# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00087854		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Mrs.	Denise			Date Received	
					ELECTRONICA	I I Y EII ED
	NIO(4)AA45				10/07/2024	
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Villalobos				
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	10330 Kingsbury Dr					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78410					
LJ	Corpus Official, 170 10410				Date Processed	
					Date Imaged	
					<u> </u>	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Kandice				
	NICKNAME	LAST		SUFFIX		
		Campos				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP1	Γ / SUITE #; CITY;	STA	ΓΕ; ZIP CODE
TREASURER ADDRESS	3122 Creek Side Dr					
ADDRESS						
(Residence or Business)	Corpus Christi, TX 78410					
	Corpus Critisti, 17 70410					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(361) 537-3626					
PHONE						
8 REPORT						
TYPE	January 15 X	30th day before	election	Runoff	15th day after cam	
					appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD COVERED	Month Day Year		.=	Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE	_ l		ELECTION TYPE	_	
	Month Day Year	l LIP	rimary	Runoff	Other	
	11/05/2024	ХG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	School Board Trustee Place	e 6 District TM	ISD Nueces	State Representa		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 49

13 C / OH NAME	Villalobos, Denise (M	rs.)	<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 a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 317,367.19
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 36,240.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 148,657.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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.		
		Mrs.	Denise Villalobos	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

					3 of 49
<b>18</b> FILE Villa		ME , Denise (Mrs.)	<b>19</b> Filer ID 00087854	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	174,240.66
2.	Х	\$	143,126.53		
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	36,240.56	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	0.20

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 07/10/2024	<ul><li>5 Full name of contributor Anderson, Alicia</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$250.00
_		Layton, UT 84040		I	Ĺ		
8	Principal occu Engineer	pation / Job title (See Instruction	5)	<b>9</b> Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor Ardueser, Chris Contributor address; City; S			•	Amount of Contribution (\$)	\$50.00
	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instruction:		Employer (See Instructions	<u>-,</u>		
	Owner	pation / Job title (See Instruction	5)	AGDA consulting	>)		
	Date 09/02/2024	Full name of contributor Baldassare, Christine Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Wanaque, NJ 07465					
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions Retired	5)		
	Date 08/09/2024	Full name of contributor Baldassare, Thomas Contributor address; City; S Keller, TX 76248			•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 08/02/2024	Full name of contributor Beecroft, Sam Contributor address; City; S Corpus Christi, TX 78403				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instruction	5)	Employer (See Instructions Beecroft Construction	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/49	
2	FILER NAME Villalobos, D			3	Filer ID (Ethics Commission 00087854	n Filers)
4	Date 08/21/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$200.00
		Corpus Christi, TX 78413				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Bradford, Rebecca Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$300.00
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	· 	,		,		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Buquet, D'anne Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Buquet, Lexi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78401  upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	TRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 6/49
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087854
4	Date 08/21/2024	<ul> <li>5 Full name of contributor  out- CC Fileptro LTD</li> <li>6 Contributor address; City; State; Zip</li> </ul>	of-state PAC (ID#:	)	7	Amount of Contribution (\$) \$500.00
		Corpus Christi, TX 78408	1			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)	
	Date 08/13/2024	Carlisle, Chase  Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$) \$1,000.00
	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions	)	
	Owner			Carlisle Insurance		
	Date 09/04/2024	Full name of contributor out- Coalition Por For Texas PAC Contributor address; City; State; Zip	of-state PAC (ID#: Code	)		Amount of Contribution (\$) \$10,000.00
	Deinsinal	Dallas, TX 75219		Faralana (Octobration)		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 09/24/2024	Full name of contributor out- Conservative Hispanas In Action Contributor address; City; State; Zip Round Rock, TX 78665				Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)	
	Date 08/21/2024	Full name of contributor out- Cooley, Amy Contributor address; City; State; Zip San Antonio, TX 78231	of-state PAC (ID#: Code	)		Amount of Contribution (\$) \$250.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions Tribute Hospice and Pal		tive Care
	registered i			Tribute Hospice and Pai	iial	ive care

