## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

	`	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00042411		54			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
	OFFICEHOLDER NAME	The Honorable	Jose			12/20/2024	
		NICKNAME	LAST		SUFFIX	"]	
			Menendez			Date Hand-delivered	or Date Postmarked
	ORIGINAL	January 15	Runoff	Other (s	pecify)	1	
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam appointment (office				
		8th day before election	Final Report (Attac	• • • • • • • • • • • • • • • • • • • •		Date Processed	
	ORIGINAL PERIOD	Month Day Yea	 ar	Month Day	Year	Date Imaged	
	COVERED	01/01/2024	THROUGH	06/30/2024			
_	EXPLANATION OF C	CORRECTION				-	
	I would like to reques	t a waiver or reduction of a	late penalty due to ha	ving to tend to my wife	as she was an	d has been dealin	g with MS sympton
	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this correcte	ed report is true
•	AFFIDAVIT		and	· · · · · · · · · · · · · · · · · · ·	, , , ,		ed report is true
	AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	ble statements:  affirm that the origon intent to misles	ginal report
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report:  was made in good fa	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or	able statements:  affirm that the original intent to misled the report.  that I am filling this ess day after the dataccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.	able statements:  affirm that the original intent to misled the report.  that I am filling this ess day after the dataccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
		AMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I sereport not later than that the report as oris swear, or affirm, that filed was made in good.  The	e and all applica s: I swear, or aith and without ormation contai swear, or affirm, the 14th busine ginally filed is in t any error or or ood faith.	affirm that the original report.  That I am filing this day after the day after the day accurate or incommission in the report.	ginal report ad or to s corrected ate I learned aplete. I
	AFFIX NOTARY ST		and Che	correct.  ck the box next to any  Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go  The  Signatu	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	affirm that the original ran intent to mislea ned in the report.  That I am filing this say after the draccurate or incommission in the report.  The Mendel of the saccurate of the report of the repo	ginal report ad or to s corrected ate I learned aplete. I ort as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good The Signature.	r and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.  Honorable Jos ure of Candidate	affirm that the original ran intent to mislea ned in the report.  That I am filing this say after the draccurate or incommission in the report.  The Mendel of the saccurate of the report of the repo	ginal report ad or to s corrected ate I learned aplete. I ort as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good The Signature.	r and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is ir t any error or or ood faith.  Honorable Jos ure of Candidate	affirm that the original ran intent to mislea ned in the report.  That I am filing this say after the draccurate or incommission in the report.  The Mendel of the saccurate of the report of the repo	ginal report ad or to s corrected ate I learned aplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00042411		2 Total pages filed: 54
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Jose			Date Received
					ELECTRONICALLY FILED
	NICKNAME			CHEEN	12/20/2024
	NICKNAME	LAST Menendez		SUFFIX	12/20/2024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	P.O. Box 100833				Receipt # Amount
ADDRESS					Amount
Change of Address	San Antonio, TX 78201				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Ms.	Estefana			
	NICKNAME	LAST		SUFFIX	
		Martinez			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	r / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	114 Olga Dr.				
(Residence or Business)	San Antonio, TX 78237				
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION		
PHONE	(210) 432-2619				
<b>a</b> DEDODT					
8 REPORT TYPE	January 15	30th day before	election $\square$	Runoff	15th day after campaign treasurer
		J Sour day belore	Ciccion	- Canon	appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
				reporting infilt	
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2024	T⊦	IROUGH	06/30/202	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	_
	Month Day Year	∐ <sup>P</sup>	rimary	Runoff	Other
		□G	eneral	Special	
				_	
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)
	State Senator District 26 B	exar		State Senator Di	strict 26
	!			ı	
		രവ	O PAGE 2		
			JI AGE Z		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 54

13 C / OH NAME	Menendez, Jose (The	e Honorable)	<b>14</b> Filer ID (	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION	1 TOTAL LINUTENA	ZED DOLUTICAL CONTRIBUTIONS (OTLIED THAN	N DI EDOES LOANS	
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)	\$ 21,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		<b>\$</b> 3,548.13
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 56,963.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 833,576.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Jose Menende	<del>?</del> Z
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subse	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

4 of 54

				4 01 54		
	18 FILER NAME  Menendez, Jose (The Honorable)  19 Filer ID (Ethics Commission Filers)  00042411					
20 SCHEDULE NAME OF S			SUBT	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,525.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4. X	SCHEDULE E: LOANS		\$	0.00		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	56,963.96		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	0.00		
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
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	\$	16,458.71		
			•			

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/54	
2	FILER NAME Menendez, 3	lose (The Honorable)			3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 04/29/2024	<ul> <li>Full name of contributor</li></ul>	as PAC	)	7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78768					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/01/2024	Full name of contributor out-of-state F Caffee, Sarah (Ms.)  Contributor address; City; State; Zip Code	`	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Hockley, TX 77447 pation / Job title (See Instructions)		Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)		Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:)  06/29/2024 Castaneda Jr., Tristan (Mr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	•	pation / Job title (See Instructions) ative Consultant		Employer (See Instructions Self	i)		
	Date Full name of contributor X out-of-state PAC (ID#: C00248716 )  03/01/2024 Comcast PAC  Contributor address; City; State; Zip Code  Philadelphia, PA 19103		)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:) Invenergy Investment Company, LLC  Contributor address; City; State; Zip Code  Chicago, IL 60606			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/54	
2	FILER NAME Menendez, 3	ose (The Honorable)		3	Filer ID (Ethics Commission 00042411	on Filers)
4	Date 04/30/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$7,500.00
8	Principal occu	San Antonio, TX 78278 pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
Ū	i iliopai occa	salion, oob tale (ooe metadaene)	Employer (GGC mondoneric	,,		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#: San Antonio Fire & Police Pension Assn. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78216				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#: Texas Academy of Physician Assistants PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78737				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Surplus Lines Association PAC Contributor address; City; State; Zip Code  Austin, TX 78766			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:_ZACOPAC  Contributor address; City; State; Zip Code  San Antonio, TX 78265	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		· ·				

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
т	he Instruction Guide ex	plains how to compl	ete this form.	1	Total pages Sche Sch: 1/1 Rpt: 7	
2 FILER N. Menend	AME lez, Jose (The Honorable)			3		hics Commission Filers)
4 TOTAL	. OF UNITEMIZED PLED	GES			\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID:		_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Cod	e			
			T.,			tside of Texas. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Ins	structi	ons)	

	LOANS						SCHE	DULE E
	The Instruction	on Guide explains how to co	omplete this f	orm.			jes Schedule E: . Rpt: 8/54	
2	FILER NAME Menendez, Jose	e (The Honorable)				Filer ID 000424:	(Ethics Commis	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		)	9 Loan Amount	t (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			<b>10</b> Interest Rate	
							<b>11</b> Maturity Date	•
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were d	eposited	into political acco	
16	GUARANTOR INFORMATION	17 Name of guarantor					<b>19</b> Amount Guar	ranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 1/45 Rpt: 9/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	01/03/2024	A-AAA Key Mini storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.00	6604 W Interstate 10
		San Antonio, TX 78201
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Monthly rental fee for campaign storage unit.
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/02/2024	A-AAA Key Mini storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.00	6604 W Interstate 10
		San Antonio, TX 78201
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Monthly rental fee for campaign storage unit.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/02/2024	A-AAA Key Mini storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.00	6604 W Interstate 10
		San Antonio, TX 78201
	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  Monthly rental fee for campaign storage unit.
		Monthly rental lee for campaign storage unit.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

