\$)	7	Payee address; Cit	y; State;	Zip Co	le		
	\$15.00		PO Box 182051		·			
			Columbus, OH 42318	8-2051				
_	DUDDOOF	<u> </u>		0 2001		(1-)		
8	PURPOSE OF			listed at the top of this sche	edule)	(b) Description	outei	de of Texas. Complete Schedule T.
	EXPENDITURE		Fees					officeholder living expense
						PAC bank fe	es	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder n	ame O	office soug	ht		Office held
	Date		Payee name					
	06/03/2024		JPMorgan Chase Ba	nk				
	Amount (\$)		Payee address; Cit	v: State:	Zip Coo	le		
	\$25.00		PO Box 182051	,				
	+20.00							
			Columbus, OH 4231	8-2051				
	PURPOSE OF EXPENDITURE		Category (See Categories Fees	listed at the top of this sche	edule)		ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder n	iame O	office soug	ht		Office held
	Date		Payee name					
	06/28/2024		JPMorgan Chase Ba	nk				
	Amount (\$)		Payee address; Cit	y; State:	Zip Coo	le		
	\$15.00		PO Box 182051		·			
			Columbus, OH 4231	8-2051				
	PURPOSE OF		, -	listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Fees					de of Texas. Complete Schedule T. officeholder living expense
						PAC bank fe		
	Complete ONLY if direct	Ľ	andidate/Officeholder n	ame O	office soug	lht		Office held
	expenditure to benefit C/OF		anuluale/Onicenoluer n		າກເຮ ຣບຟຢູ	p n		

UNPAID INCU	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a)           Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           I Committee         Legal Services           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 F2: Sch: 1/1 Rpt: 8/8	2 FILER NAME Stronger Texas PAC	3 Filer ID     (Ethics Commission Filers)       00083947
<sup>4</sup> TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
<ul> <li>5 Date 01/24/2024</li> <li>7 Amount (\$)</li> </ul>	<ul> <li>6 Payee name Atchley &amp; Associates LLP</li> <li>8 Payee address; City; State; Zip Code</li> </ul>	
\$255.00	1005 La Posada Dr	
9 TYPE OF	Austin, TX 78752-3815	
EXPENDITURE 10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Accounting/Banking       Check if travel o         Check if Austin,       Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense ng and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held