	MONET	ARY POLITICAL CONTRIBUTIO	7(	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/10/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Corpus Christi, TX 78418 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Owner  Date 08/10/2024	Full name of contributor out-of-state PAC (ID#:_ Corliss, Scott  Contributor address; City; State; Zip Code  Corpus Christi, TX 78418		A/C & R Services		Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions A/C & R Services	<u>                                      </u>		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Crawford, Judy  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$125.00
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_ Crow, David Contributor address; City; State; Zip Code  Corpus Christi, TX 78401		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ David L Cook Campaign Account  Contributor address; City; State; Zip Code  Mansfield, TX 76063		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> s)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/49
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087854
4	Date 09/06/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$500.00
8	Principal occu	Corpus Christi, TX 78410 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Engineer	,		Flint Hills Resources	,	
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Dorsey, Christopher  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$) \$250.00
		Corpus Christi, TX 78413				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Eshleman, Benjamin Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$250.00
		Corpus Christi, TX 78401				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_Family Empowerment Coalition PAC  Contributor address; City; State; Zip Code  Austin, TX 78734	••••			Amount of Contribution (\$) \$35,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID#:_ Gallagher, Mike Contributor address; City; State; Zip Code  Robstown, TX 78380		)	-	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	•
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 9/49	
2	FILER NAME Villalobos, D	enise (Mrs.)		3	Filer ID (Ethics Commission Filers) 00087854	
4	Date 08/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$100	.00
_	Duinning Langu	Corpus Christi, TX 78414	C. Frankrik (Co. Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Garza-Brown, Maria Contributor address; City; State; Zip Code  Round Rock, TX 78665			Amount of Contribution (\$) \$250	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Gentry, Ty  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414			Amount of Contribution (\$) \$1,000	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Gentry Company	)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Gilbert, Jesse  Contributor address; City; State; Zip Code  Portland, TX 78374			Amount of Contribution (\$) \$250	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Gomez, Jesus  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414			Amount of Contribution (\$) \$300	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/16/2024	Gozalez, Jonathan  6 Contributor address; City; State; Z	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)	la la	Employer (See Instructions	<u> </u>		
0	Designer/De			JonDesigns.com LLC	,		
	Date 08/21/2024	Graves, Nancy  Contributor address; City; State; Z				Amount of Contribution (\$)	\$250.00
	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired	,		Retired			
	Date 09/02/2024	Full name of contributor on Guerra, Kimberley  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78410					
	Principal occu Office Mgr/A	pation / Job title (See Instructions) ccountant		Employer (See Instructions Phipps Management, LL			
	Date 08/21/2024	Full name of contributor on the contributor of the contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City;	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Driscoll Children's Hosp			
	Date 08/09/2024	Full name of contributor on Hanzalik, John Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions TFW Construction	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/49	
2	FILER NAME Villalobos, D	enise (Mrs.)		3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Hartigan, Timothy</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$100.00
_		Corpus Christi, TX 78412	<u></u>	Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Hazen, Amber Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
	Deinsinal	Corpus Christi, TX 78403	To produce a force to the street of the stre			
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions ABC	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID# Hollis, Nathan  Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$50.00
		Bel Aire, KS 67220	<b>.</b>			
		pation / Job title (See Instructions) usiness Development	Employer (See Instructions Flint Hills Resources	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID# Howard Energy Partners PAC Contributor address; City; State; Zip Code San Antonio, TX 78256	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID# Hunsaker, Keely  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	:)	•	Amount of Contribution (\$)	\$400.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Jerry Hunsaker, MD	5)		
			•			

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/22/2024	Khan, Mitra  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Corpus Christi, TX 78404 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/24/2024	Koch PAC				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/18/2024	Full name of contributor out-of-state Korus, Daniel Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Deinainal accu	Corpus Christi, TX 78409	İ	Frankrian (Caalinatuustiana			
	Administrato	pation / Job title (See Instructions) r		Employer (See Instructions Del Mar College	•)		
	Date 09/17/2024	Lee, Bart				Amount of Contribution (\$)	\$250.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Flint Hills Resources	5)		
	Date 08/22/2024	Lencioni, Ray		)		Amount of Contribution (\$)	\$250.00
	Principal occu Projects Dire	pation / Job title (See Instructions) octor		Employer (See Instructions FHR	·)		
			,				