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

mbursement Solicitation/Fundraising Expense
tal 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	Il 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: 2/45 Rpt: 10/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/02/2024	A-AAA Key Mini storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.00	6604 W Interstate 10
		San Antonio, TX 78201
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  Monthly rental fee for campaign storage unit.
		Monthly Tental ree for earlipaigh storage unit.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	05/02/2024	A-AAA Key Mini storage
_	Amount (\$)	Payee address; City; State; Zip Code
	\$176.00	6604 W Interstate 10
	Ψ170.00	0004 W Interstate 10
		San Antonio, TX 78201
	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
		Monthly rental fee for campaign storage unit.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Davies same
	Date 06/03/2024	Payee name
		A-AAA Key Mini storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.00	6604 W Interstate 10
		San Antonio, TX 78201
	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
		Monthly rental fee for campaign storage unit.
_	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 -

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	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: 3/45 Rpt: 11/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	01/24/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$322.08	P.O. Box 105414
		Atlanta, GA 30348
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  Phone and internet services
		Thore and internet services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/26/2024	AT&T
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$507.29	P.O. Box 105414
		Atlanta, GA 30348
	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  Officeholder/campaign bundle services.
		Oniceriolden campaign bundle services.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	03/25/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$284.68	P.O. Box 105414
		Atlanta, GA 30348
	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 Officeholder/campaign bundle service
		Onicendide//campaign bundle service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### 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

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

	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: 4/45 Rpt: 12/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/24/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$290.58	P.O. Box 105414
		Atlanta, GA 30348
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
		Officeholder/campaign phone bundle services.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/25/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.95	P.O. Box 105414
		Atlanta, GA 30348
	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
		Officeholder/Campaign phone and internet service.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	06/24/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$290.58	P.O. Box 105414
		Atlanta, GA 30348
	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  Monthly officeholder/campaign phone and internet
		service.
-	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Co	Gift/Awards nmittee Legal Servio The Instr	Memorials Expense ces  uction Guide explains h		pense /ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 5/45 Rpt: 13/54		Menendez, Jose (Th	ne Honorable)			00042411	
4	Date	5	Payee name					
L	03/19/2024	L	AUEDA					
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Co	de		
	\$200.00		119 Paramount Ave	nue				
			San Antonio , TX 78	228				
8	PURPOSE OF	(a)	, -	s listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Fees				outside of Texas. Com n, TX, officeholder living	
						ш	Piñatas in the E	
						32		
9	Complete ONLY if direct		andidate/Officeholder	name Of	ffice souç	ght	Office he	eld
	expenditure to benefit C/O	Η						
	Date		Payee name					
	01/24/2024		Alpha Pi Zeta Found	dation				
	Amount (\$)		Payee address; C	ity; State;	Zip Cod	de		
	\$75.00		2610 Anna Mae Driv	/e				
			San Antonio , TX 78	220				
	PURPOSE OF	(a)	Category (See Categorie		edule)	(b) Description		
	EXPENDITURE		Contributions/Donat Candidate/Officehol		<sub>ttoc</sub>	<u> </u>	outside of Texas. Com n, TX, officeholder living	
			Candidate/Officenol	uei/Poiltical Commi	пее		the Miss Blue R	
								9
	Complete ONLY if direct		andidate/Officeholder	name Of	ffice souç	ght	Office he	eld
	expenditure to benefit C/O	Н						
	Date		Payee name					
	06/27/2024		Amazon					
	Amount (\$)		Payee address; C	ity; State;	Zip Cod	de		
	\$655.75		410 Terry Ave N					
		L	Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	dule)	(b) Description		
	OF EXPENDITURE		Event Expense				outside of Texas. Com	
						Check if Austin	n, TX, officeholder living	g expense
						riiue raidub	- auphiica	
	Complete ONLY if direct	<u> </u>	candidate/Officeholder	name O	ffice souç	ght	Office he	eld
	expenditure to benefit C/O			J. 12		<b>y</b> -	233 110	
	me provided by Tevas F	thic	c Commission	www othics st	toto ty u			Version V// 1 0 //8da51f7

#### SCHEDULE F1

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

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

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

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 (onter a category not listed above)

	Candidate/Officenoider/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: 6/45 Rpt: 14/54	Menendez, Jose (The Honorable) 00042411								
4	Date	5 Payee name								
	06/27/2024	Amazon								
6	Amount (\$) \$85.74	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Pride Parade supplies.								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	06/28/2024	Arizona Cafe								
	Amount (\$) \$295.88	Payee address; City; State; Zip Code  1111 South General McMullen  San Antonio , TX 78237								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for suburban cities luncheon								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date 02/20/2024	Payee name Arizona Cafe								
	Amount (\$) \$125.00	Payee address; City; State; Zip Code 1111 South General McMullen								
		San Antonio , TX 78237								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Food for Monterrey Salvage yard meeting.								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/45 Rpt: 15/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	03/02/2024	Arizona Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$216.50	1111 South General McMullen
		San Antonio , TX 78237
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Food for Monterrey Iron & Metal Community.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/18/2024	Bexar County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1844 Fredericksburg Rd.
	Ψ2,300.00	1044 Fredericksburg Nd.
		San Antonio, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to the organization.
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/14/2024	Biden for President
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 438
		Wilmington, DE 19801
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation to campaign
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Legal Service				/ages	ete this form.		Travel Out of D OTHER (enter a	istrict a category not liste	ed above)
1	Total pages Schedule F1:	2				-		_		3	Filer ID	(Ethics Com	nission Filers)
	Sch: 8/45 Rpt: 16/54	ı	Menendez,		e Honora	ıble)					00042411	(Lunca Colli	
4	Date	5	Payee name										
	06/18/2024		Cabral, Cyn	thia (Ms.	)								
6	Amount (\$) \$99.96	ı	Payee address 15210 Moss	•	y;	State;	; Zip Co	de					
			San Antonio	, TX 782	32								
8	PURPOSE	(a)	Category (Se	e Categories	listed at the t	op of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expe	ense				=			nplete Schedule T	
									_		officeholder livin		a at Camian
									Reimbursem centers.	ent	ior Famers	s Day Shack	s at Senior
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder r	iame	C	Office sou	ght			Office h	ield	
	<u> </u>												
	Date		Payee name										
	05/10/2024		Central Tex	as Regio	nal Mobil	ity Autho	rity						
	Amount (\$)		Payee addres	ss; Cit	y;	State;	; Zip Co	de					
	\$105.58		3300 North	IH-35									
			Suite 300										
			Austin, TX 7	'8705									
	PURPOSE	(a)	Category (Se	e Categories	listed at the t	op of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees						<b>=</b>			nplete Schedule T	
									Texas toll fee		officeholder livin	ig experise	
									TONGS TON TOO	,,			
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder r	ame	C	Office sou	ght			Office h	ield	
	Date		Payee name										
	01/17/2024		Circle K										
	Amount (\$)		Payee addres	ss; Cit	y;	State;	; Zip Co	de					
	\$74.00		5494 Babco	ck Road									
			San Antonio	o, TX 782	40								
H	PURPOSE	-	Category (Se					(h)	Description				
	OF		Transportati					(~)		outsi	de of Texas. Cor	nplete Schedule T	
	EXPENDITURE		Expense	on Equip					Check if Austin	ı, TX,	officeholder livin	ig expense	
			-						Gas for camp	oaig	n/ officehol	lder vehicle.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder n	ame	(	Office sou	ght			Office h	eld	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/45 Rpt: 17/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	01/29/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.45	5494 Babcock Road
		San Antonio, TX 78240
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Expense Check if Austin, TX, officeholder living expense
		Gas for campaign/ officeholder vehicle.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.14	5494 Babcock Road
	Ф49.14	5494 Babcock Roau
		San Antonio, TX 78240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Gas for campaign/ officeholder vehicle.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Or	
	Date	Payee name
	04/02/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.32	5494 Babcock Road
	Ψ-0.52	3434 Bubeock Nodu
		O A TV 70040
		San Antonio, TX 78240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gas for campaign/ officeholder vehicle.
		Gas for campaign, officentiale.
_	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	