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 10/18 Rpt: 13/49
2	FILER NAME Villalobos, D	enise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4	Date 07/22/2024	<ul> <li>Full name of contributor</li></ul>	ID#:)	7 Amount of Contribution (\$) \$1,000.00
8	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date 08/21/2024	Full name of contributor out-of-state PAC ( Lippincott, Mike  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411		Amount of Contribution (\$) \$1,000.00
	Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instructions Fulton	ns)
	Date 08/12/2024	Full name of contributor out-of-state PAC ( Lubbock Area Republican Women PAC Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$)
	Principal occu	Lubbock, TX 79493 pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 09/12/2024	Full name of contributor out-of-state PAC ( Lubbock Area Republican Women PAC  Contributor address; City; State; Zip Code  Lubbock, TX 79493	  ID#:)	Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 09/06/2024	Full name of contributor out-of-state PAC ( MacQueen, Robert  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	ID#:)	Amount of Contribution (\$) \$250.00
	Principal occu Downtown C	pation / Job title (See Instructions) arwash	Employer (See Instructions owner	ns)

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 11/18 Rpt: 14/49	
2	FILER NAME Villalobos, D	enise (Mrs.)		3 Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/21/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$500.00
0	Dringing occur	Corpus Christi, TX 78411	Employer (See Instructions)		
8	Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructions)	s)	
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#: Najvar, Bernard Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78410 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 07/15/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Nueces County Republican Women PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78466 pation / Job title (See Instructions)	Employer (See Instructions)	s)	
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Oswald, William  Contributor address; City; State; Zip Code  Austin, TX 78735	)	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 15/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/01/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Parker, Robert</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$2,500.00
0	Dringing coou	Corpus Christi, TX 78469	l <sub>o</sub>	Employer (See Instructions	<u></u>		
8	Owner -	pation / Job title (See Instructions)	9	REP Holdings	s)		
	Date 08/23/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	Corpus Christi, TX 78410 pation / Job title (See Instructions)	Г	Employer (See Instructions	s)		
	Self Employe			J&B Pavelka,Inc	-,		
	Date 08/26/2024	Full name of contributor X out-of-state PAC (ID#:_Philips 66 PAC  Contributor address; City; State; Zip Code	178	33146 )		Amount of Contribution (\$)	\$1,500.66
		Washington DC, DC 20004	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_Plains All American PAC  Contributor address; City; State; Zip Code  Houston, TX 77002		)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Polk, Kenneth  Contributor address; City; State; Zip Code  Corpus Christi, TX 78410		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 16/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/22/2024	<ul><li>5 Full name of contributor Rivas, Kara</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
_	Dringing aggr	Corpus Christi, TX 78412		• Employer (See Instructions	<u></u>		
8	Public Affairs	pation / Job title (See Instructions) s Manager		9 Employer (See Instructions Flint Hills Resources	5)		
	Date 09/24/2024	Full name of contributor  Rove, Karen  Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 09/04/2024	Full name of contributor Rowling, Robert Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u>l                                     </u>		
	Chairman			TRT Holdings			
	Date 08/21/2024	Full name of contributor Saenz, Andy  Contributor address; City; Sta  Pflugerville, TX 78660	out-of-state PAC (ID#:_ tte; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/17/2024	Full name of contributor Sanchez, Rita Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Case Manag	pation / Job title (See Instructions)		Employer (See Instructions NCMHID	5)		
	zaco manag	<b>,-</b> -					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/49	
2	FILER NAME Villalobos, D	enise (Mrs.)		3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
_	Delicalis al access	Corpus Christi, TX 78404				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID#: Schwirtlich, Lonnie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Corpus Christi, TX 78418 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Physician	,	Physicians PremiER	,		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Skrobarczyk, Chad Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78418 pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_Skrobarczyk, Michael  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:Skrobarczyk, Philip  Contributor address; City; State; Zip Code  Corpus Christi, TX 78404			Amount of Contribution (\$)	\$5,000.00
	Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instructions) Fulton Construction	5)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/18 Rpt: 18/49
2	FILER NAME Villalobos, D	enise (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087854
4	Date 07/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Stokes, Sandra</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount of Contribution (\$) \$100.00
_		Corpus Christi, TX 78410		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_Suarez, Jesse  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$180.00
	Principal occu	Corpus Christi, TX 78467 pation / Job title (See Instructions)	Employer (See Instructions	)
	Electrician		Rabalais I&E Constructo	
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Suarez, Jesse Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$180.00
		Corpus Christi, TX 78467		
	Electrician	pation / Job title (See Instructions)	Employer (See Instructions Rabalais I&E Constructo	
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Tex-Pipe PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$) \$50,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 19/49	
2	FILER NAME Villalobos, D	enise (Mrs.)		3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,000.00
8	Dringinal occu	Fort Worth, TX 76185 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
<u> </u>	Principal occu	pation / Job title (See Instructions)	e Employer (See Instructions	)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Chemistry Council Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/24/2024	Full name of contributor	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Oil & Gas Association Good Government Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Tom Oliverson Campaign  Contributor address; City; State; Zip Code  Houston, TX 77046			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	on Filers)
4	Date 08/15/2024	<ul><li>5 Full name of contributor  Trout Trucking LLC</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2,500.00
	Dringing Loon	Corpus Christi, TX 78426	lo lo	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 08/21/2024	Full name of contributor  Valero PAC  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	San Antonio, TX 78269 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/09/2024	Full name of contributor  Vasut, Cody  Contributor address; City; State  Angleton, TX 77516		)		Amount of Contribution (\$)	\$250.00
	Principal occu State Repres	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	)		
	Date 09/07/2024	Full name of contributor  Vasut, Cody  Contributor address; City; State  Angleton, TX 77516		)		Amount of Contribution (\$)	\$250.00
	Principal occu State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas	)		
	Date 09/26/2024	Full name of contributor  Vasut, Cody  Contributor address; City; Stat  Angleton, TX 77516	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas	)		
	,						