#### 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	I Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/45 Rpt: 18/54	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	•
	05/11/2024	Circle K	
٦	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	* *	5494 Babcock Road	
	\$63.81	5494 Babcock Roau	
		San Antonio, TX 78240	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Gas for camp	paign/ officeholder vehicle.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	03/26/2024	Colin Allred for Senate	
┡			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O. Box 601631	
		Dallas, TX 75360	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	, TX, officeholder living expense
		Donation to c	ampaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/07/2024	Costco	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$378.81	5611 UTSA Boulevard	
	Φ3/0.01	5011 OTSA Boulevaru	
1			
		San Antonio, TX 78249	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Flowers for o	lder adults for Mother's Day
L			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
l			

### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/45 Rpt: 19/54	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		-
	01/06/2024	Costco		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$29.16	5611 UTSA Boulevard		
		San Antonio, TX 78249		
8	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
				Gas for campaign/ officeholder vehicle.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiantific to benefit G/OI	'		
	Date	Payee name		
	01/24/2024	Costco		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$33.30	5611 UTSA Boulevard		
		San Antonio, TX 78249		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Expense		Check if Austin, TX, officeholder living expense
				Gas for campaign/ officeholder vehicle.
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ynı	Office field
	Date	Payee name		
	02/16/2024	Costco		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$58.32	5611 UTSA Boulevard		
		San Antonio, TX 78249		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense  Gas for campaign/ officeholder vehicle.
				ous for earnpaight officeriolider verticie.
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office Held
l				

#### 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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services Frinting Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
	Credit Card Payment	- Card i dynient		The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 12/45 Rpt: 20/54	N	Menendez,	Jose (The Hon	orable)					00042411		
4	Date	5 F	Payee name									
	02/28/2024		Costco									
6	Amount (\$)	7 F	Payee addres	ss; City;	State:	Zip Co	de					
	\$52.20		5611 UTSA	•								
	**											
		,	San Antonio	TV 70240								
_		-				-						
8	PURPOSE OF			e Categories listed at		dule)	(b)	Description	ata:	do of Toyon Com	nloto Cobadulo T	
	EXPENDITURE		Fransportatı Expense	on Equipment	And Related					officeholder living	plete Schedule T. Lexpense	
			_хрепзе					Gas for camp				
								·	Ī			
9	Complete ONLY if direct	L Ca	andidate/Offic	ceholder name	Of	fice sou	aht			Office he	eld	
	expenditure to benefit C/O	Н					•					
_	Date		Payee name									
	03/04/2024	1	Costco									
	Amount (\$)	<u> </u>	Payee addres	ss; City;	State:	Zip Co	de					
	\$50.84		5611 UTSA		State,	Zip Co	uc					
	Ψ50.04	`	011 013A	Doulevaru								
		,	Can Antonia	TV 70240								
		-	San Antonio									
	PURPOSE OF			e Categories listed at		dule)	(b)	Description	outoi	do of Toyon Com	plete Schedule T.	
	EXPENDITURE		ı ransportatı Expense	on Equipment	And Related			<b>=</b>		officeholder living		
								Gas for camp	aig	ın/ officehol	der vehicle.	
	Complete ONLY if direct	Ca	andidate/Offic	ceholder name	Of	fice sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										
	Date	F	Payee name									
	03/18/2024	1	Costco									
	Amount (\$)	F	Payee addres	ss; City;	State:	Zip Co	de					
	\$58.06		611 UTSA	-	,							
		,	San Antonio	TX 78249								
	DUDDOCE	-					(h)	Description				
	PURPOSE OF			e Categories listed at on Equipment		dule)	(D)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense	on Equipment	Allu Kelaleu			ш		officeholder living	•	
			•					Gas for camp	aig	ın/ officehol	der vehicle.	
	Complete ONLY if direct		andidate/Offic	ceholder name	Of	fice sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										

#### 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/Political Committee Credit Card Payment			Legal Services  The Instruction Guide ex	Salaries/V	/Contract Labor		OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAMI	Ξ				3	Filer ID	(Ethics Commissio	n Filers)	
	Sch: 13/45 Rpt: 21/54	l	Jose (The Honorable	e)				00042411	`	,	
4	Date	5 Payee name									
	03/27/2024	Costco									
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode						
	\$29.61	5611 UTSA	Boulevard								
		San Antoni	o, TX 78249								
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description					
	OF EXPENDITURE		tion Equipment And F	Related				de of Texas. Com			
		Expense				Gas for camp		officeholder living			
						Ous for carrie	Juig	jiii oilicciioic	ici verilele.		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.		
۱	expenditure to benefit C/O		ischolder hame	Office 300	igiit			Office fic	iu .		
	Date	Payee name							<del></del>		
	04/11/2024	Costco									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$39.37	5611 UTSA	Boulevard								
		San Antoni	o, TX 78249								
	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description					
	EXPENDITURE		tion Equipment And F	Related		<b>=</b>		de of Texas. Com officeholder living			
		Expense				Gas for camp					
						ous for ourns	Juig	jiii oillociloic	ici vernole.		
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ıght			Office he	eld		
	expenditure to benefit C/OI	<del></del>									
	Date	Payee name									
	04/29/2024	Costco									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$49.95	5611 UTSA	Boulevard								
		San Antoni	o, TX 78249								
	PURPOSE OF		ee Categories listed at the top o		(b)	Description					
	EXPENDITURE		tion Equipment And F	Related				de of Texas. Com			
		Expense				Gas for camp		officeholder living			
						Cas for camp	,uiç	ji , omcendic	ici vernole.		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	L ight			Office he	eld		
	expenditure to benefit C/O			200 300	g			200 110	-		

#### 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 Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			oense ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:			hlo)			3	Filer ID	(Ethics Commission Filers)
Ļ	Sch: 14/45 Rpt: 22/54	_	Jose (The Honoral	uie)				00042411	
4	Date 05/04/2024	5 Payee name Costco	•						
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	le			
	\$55.61	5611 UTS	A Boulevard						
		San Antoni	o, TX 78249						
8	PURPOSE		See Categories listed at the to		dule)	(b) Description			
	OF EXPENDITURE	Transporta	tion Equipment And					ide of Texas. Com , officeholder living	
		Expense				Gas for cam			
					_		_		
9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Of	ffice soug	ht		Office he	eld
	Date	Payee name	)						
	06/28/2024	Costco					_		
	Amount (\$)	Payee addre	ess; City;	State;	Zip Coo	le			
	\$47.07	5611 UTS	A Boulevard						
		San Antoni	o, TX 78249						
	PURPOSE OF		See Categories listed at the to		dule)	(b) Description	ا ما ا	ide of Tours C	plata Cabadula T
	EXPENDITURE	Transporta Expense	tion Equipment And	i Related		<u> </u>		ide of Texas. Com , officeholder living	
						Gas for cam			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Ot	ffice soug	ht		Office he	eld
	Date	Payee name	)						
	06/07/2024	Costco					_		
	Amount (\$)	Payee addre	•	State;	Zip Coo	le			
	\$50.13	5611 UTS	A Boulevard						
		San Antoni	o, TX 78249						
	PURPOSE		See Categories listed at the to		dule)	(b) Description			
	OF EXPENDITURE		tion Equipment And	l Related		ш		ide of Texas. Com , officeholder living	•
		Expense				Gas for cam			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	ffice soug	ht		Office he	eld