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/49	
2	FILER NAME Villalobos, D	enise (Mrs.)			3	Filer ID (Ethics Commission 00087854	n Filers)
4	Date 08/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Vela, Jennifer</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$250.00
	Dringing! goog	Corpus Christi, TX 78402 pation / Job title (See Instructions)	٦	Employer (See Instructions	<u></u>		
•		Affairs and Communications	9	Employer (See Instructions Texas State Aquarium	·)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Villalobos, Denise  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$45.00
	Dringing! aggs	Corpus Christi, TX 78410 pation / Job title (See Instructions)	_	Employer (Co.) Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ Wilson, Catrina Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Corpus Christi, TX 78413					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 07/13/2024	Full name of contributor out-of-state PAC (ID#:_Young, Kimberly Bridges  Contributor address; City; State; Zip Code  Corpus Christi, TX 78418		)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_basaldu, zoraida  Contributor address; City; State; Zip Code  Corpus Christi, TX 78415		)		Amount of Contribution (\$)	\$100.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Solenis	s)		
	-		<u> </u>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ection Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/4 Rpt: 22/49
2 FILER NAME	i		3 Filer ID (Ethics Commission Filers)
Villalobos, D	Denise (Mrs.)		00087854
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description
09/10/2024	- rice estated i republicarie es i estate estis pargis i as	nd	• \$15,405.00 Campaign Television Ad
	7 Contributor address; City; State; Zip Code		
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
	,		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution
09/18/2024	Associated Republicans of Texas Campaign Fu	nd	contribution (\$) description \$15,000.00 Campaign Television Ad
	Contributor address; City; State; Zip Code		t the state of the
			į į
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child law firm of parent(s) (if any) (EOR TUDICIAL)		
ii continuator	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor Out-of-state PAC (ID#:	`	Amount of In-kind contribution
09/24/2024	Full name of contributor out-of-state PAC (ID#: Associated Republicans of Texas Campaign Full		contribution (\$) description
	Contributor address; City; State; Zip Code		\$15,625.00   Campaign Television Ad
	, , , , , , , , , , , , , , , , , , ,		į
			l i
	Austin, TX 78701	i	Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
Continuator S	ompleyonaw min (i on vooloine)	Law min or contribute	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı	

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 23/49 3 Filer ID (Ethics Commission Filers) FILER NAME Villalobos, Denise (Mrs.) 00087854 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 09/24/2024 Associated Republicans of Texas Campaign Fund \$4,435.17 | Digital Advertising 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 09/22/2024 Dade Phelan Campaign \$14,250.00 i Polling Contributor address; City; State; Zip Code Austin, TX 78763 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Full name of contributor Amount of Date out-of-state PAC (ID# contribution (\$) description 08/21/2024 Durrill, Bill \$5,000.00 Fundraising Event Host Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions)