#### SCHEDULE F1

mg Expense Event Expense Loan Repayment/Reimbu

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

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/Political Committee Credit Card Payment		Legal Services						OTHER (enter a category not listed above)				
			The Instruction Guide	explains how to co	mpl	ete this form.							
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission File	ers)			
	Sch: 15/45 Rpt: 23/54	Menendez,	Jose (The Honorab	le)				00042411					
4	Date	5 Payee name											
	06/25/2024	Democratic	Congressional Cam	npaign Committ	eeC	;							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode								
	\$100.00	430 South	Capitol Street SE										
		Washingtor	n, DC 20003										
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description							
	OF		ns/Donations Made			Check if travel of	outsi	de of Texas. Com	plete Schedule T.				
	EXPENDITURE		Officeholder/Political			_	, TX,	officeholder living	g expense				
						Donation							
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ight			Office h	eld				
	experionality to belief C/O	1											
	Date	Payee name											
	05/31/2024	Door Dash											
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode								
	\$136.95	901 Marke	t Street 6th Floor										
		San Francis	sco, CA 94103										
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description							
	OF EXPENDITURE	Food/Bever	age Expense			<u></u>			plete Schedule T.				
						<b>—</b>		officeholder living	g expense				
						Staff lunch m	eei	ing.					
	Operation ONLY if allowed	0		0#:				O#: I-	-1-1				
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ignt			Office h	eia				
	·	-											
	Date	Payee name											
	03/21/2024	ERenterpla	n 										
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode								
	\$166.00	7585 Irvine	Center Drive, Suite	200									
		Irvine, CA 9	2618										
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description							
	OF EXPENDITURE	Fees				_			plete Schedule T.				
						_		officeholder living	g expense er Austin rental.				
						Renters Insul	ai i	ce ioi ioiiile	i Ausuii itiildi.				
	Complete ONLY if direct	Candidato/Off	ceholder name	Office sou	laht			Office h	ald				
	Complete ONLY if direct expenditure to benefit C/O		cendidei name	Office S00	igill			Office II	ziu .				

### 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

	Candidate/Officenoider/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: 16/45 Rpt: 24/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/30/2024	Erika Hazel for Bexar County Appraisal District Board
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	406 Stonewood
		San Antonio , TX 78216
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 to the campaign
		,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/05/2024	Flag World Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$780.00	1270 S. Alilene
	,	1210 0.7 mile.10
		Aurora, CO 80012
	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  Flags
		95
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	01/09/2024	Garcia Event Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1400 Callaghan Road
		San Antonio, TX 78228
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Deposit for rental space for Senior Sweetheart
		Dance Deposit for Territal space for Seriior Sweetheart
_	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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 17/45 Rpt: 25/54	Menendez, Jose (The Honorable)							
4	Date	5 Payee name		<b>I</b>					
	02/26/2024	Gofundme							
6	Amount (\$)	7 Payee address; City; State; Zip Co	de						
	\$255.00	855 Jefferson Ave							
		Redwood City, TX 94063							
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.					
	EXI ENDITORE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense					
				Donation for Alfred Jimenez funeral and memorial fund.					
_	Operation ONLY if direct	Occasionate (Office Includes a constitution of the constitution of							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	gnt	Office held					
	Date	Payee name							
	04/06/2024	Gonzales, Sergio (Mr.)							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	\$68.95	6326 Spring Time							
		San Antonio, TX 78249							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.					
	ZA ZADITORZ			Check if Austin, TX, officeholder living expense					
				Reimbursement for food at Property Tax event					
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held					
	expenditure to benefit C/OH								
	Date	Payee name							
	06/18/2024	Gonzales, Sergio (Mr.)							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	\$99.96	6326 Spring Time							
		San Antonio, TX 78249							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.					
				Check if Austin, TX, officeholder living expense Reimbursement for Father's Day snacks at Senior					
				centers.					
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held					
	expenditure to benefit C/OI		9.11	Onice Held					

#### 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 18/45 Rpt: 26/54	Menendez, Jose (The Honorable) 00042411						
4	Date	5 Payee name						
	06/28/2024	Gonzales, Sergio (Mr.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$47.50	6326 Spring Time						
		San Antonio, TX 78249						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Reimbursement for food for Elder Abuse and Fraud						
		event						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	<del>1</del>						
	Date	Payee name						
	06/12/2024	Green Vegetarian Cuisine						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$106.35	255 East Basse						
		San Antonio, TX 78209						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Lunch meeting with constituents to discuss state						
		business.						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol	1						
	Date	Payee name						
	01/29/2024	Gunn Infiniti						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,199.89	12150 IH-10 West						
		San Antonio, TX 78230						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Lease on officeholder/campaign vehicle.						
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
1								

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	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: 19/45 Rpt: 27/54	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	02/27/2024	Gunn Infiniti	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,199.89	12150 IH-10 West	
		San Antonio, TX 78230	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Lease on officeholder/campaign vehicle.	
		Lease on onicendidencampaign vehicle.	
_	0 1: 0 1: 0		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
_	Date	Payee name	=
	03/27/2024	Gunn Infiniti	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,199.89	12150 IH-10 West	
	Ψ1,133.03	12130 IH-10 West	
		San Antonio, TX 78230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense Lease on officeholder/campaign vehicle.	
		Lease on onicendidentampaign vehicle.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	the state of the s	
	Date	Payee name	=
	04/29/2024	Gunn Infiniti	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,199.89	12150 IH-10 West	
	<b>+-,</b>		
		San Antonio, TX 78230	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense	
		Lease on officeholder/campaign vehicle.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi	<u>'</u>	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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 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)

	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: 20/45 Rpt: 28/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/28/2024	Gunn Infiniti
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,199.89	12150 IH-10 West
		San Antonio, TX 78230
8	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
		Lease on officeholder/campaign vehicle.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPCHARATO TO DOMONE GAO	
	Date	Payee name
	06/27/2024	Gunn Infiniti
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,199.89	12150 IH-10 West
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Lease on officeholder/campaign vehicle.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 05/21/2024	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$227.00	2118 Fredericksburg Road
		San Antonio, TX 78201
	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
		Food and drinks for constituents
	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 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 Salaries/Wages/Contract Labor