Forms provided	by Texas	Ethics C	Commission

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

(See instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/4 Rpt: 24/49		
2 FILER NAME Villalobos, D	Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854		
4	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 09/10/2024	Suit of state 1710 (157)		8 Amount of 9 In-kind contribution contribution (\$) description \$11,900.00   Polling	
10 Principal occu	Austin, TX 78767  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occi	apation 7 Job title (FOR NON-JODICIAL) (See insudctions)	II Employer (FOR NON	-JODICIAL) (See instituctions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2024			Amount of In-kind contribution contribution (\$) description \$460.19   Travel	
	Austin, TX 78767		I I Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: Greg Abbott Campaign Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$35,777.00   Digital Advertising	
	Austin, TX 78767		I I Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 4/4 Rpt: 25/49					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Villalobos, D	Denise (Mrs.)		00087854				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description				
09/25/2024	Crog / issour Campaign		\$4,772.731 Data				
	7 Contributor address; City; State; Zip Code						
			<u> </u>				
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I					
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution				
09/05/2024	Scott, Mike		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$6,251.44   Campaign Signs				
	Robstown, TX 78380		_				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  mployer (FOR NON-JUDICIAL) (See instructions)				
Vice Preside		H&S Constructors					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:  Texans for Lawsuit Reform PAC	)	Amount of In-kind contribution contribution (\$) description				
06/13/2024			\$14,250.00 Polling				
	Contributor address; City; State; Zip Code		ļ				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
	· · · · · · · · · · · · · · · · · · ·						
Contributor's	employer/law firm (FOR JUDICIAL)	or's spouse (if any) (FOR JUDICIAL)					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

#### 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 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 com	nplet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/23 Rpt: 26/49	Villalobos, Denise (Mrs.)		00087854
4	Date	5 Payee name		
	08/29/2024	Agape Ranch		
6	Amount (\$)	7 Payee address; City; State; Zip Code	de	
	\$150.00	724 Buffalo St.		
		Corpus Christi, TX 78401		
8	PURPOSE	· ·	(h) r	Docarintion
0	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	י (ט) ]	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	į	Check if Austin, TX, officeholder living expense
			7	Agape Ranch Gala
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	07/10/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$10.30	1340 Poydras St. ste 1770		
		,		
		New Orleans, LA 70112		
_	PURPOSE	(6) 6	(h) r	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	، رد) آ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1-663	į	Check if Austin, TX, officeholder living expense
			Ī	Donation Fee (Alicia Anderson)
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	07/30/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$7.50	1340 Poydras St. ste 1770		
		New Orleans, LA 70112		
	DUDDOOF	(4)	<i>(</i> 1)	
	PURPOSE OF	2 1 (,	(D) [ T	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	ŀ	Check if Austin, TX, officeholder living expense
			Ī	Donation Fee (Jesse Suarez)
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/O	-1		

#### 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		mmittee	Legal Services		Salaries/W		se s/Contract Labor		OTHER (enter a	strict a category not liste	d above)
	Credit Card Payment			The Instruction Gu	ıide explains ho	ow to con	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 2/23 Rpt: 27/49		Villalobos, D	enise (Mrs.)						00087854		
4	Date	5	Payee name									
	08/01/2024		Anedot									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Cod	de					
_	\$100.30		•	as St. ste 1770								
	+200.00		_0 .0 . o, a	20 011 010 21 10								
			Now Orlean	0   4 70112								
		_	New Orlean	S, LA 70112								
8	PURPOSE OF	(a)	,	e Categories listed at the	ne top of this sched	lule)	(b)	Description				
	EXPENDITURE		Fees					<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
								Donation Fee				
									`		,	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	aht			Office h	eld	
-	expenditure to benefit C/OI						9					
	Date	Г	D									
	08/02/2024		Payee name Anedot									
		L					_					
	Amount (\$)		Payee addres	•	State;	Zip Coo	ae					
	\$40.30		1340 Poyara	as St. ste 1770								
			New Orlean	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>			nplete Schedule T.	
								Donation Fee		officeholder livin		
								Donation	. (	diii Beccio	11)	
	Complete ONLY if direct	<u> </u>		ceholder name	Off	fice soug	aht			Office h	<u></u>	
	expenditure to benefit C/OI		Sandidate/Oni	seriolaer riame	O.I.	noc soug	giit			Office II	Ciu	
	D-4-	_										
	Date		Payee name									
	08/09/2024		Anedot									
	Amount (\$)		Payee addres	•	State;	Zip Coo	de					
	\$10.30		1340 Poyara	as St. ste 1770								
			New Orlean	s, LA 70112								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this sched	lule)	(b)	Description				
	EXPENDITURE		Fees							de of Texas. Con officeholder livin	nplete Schedule T.	
								Donation Fee				
								_ 0.1000111 00	. (1			
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Off	fice soug	aht			Office h	eld	
	expenditure to benefit C/OI		Janaidato/Offit	Johnson Humo	Oli	c 50uç	9.11			Cilico II	J.U	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal name C		_
1	Total pages Schedule F1:		
L	Sch: 3/23 Rpt: 28/49	Villalobos, Denise (Mrs.) 00087854	_
4	Date	5 Payee name	
L	08/09/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.30	1340 Poydras St. ste 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Fee (John Hanzalik)	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	<b>1</b>	
	Date	Payee name	=
	08/09/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$10.30	1340 Poydras St. ste 1770	
		New Orleans, LA 70112	
	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  Donation Fee (Cody Vasut)	
		Donation Fee (Cody vasat)	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
	expenditure to benefit C/O		
H	Date	Payee name	=
	08/09/2024	Anedot	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	4
	\$4.30	1340 Poydras St. ste 1770	
	φ4.30	10-0 1 Oyulus St. St. 1770	
		Now Orleans, LA 70112	
	DUDD 0.0-	New Orleans, LA 70112	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Fee (Mary Jane Garza)	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/OI	<del>1</del>	
			$\dashv$