	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: 21/45 Rpt: 29/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	06/28/2024	Harold's Art & Framing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.80	2743 Roosevelt Ave.
		San Antonio, TX 78214
8	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  Framing resolution for constituent
		Framing resolution for constituent
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	·	
	Date	Payee name
	03/02/2024	J. Alexander's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$152.85	255 E. Bases Road
		San Antonio, TX 78209
	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 meeting over state business with community
		members.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/17/2024	Joe Biden for President
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 96663
		Washington , DC 20077
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Contribution to dee Elder i Tesidential Campaign
$\vdash$	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			OTHER (enter a category not listed above)			
	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: 22/45 Rpt: 30/54	Menendez, Jose (The Honorable)		00042411			
4	Date	5 Payee name	_				
	02/20/2024	Joe Biden for President					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
_	\$250.00	P.O. Box 96663					
	4200.00						
		Washington, DC 20077					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Continuations Made by		ide of Texas. Con , officeholder livin	nplete Schedule T.		
		Carrandato, Ciniconolaci, Cinical Committee			residential Campaign		
					, , , , , , , , , , , , , , , , , , ,		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld		
•	expenditure to benefit C/O	Canadato, Cinocitota Mano		01110011	olu -		
_	Data						
	Date 04/22/2024	Payee name					
		Joe Biden for President					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	P.O. Box 96663					
		Washington , DC 20077					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Wade By			nplete Schedule T.		
				, officeholder livin	g expense residential Campaign		
		Contribution		oc blacii i	residential Campaign		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld		
	expenditure to benefit C/O	Cardidate/Oniceriolder name Onice sought		Office II	eiu		
	5.						
	Date	Payee name					
	05/14/2024	Joe Biden for President					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	P.O. Box 96663					
		Washington , DC 20077					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations wade by			nplete Schedule T.		
				, officeholder livin			
		Continuution	.0 .	oc bluell P	residential Campaign		
	Complete ONLY if direct	Candidata/Officeholder name Office accurate		Office b	ald		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office h	<del>c</del> iu		
	•						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 (carbon a cottogon and listed above)

	Candidate/Officenoider/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: 23/45 Rpt: 31/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	06/22/2024	Joe Biden for President
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 96663
		Washington , DC 20077
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  Candidate/Officeholder   Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Confinitee Contribution to Joe Biden Presidential Campaign
		Continuation to coo Endon Florida Campang.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/22/2024	Joe Biden for President
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 96663
		Washington, DC 20077
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		_ 5a5 to 5aps.g
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dove nome
	02/22/2024	Payee name LULAC 4240
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	346 Senova Drive
		San Antonio , TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sponsorship for the Black and Gold Banquet
		Sponsorship for the Black and Cold Banquet
	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 E
Candidate/Officeholder/Politic

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 manage Calcadula F1.	
1	Total pages Schedule F1: Sch: 24/45 Rpt: 32/54	2 FILER NAME  Menendez, Jose (The Honorable)  3 Filer ID (Ethics Commission Filers)  00042411
4	Date	5 Payee name
-	04/23/2024	Lopez , Kevin (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$613.93	835 Woodlawn Avenue
		San Antonio , TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	01/29/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	512 Mean Street
		Alanta, GA 30318
	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
		Monthly fee for email service.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Dougo nama
		Payee name  Mailabinan
	02/27/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	512 Mean Street
		Alanta, GA 30318
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Monthly email service
	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 Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 25/45 Rpt: 33/54	Menendez, Jose (The Honorable)		00042411
4	Date	5 Payee name		•
	03/27/2024	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$98.07	512 Mean Street		
		Alanta, GA 30318		
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  Monthly fee for email service
				Monthly fee for email service
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			Since near
-	Date	Payee name		
	04/27/2024	Mailchimp		
-	Amount (\$)	Payee address; City; State; Zip Cod	<u></u>	
	\$98.07	512 Mean Street		
	Ψ30.01	ora wear order		
		Alanta, GA 30318		
⊢	PURPOSE	T	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	IJ	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				Monthly email service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	05/28/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$98.07	512 Mean Street		
		Alanta, GA 30318		
	PURPOSE OF	, ,	b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Monthly email service fee
				•
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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 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: 2 FILER NAME Menendez, Jose (The Honorable) 3 Filer ID (Ethics Commission Filers)	,	The Instruction Guide explains how to co	mplete	e this form.	
4 Date 06/27/2024 5 Payee name Mailchimp 6 Amount (\$) 7 Payee address; City; State; Zip Code 5 S98.07 5 Payee address; City; State; Zip Code 6 Amount (\$) 7 Payee address; City; State; Zip Code 7 S98.07 5 Payee address; City; State; Zip Code 8 PURPOSE CATEGORIES Instead at the top of this schedule) Prees Monthly email Service fee 9 Complete QNLY if direct expenditure to benefit C/OH  Date Q2/13/2024 Martinez, Veronica (Ms.)  Amount (\$) Payee name Martinez, Veronica (Ms.)  Purpose OF EXPENDITURE  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code 210 Audrey Lane Drive San Antonio, TX 78216  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Date Q2 Date Q2 Date Drive San Antonio, TX 78216  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code Date Q2 Date Q2 Payee name Northwest Democrats  Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
Mailchimp   Famount (S)   7   Payee address; City; State; Zip Code   S12 Mean Street	Sch: 26/45 Rpt: 34/54	Menendez, Jose (The Honorable)		00042411	
7 Payee address; City; State; Zip Code	4 Date	5 Payee name		•	
\$98.07  512 Mean Street Alanta, GA 30318  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description	06/27/2024				
Alanta, GA 30318  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)   Check if Tavel outside of Toxas. Complete Schedule T.   Check if Tavel outside of Toxas	6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
Candidate/Officeholder name   Cand	\$98.07	512 Mean Street			
Candidate/Officeholder name   Cand					
Circk if Iravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Monthly email service fee		Alanta, GA 30318			
Check if Travel outside of Texas. Complete Schedule T.   Check if Austin, T.X. officeholder living expense   Monthly email service fee	8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description	
9 Complete ONLY if direct expenditure to benefit C/OH  Date 02/13/2024 Payee name Martinez, Veronica (Ms.)  Amount (\$) Payee address; City; State; Zip Code San Antonio, TX 78216  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought  (a) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense DJ service for the Senior Sweetheart Dance  Complete ONLY if direct expenditure to benefit C/OH  Date O1/26/2024 Payee name Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code  \$1,000.00 Payee address; City; State; Zip Code  S1,000.00 S1,000.00 Payee address; City; State; Zip Code  \$20 Antonio, TX 78268					
9 Complete QNLY if direct expenditure to benefit C/OH  Date	EXPENDITORE		Ĺ	<b>—</b>	
Date 02/13/2024			N	Monthly email service fee	
Date 02/13/2024				0" 111	
Martinez, Veronica (Ms.)   Amount (\$)			ght	Office held	
Martinez, Veronica (Ms.)   Amount (\$)	· 				
Amount (\$)		1			
\$300.00 210 Audrey Lane Drive  San Antonio, TX 78216  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  DJ service for the Senior Sweetheart Dance  Complete ONLY if direct expenditure to benefit C/OH  Date  01/26/2024  Payee name  Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code  \$1,000.00 P.O.Box 681911  San Antonio, TX 78268	02/13/2024	i i			
San Antonio, TX 78216  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DJ service for the Senior Sweetheart Dance  Complete ONLY if direct expenditure to benefit C/OH  Date 01/26/2024  Payee name Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code P.O.Box 681911  San Antonio, TX 78268			de		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  DJ service for the Senior Sweetheart Dance  Complete ONLY if direct expenditure to benefit C/OH  Date  01/26/2024  Payee name  Northwest Democrats  Amount (\$)  Payee address; City; State; Zip Code  \$1,000.00  P.O.Box 681911  San Antonio, TX 78268	\$300.00	210 Audrey Lane Drive			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  DJ service for the Senior Sweetheart Dance  Complete ONLY if direct expenditure to benefit C/OH  Date  01/26/2024  Payee name  Northwest Democrats  Amount (\$)  Payee address; City; State; Zip Code  \$1,000.00  P.O.Box 681911  San Antonio, TX 78268					
Event Expense  Event Expense  Complete ONLY if direct expenditure to benefit C/OH  Date 01/26/2024  Amount (\$)  Payee address; City; State; Zip Code \$1,000.00  San Antonio, TX 78268		San Antonio, TX 78216			
EXPENDITURE  EVENT Expense  Check if Austin, TX, officeholder living expense DJ service for the Senior Sweetheart Dance  Complete ONLY if direct expenditure to benefit C/OH  Date 01/26/2024  Northwest Democrats  Amount (\$)  Payee address; City; State; Zip Code \$1,000.00  P.O.Box 681911  San Antonio, TX 78268		(a) Category (See Categories listed at the top of this schedule)	(b) D	Description	
Complete ONLY if direct expenditure to benefit C/OH  Date O1/26/2024  Amount (\$) Payee address; City; State; Zip Code  \$1,000.00  San Antonio, TX 78268		Event Expense		<b></b>	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 01/26/2024 Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O.Box 681911  San Antonio, TX 78268			L		
Date Payee name 01/26/2024 Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O.Box 681911  San Antonio, TX 78268			_		
Date Payee name 01/26/2024 Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O.Box 681911  San Antonio, TX 78268	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
O1/26/2024 Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O.Box 681911  San Antonio, TX 78268			<b>J</b>		
O1/26/2024 Northwest Democrats  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O.Box 681911  San Antonio, TX 78268	 Date	Pavee name			
Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O.Box 681911  San Antonio, TX 78268		1			
\$1,000.00 P.O.Box 681911  San Antonio, TX 78268	Amount (\$)		de		
San Antonio, TX 78268			uo		
	72,000.00	1.0.20% 002022			
		San Antonio TX 78268			
PORPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	DUDDOCE		(b) 5	Docarintia n	
OF Sponsorship Check if travel outside of Texas. Complete Schedule T.			(B) L		
EXPENDITURE Check if Austin, TX, officeholder living expense	EXPENDITURE	Sporisorship	Ė	<b>_</b>	
Sponsorship for the Super Bowl LVIII event			S	Sponsorship for the Super Bowl LVIII event	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct		ght	Office held	
	expenditure to benefit C/C	<u> </u>			
expenditure to benefit C/OH					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-	Sch: 27/45 Rpt: 35/54	Menendez, Jose (The Honorable)    Steel ID   Callies Commission Filers)   00042411	
4	Date	5 Payee name	
	06/28/2024	Northwest Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$950.00	P.O.Box 681911	
		San Antonio, TX 78268	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Sponsorship and ad for the Pat Maloney Sr. Public Service Award Dinner	
		Service Award Diffiler	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit 6/61		
	Date	Payee name	
	02/23/2024	One Gas Texas	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$75.99	1301 S. Mopac Expressway #400	
	Ψ10.00	1001 O. Mopus Expressivay naco	
		Austin, TX 78746	
	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	
		Gas utilities	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Oi	п	
	Date	Payee name	
	03/25/2024	One Gas Texas	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$48.79	1301 S. Mopac Expressway #400	
	Ψ10.10	1001 C. Mopus Expressing in 100	
		A TV 707.40	
		Austin, TX 78746	
	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	
		Gas utilities	
			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiulture to beliefit C/OI		
l			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Palaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Dis	quipment & Related Expense
_	Total massas Cabadula F1.	1	EILED NAME	<u>.</u>				_	Eller ID	(Ethios Commission Filers)
1	Total pages Schedule F1: Sch: 28/45 Rpt: 36/54	2		: Jose (The Honorable)				3	Filer ID 00042411	(Ethics Commission Filers)
4	Date	5	Payee name							
	04/23/2024		One Gas Te	exas						
6	Amount (\$) \$32.65									
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Fees	ee Categories listed at the top of th	is schedule)	(b)			de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office so	ought			Office he	eld
	Date		Payee name							
	05/22/2024		One Gas Te	exas						
	Amount (\$) Payee address; City; State; Zip Code									
	\$32.20 1301 S. Mopac Expressway #400									
			Austin, TX 7	78746						
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense  Gas utilities for Austin rental									
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office so	ought			Office he	eld
	Date 06/21/2024		Payee name One Gas Te	exas						
	Amount (\$) \$34.29		Payee address 1301 S. Mop	pac Expressway #400	state; Zip (	Code				
	PURPOSE	(a)		ee Categories listed at the top of th	is schodulo)	(b)	Description			
	OF EXPENDITURE	(~)	Fees	se Categories listeu at the top of th	is scrieuule)		Check if travel	, TX,	de of Texas. Com officeholder living Austin rental	expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office so	ought			Office he	eld

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/45 Rpt: 37/54	Menendez, Jose (The Honorable)	00042411
4	Date	5 Payee name	<u>'</u>
	01/25/2024	One Gas Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$64.29	1301 S. Mopac Expressway #400	
		Austin, TX 78746	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Gas utilities for Austin rental.
Ļ	0 1: 0.11.7.7.1.		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	·		
	Date	Payee name	
	02/23/2024	Ord, Julie (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,600.00	5650 Worth Parkway	
l		Apt 1425	
l		San Antonio, TX 78257	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			February and March social media services
			· osiaan, and major ossia modia osi noo
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/23/2024	Ord, Julie (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,300.00	5650 Worth Parkway	
	, ,	Apt 1425	
		San Antonio, TX 78257	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/ Wages/Contract East	Check if Austin, TX, officeholder living expense
l			April social media services
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft C/OI		

### 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 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: 30/45 Rpt: 38/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/01/2024	Ord, Julie (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,300.00	5650 Worth Parkway
		Apt 1425
		San Antonio, TX 78257
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  May social media services
		May Social filedia Scivices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2024	Ord, Julie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,300.00	5650 Worth Parkway
		Apt 1425
		San Antonio, TX 78257
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Social Media Services for June
		Social Wedia Services for Sune
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/01/2024	Peterson, Judy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1830 W Summit Ave
		San Antonio, TX 78201-4934
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Compaign work
		Campaign work
-	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 Made By -Candidate/Officeholder/Political C

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

	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: 31/45 Rpt: 39/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/24/2024	Peterson, Judy (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$153.26	1830 W Summit Ave
		San Antonio, TX 78201-4934
8	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
		Reimbursement for food and supplies for Senior
		Fiesta.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
┡	· 	
	Date	Payee name
L	05/01/2024	Peterson, Judy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	1830 W Summit Ave
		San Antonio, TX 78201-4934
	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  Reimbursement for campaign P.O. Box rental
		Reimbursement for campaign 1.0. Box rental
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	Para and a second secon
	Date 06/08/2024	Payee name
L		Peterson, Judy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.73	1830 W Summit Ave
L		San Antonio, TX 78201-4934
	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.
l		Check if Austin, TX, officeholder living expense  Reimbursement for Father's Day snacks at Senior
		centers.
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### 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	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: 32/45 Rpt: 40/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/08/2024	Planned Parenthood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P. O. Box 97166
		Washington , DC 20090
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
		Candidate/Officeholder/Political Committee
		20100001
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/09/2024	Politico
H	Amount (\$)	Payee address; City; State; Zip Code
	\$932.07	835 Woodlawn
	Ψ332.01	033 Woodiawii
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign services
		Campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	7
	Date	Payee name
	01/18/2024	Prestige Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$351.81	8 Burwood Lane
		San Antonio, TX 78216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of flyers for Senior Sweetheart Dance
		Filling of tyers for Serior Sweetheart Dance
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
$\vdash$		
L		