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 4/23 Rpt: 29/49	2 FILER NAME Villalobos, Denise (Mrs.)  3 Filer ID (Ethics Commission Filers) 00087854
┝	<u> </u>	
4		5 Payee name
	08/09/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St. ste 1770
		Now Orloans, LA 70112
L		New Orleans, LA 70112
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
		Donation Fee (Jesse Gilbert)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/10/2024	Anedot
H	Amount (\$)	Payee address; City; State; Zip Code
	, ,	
	\$100.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Fee (Scott Corliss)
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/10/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Fee (Scott Corliss)
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
$\vdash$		
L		

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 5/23 Rpt: 30/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	08/13/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
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  Donation Fee (Chase Carlisle)
		Donation Fee (Chase Carisie)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	08/16/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	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
		Donation Fee (Amber Hazen)
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	08/16/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	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
		Donation Fee (Jonathan Gozalez)
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	<b>o</b>
$\vdash$		

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 6/23 Rpt: 31/49	Villalobos, Denise (Mrs.) 00087854	
4	Date	5 Payee name	
	08/18/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras St. ste 1770	
		New Orleans, LA 70112	
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	
		Donation Fee (Daniel Korus)	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
┕			_
	Date	Payee name	
	08/19/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	1340 Poydras St. ste 1770	
		New Orleans, LA 70112	
	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	
		Donation Fee (Lonnie Schwirtlich)	
		Bonadon res (Estimo Ganimatori)	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Data	David Control of the	_
	Date	Payee name	
	08/21/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.30	1340 Poydras St. ste 1770	
		New Orleans, LA 70112	
	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Fee (Chris Ardueser)	
<u> </u>	Commission ONE VIII II	Constitute (Office helder name	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
<u> </u>			

#### 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 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: 7/23 Rpt: 32/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	08/21/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
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
		Donation Fee (zoraida basaldu)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Donation Fee (Jennifer Vela)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.30	1340 Poydras St. ste 1770
	,	
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Fee (Keely Hunsaker)
	Commission ONU V if allows	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission F	ilers)
Ļ	Sch: 8/23 Rpt: 33/49	Villalobos, Denise (Mrs.)			00087854	
4	Date 08/21/2024	Payee name Anedot				
6	Amount (\$)	Payee address; City; State	e; Zip Cod	е		
	\$10.30	1340 Poydras St. ste 1770				
		New Orleans, LA 70112				
8	PURPOSE	a) Category (See Categories listed at the top of this sci	hedule) (	b) Description		
	OF EXPENDITURE	Fees			outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
				<b>—</b>	e (Nancy Graves)	
					- ,	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office soug	nt	Office held	
	Date	Payee name				
	08/22/2024	Anedot				
	Amount (\$)	Payee address; City; State	e; Zip Cod	е		
	\$4.30	1340 Poydras St. ste 1770				
		New Orleans, LA 70112				
	PURPOSE OF	a) Category (See Categories listed at the top of this sol	hedule)	b) Description	outside of Toyon Commission Col. 11. T	
	EXPENDITURE	Fees		<b>=</b>	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
				ш	e (Kara Rivas)	
L						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office soug	nt	Office held	
	Date	Payee name				
	08/22/2024	Anedot				
	Amount (\$)	Payee address; City; State	e; Zip Cod	e		
	\$20.30	1340 Poydras St. ste 1770				
		New Orleans, LA 70112				
	PURPOSE	a) Category (See Categories listed at the top of this sci	hedule) (	b) Description		
	OF EXPENDITURE	Fees		ш	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
				ш	e (Mitra Khan)	
					,	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office soug	nt	Office held	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/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: 9/23 Rpt: 34/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	08/22/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
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  Donation Fee (Ray Lencioni)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/23/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	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  Donation Fee (Benji Pavelka)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/28/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	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
		Donation Fee (Nathan Hollis)
		Donation 7 33 (Mathematical Property of the Control
H	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