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide (	ense Prii Sal	-	se s/Contract Labor	Travel in Distric Travel Out of E OTHER (enter	
1	Total pages Schedule F1: Sch: 33/45 Rpt: 41/54		E , Jose (The Honorab				3 Filer ID 00042411	(Ethics Commission Filers)
4			`					
<b>_</b>	Date 05/07/2024	5 Payee name Prestige Pr						
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zi	ip Code			
	\$48.71	8 Burwood	Lane					
		San Antoni	o, TX 78216		_			
8	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule	;) (b)	Description		
	OF EXPENDITURE		s/Memorials Expense				outside of Texas. Co	·
						_	reciation Wee	
						- P - P		
9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Offic	e sought		Office h	neld
H	Date	Payee name						
	06/29/2024	Printing and						
	Amount (\$)	Payee addre	ess; City;	State; Zi	ip Code			
	\$123.25	4536 W Co	mmerce St					
		San Antoni	o, TX 78237					
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule	;) (b)	Description		
	OF EXPENDITURE	Advertising					outside of Texas. Co	·
						Printing of ba		g onpolito
						J		
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Offic	e sought		Office h	neld
	Date	Payee name						
	01/11/2024	Quik Trip-F						
	Amount (\$)	Payee addre	ess; City;	State; Zi	ip Code			
	\$63.00	4710 Frede	ericksburg Road					
		San Antoni	o, TX 78229					
	PURPOSE				/h	Docorintia-		
	OF		See Categories listed at the top		e) (a)	Description Check if travel	outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	Expense	= чагріпопі Ліш			Check if Austin	n, TX, officeholder livir	ng expense
						Gas for camp	paign/ officeho	lder vehicle.
	Complete Others "	Carallia	'achaldar					vold
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Offic	e sought		Office h	ielū

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services			es/Contract Labor		OTHER (enter a	strict a category not listed al	oove)
	Credit Card Payment			The Instruction Gui	de explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 34/45 Rpt: 42/54		Menendez,	Jose (The Honor	able)				00042411		
4	Date	5	Payee name								
	02/02/2024	ı	Quik Trip-Fr	ed. Rd							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$36.63		4710 Freder	ricksburg Road							
			San Antonio	. TX 78229							
8	PURPOSE	├				(b)	) Description				
ľ	OF			e Categories listed at the on Equipment Ar		(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment / ti	ia related		_		officeholder living		
			•				Gas for camp	oaiç	n/ officehol	der vehicle.	
9	Complete ONLY if direct		andidate/Offic	ceholder name	Office s	ought	t		Office h	eld	
	expenditure to benefit C/OI	+									
	Date		Payee name								
	03/23/2024		Quik Trip-Fr	ed. Rd							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$48.17		4710 Freder	ricksburg Road							
			San Antonio	, TX 78229							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	<b>)</b> Description				
	OF EXPENDITURE			on Equipment Ar	nd Related		<b>=</b>			nplete Schedule T.	
			Expense				Gas for camp		officeholder living		
							Cas for camp	Juig	jiii oilicciioi	aci verilele.	
_	Complete ONLY if direct	<u> </u>	:andidate/Offic	ceholder name	Office s	ought	<u> </u>		Office h	eld	
	expenditure to benefit C/O		araraara, o m		000	o a g	•		000	0.0	
	Date	l	Dayoo nama								
	04/01/2024	l	Payee name Quik Trip-Fr	ed Rd							
	Amount (\$)	-	Payee addres		State: Zin	Codo					
	\$28.71	l	,	ss; City; ricksburg Road	State; Zip	Joue					
	Ψ20.71		4710 Fieuei	icksburg Road							
			San Antonio	TV 70220							
						la:					
	PURPOSE OF			e Categories listed at the		(a)	Description  Check if travel	outsi	de of Texas Con	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment Ar	na Reialea		ш		officeholder living	•	
			ZXPONCO				Gas for camp				
	Complete ONLY if direct		andidate/Offic	ceholder name	Office s	ought	İ		Office h	eld	
	expenditure to benefit C/OI	Η									

#### 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/45 Rpt: 43/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/06/2024	Quik Trip-Fred. Rd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.44	4710 Fredericksburg Road
		San Antonio, TX 78229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Gas for campaign/ officeholder vehicle.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2024	Quik Trip-Fred. Rd
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.72	4710 Fredericksburg Road
	Ψ03.72	4/10 Tredeficksburg Nodu
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gas for campaign/ officeholder vehicle.
		Gas for campaign/ officeriolder verticle.
	Operation ONLY if allower	Out it is to lot the later and the second of
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	05/23/2024	Quik Trip-Fred. Rd
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.94	4710 Fredericksburg Road
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gas for campaign/ officeholder vehicle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

#### 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 Solicitation/Fundraising 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/Politica Credit Card Payment	al 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: 36/45 Rpt: 44/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	06/17/2024	Quik Trip-Fred. Rd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.28	4710 Fredericksburg Road
		San Antonio, TX 78229
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense
		Gas for campaign/ officeholder vehicle.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/6	
	Date	Payee name
	06/22/2024	Quik Trip-Fred. Rd
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.61	4710 Fredericksburg Road
		San Antonio, TX 78229
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Gas for campaign/ officeholder vehicle.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	03/19/2024	RJ Publications LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	P.O. Box 272
		Helotes, TX 78023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		High school baseball and UIL ads.
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officenoider/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: 37/45 Rpt: 45/54	Menendez, Jose (The Honorable) 00042411	
4 Date	5 Payee name	
04/06/2024	San Antonio Food Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$162.38	5200 Old Highway 90 West	
	San Antonio, TX 78227	
8 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	
	Food for the Property Tax event	
	1 332 to the reporty rational	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
04/06/2024	Senate Support Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$120.00	P.O. Box 12068	
	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense	
=/11 =	Cavels for constituents	
	Gavels for constituents	
C Lite ON II V if allino at	Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	<del>.</del>	
Date	Payee name	
04/08/2024	Senate Support Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$120.00	P.O. Box 12068	
	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense	
L/II LIIDI. G.I.L	Check if Austin, TX, officeholder living expense	
	Gavels for constituents	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experience to belief of e		

### 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 Salaries (Means/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 38/45 Rpt: 46/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	05/21/2024	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1106 Lavaca #100
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation to the Democratic Party
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration benefit C/O	
	Date	Payee name
	03/19/2024	Texas Facilities Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1711 San Jacinto Boulevard
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Donation to Emma's Garden
	Operation ONLY & Street	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2024	Texas Public Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8401 Datapoint Dr. Suite 800
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 39/45 Rpt: 47/54	Menendez, Jose (The Honorable) 00042411	
4	Date	5 Payee name	
	02/20/2024	Texas Public Radio	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$50.00	8401 Datapoint Dr. Suite 800	
		San Antonio, TX 78229	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	- parameter solient of of		_
	Date	Payee name	
	03/05/2024	Texas Public Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	8401 Datapoint Dr. Suite 800	
		San Antonio, TX 78229	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By	
	EAPENDITUKE	Candidate/Officeholder/Political Committee	
		Sustaining membership	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L	onponditure to beliefft G/Of	•	
	Date	Payee name	
L	03/19/2024	Texas Public Radio	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	8401 Datapoint Dr. Suite 800	
		San Antonio, TX 78229	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Sustaining membership	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefit C/Of		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 40/45 Rpt: 48/54	Menendez, Jose (The Honorable) 00042411
4	Date	5 Payee name
	04/19/2024	Texas Public Radio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	8401 Datapoint Dr. Suite 800
		San Antonio, TX 78229
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.  Check if August TX of finished by It is a greater.
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/20/2024	Texas Public Radio
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8401 Datapoint Dr. Suite 800
		San Antonio, TX 78229
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee Sustaining membership
		Castaling membership
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/20/2024	Texas Red Wolves
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6103 Briscoe Leaf
		San Antonio , TX 78253
	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.  Check if August TV. officeholder It is a greater
		Candidate/Officeholder/Political Committee
		25.1a.io. 15. Count region i mai i oui onumpionomi
	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 C 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		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: 41/45 Rpt: 49/54	Menendez, Jose (The Honorable)  00042411							
4	Date	5 Payee name							
	01/09/2024	Texas Senate Democratic Caucus							
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P. O. Box 12068							
	Ψ2,300.00	P. O. BUX 12006							
		Austin, TX 78711							
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							
		Balance of 2023 dues							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H							
	Date	Payee name							
	01/09/2024	Texas Senate							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,050.00	P.O. Box 12068							
		Austin, TX 78711							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE		Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	·						
		Check if Austin, TX, officeholder living expense  Calendars for constituents							
Calcinals for consulterits									
Complete ONLY if direct Candidate/Officeholder name Office cought Office hold									
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date	Payee name							
	05/09/2024	The Children's Shelter							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00	2939 W. Woodlawn							
		San Antonio, TX 78228							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
		Donation to organization							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	CAPETIGITATE TO DELIETT C/OI								

#### 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 Salaries/Wages/Contract Labor

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 42/45 Rpt: 50/54 Menendez, Jose (The Honorable) 00042411 4 Date Payee name 02/09/2024 The Houstonian Hotel 6 Amount (\$) Payee address; State; Zip Code \$517.87 111 North Post Osk Lane houston, TX 77024 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lodging to attend Texas Power Grid Investment Summit. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/18/2024 The Rose Boutique Amount (\$) Payee address; City; State; Zip Code \$175.00 955 Cincinatti San Antonio, TX 78201 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Wreath in honor of Martin Luther King Day Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/08/2024 The Rose Boutique Amount (\$) Payee address: City; State; Zip Code \$175.00 955 Cincinatti San Antonio, TX 78201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Wreath for Child Advocates of San Antonio wreath laying ceremony Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
•	Sch: 43/45 Rpt: 51/54	Menendez, Jose (The Honorable)  00042411							
4	Date	5 Payee name							
	05/29/2024	The Rose Boutique							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$175.00	955 Cincinatti							
		San Antonio, TX 78201							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Gift/Awards/Memorials Expense							
		Check if Austin, TX, officeholder living expense  Wreath for Memorial Day ceremony							
		Wreath for Wellona Day Ceremony							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	02/24/2024	The Texas Tribune							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$51.70	919 Congress Avenue							
		6th Floor							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Contributions/Donations Made By							
		Candidate/Officeholder/Political Committee							
Sustaining membership									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH									
	Date	Payee name							
	03/25/2024	The Texas Tribune							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$51.70	919 Congress Avenue							
		6th Floor							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Contributions/Donations Made By							
		Candidate/Officeholder/Political Committee							
		Sustaining membership							
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Polling Expense Frinting Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of Distri OTHER (enter a ca	ict ategory not listed above)				
1 Total pages Schedule F1: 2 FILER NA		2 FILER NAME	IE 3					Filer ID	(Ethics Commission Filers)		
Sch: 44/45 Rpt: 52/54 Menendez			Jose (The Honorable)					00042411			
4	Date	5 Payee name									
	04/24/2024	The Texas	Tribune								
6	Amount (\$)	7 Payee addre	ss; City; S	State; Zip C	ode						
	\$51.70	919 Congre	ess Avenue								
		6th Floor									
		Austin, TX	78701								
8	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description					
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.									
	LA LADITORL	Officeholder/Political Co	ommittee		$\Box$		officeholder living e	xpense			
					Sustaining me	em	oeranih				
_	Complete ONLY if direct	CandidatalO#	icoholdor nama	Office	l labt			Office held	4		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ugnt			Onice nei	J		
	Date	Payee name									
	05/24/2024	The Texas	Tribune								
	Amount (\$)	Payee address; City; State; Zip Code									
	\$51.70	919 Congre	ess Avenue								
		6th Floor									
		Austin, TX	78701								
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	nis schedule)	(b)	Description					
OF EXPENDITURE		Contribution	ns/Donations Made By					de of Texas. Comple			
		Candidate/Officeholder/Political Committee						xpense			
						Justaning III	CIIII	ocionip			
Complete ONLY if direct Candidate/Officeholder name Office sought							Office held				
	expenditure to benefit C/O										
	Date	Payee name									
06/24/2024		The Texas	Tribune								
Amount (\$) \$51.70		Payee addre		State; Zip C	ode						
		919 Congress Avenue									
		6th Floor									
Austin, TX 78701											
	PURPOSE		ee Categories listed at the top of th	nis schedule)	(b)	Description					
OF EXPENDITURE		Contributions/Donations Made By									
		Candidate/Officeholder/Political Committee						лренов			
								· <del>-</del> · · · · · · · · · · · · · · · · · · ·			
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	<u>l</u> ught			Office held	d		
	expenditure to benefit C/OI										

#### 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

	Candidate/Officeholder/Politica		nmittee Legal Services Frinting Expense Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)			
	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 I	Filers)	
	Sch: 45/45 Rpt: 53/54	Menendez, Jose (7	The Honorable)				00042411			
4	Date	5 Payee name								
	01/29/2024	The VOICES Foundation								
6	Amount (\$)	7 Payee address; City; State; Zip Code 915 Mount Perkins								
	\$500.00									
		San Antonio , TX 78213								
8	PURPOSE									
OF		(a) Category (See Categor	outsi	outside of Texas. Complete Schedule T. TX, officeholder living expense						
	EXPENDITURE	Continuations/Bonditions Middle By								
					Donation to the	the Foundation				
9	Complete ONLY if direct	Candidate/Officeholde	r name Office so	ught			Office he	eld		
	expenditure to benefit C/OI									
	Date	Payee name								
	05/10/2024	TxTag								
	Amount (\$)	Payee address;	City; State; Zip C	ode						
\$133.77 12719 Burnet Road										
		Austin, TX 78727								
	PURPOSE	(a) Category (see Category	ies listed at the top of this schedule)	(b)	Description					
OF EXPENDITURE		Fees		outsi	de of Texas. Com	plete Schedule T.				
		Check if Aust				stin, TX, officeholder living expense				
					Texas toll fee	S				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	r name Office so	ught			Office he	eld		
	experientare to benefit G/OI									
	Date	Payee name								
01/29/2024		VFW 4700								
	Amount (\$)	Payee address;	City; State; Zip C	ode						
	\$200.00	2219 Frio City Road								
		San Antonio, TX 78213								
	PURPOSE	(a) Category (See Categor	ies listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Contributions/Dona				de of Texas. Com				
LAFLINDITORE		Candidate/Officeholder/Political Committee					officeholder living			
					Donation to V	ale	entines Day	Dance		
	Complete CNII V If allower	Condidate (Office Inc.)	r nome	c.!			O#:!	ald.		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholde	r name Office so	ugnt			Office he	eiu		

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 54/54 2 FILER NAME Filer ID (Ethics Commission Filers) Menendez, Jose (The Honorable) 00042411 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2024 Security Service Federal Credit Union \$517.25 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78269 Purpose for which amount is received Check if political contribution returned to filer Year to date dividend on bank account Amount (\$) Date Name of person from whom amount is received 06/30/2024 Security Service Federal Credit Union \$15,941.46 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78269 Purpose for which amount is received Check if political contribution returned to filer Year to date dividend on bank certificate