	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)
L	Sch: 10/23 Rpt: 35/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	08/30/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.50	1340 Poydras St. ste 1770
		New Orleans, LA 70112
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  Donation Fee (Jesse Suarez)
		Donation Fee (Jesse Sualez)
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	· 
	Date	Payee name
	09/02/2024	Anedot
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St. ste 1770
	,	· · · · · · · · · · · · · · · · · · ·
		New Orleans, LA 70112
Г	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Donation Fee (Kimberley Guerra)
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/01	'
	Date	Payee name
	09/02/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St. ste 1770
	Ψ1.00	10 10 1 Gyarac Ca dio 11 10
		Nov. Orleans I A 70112
		New Orleans, LA 70112
	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
		Donation Fee (Christine Baldassare)
$\vdash$	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portantare to borient 0/01	·

#### 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)

	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: 11/23 Rpt: 36/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	09/03/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
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
		Donation Fee (Ty Gentry)
		Domaion 1 oo (1) coniny)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	09/06/2024	Anedot
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
	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  Donation Fee (Robert MacQueen)
		Donation Fee (Nobelt MacQueen)
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 09/06/2024	Payee name  Anedot
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras St. ste 1770
		New Orleans, LA 70112
1	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  Donation Fee (Rodney Dillon)
		Donation Fee (Rouney Dillon)
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
$\vdash$		

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
⊢			
1	Total pages Schedule F1: Sch: 12/23 Rpt: 37/49	2 FILER NAME Villalobos, Denise (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087854
4	Date	5 Payee name	
ľ			
l	09/07/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$10.30	1340 Poydras St. ste 1770	
l	+20.00	20 10 1 0 yando 0 11 0 10 2 1 1 0	
l			
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	utside of Texas. Complete Schedule T.
l	EXPENDITURE	1 663	TX, officeholder living expense
l		Donation Fee	
l		Donailon 1 cc	(Cody Vasat)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	09/17/2024	Anedot	
	09/11/2024		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.10	1340 Poydras St. ste 1770	
		Now Orleans I A 70112	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	1 663	utside of Texas. Complete Schedule T.
l	LA LINDITORL	│	TX, officeholder living expense
		Donation Fee	(Rita Sanchez)
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
⊨			
	Date	Payee name	
	09/17/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras St. ste 1770	
1	,		
1			
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF		utside of Texas. Complete Schedule T.
l	EXPENDITURE		TX, officeholder living expense
		Donation Fee	(Bart Lee)
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
1	expenditure to benefit C/O		Siliso Hold
$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
1			

### SCHEDULE F1

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

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

	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: 13/23 Rpt: 38/49	Villalobos, Denise (Mrs.)		00087854
4	Date	5 Payee name		-
	09/26/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$10.30	1340 Poydras St. ste 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	— b)	Description
	OF	Fees	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Fee (Cody Vasut)
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
_		·	_	
	Date	Payee name		
	09/13/2024	Boone, Brian		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1,000.00	3610 County Rd 57		
		Robstown, TX 78380		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense Brian Boone
				Bhan Boone
	Complete ONLY if direct	Candidate/Officeholder name Office sough	— ht	Office held
	expenditure to benefit C/O			0.1100 1.010
	Date	Dayaa nama	_	
	09/14/2024	Payee name Cantu, Larry		
	Amount (\$)	Payee address; City; State; Zip Code	_	
	\$175.00	110 W Ave J	C	
	Ψ173.00	IIO W AVE 3		
		Debetown TV 70290		
		Robstown, TX 78380	_	
	PURPOSE OF	,	D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Wrestling Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

- Ayou hamb	\
4 Date 5 Payee name	ion Filers)
00/16/2024 City of Debetour	
09/16/2024 City of Robstown	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$25.00 101 E Main Ave	
Robstown, TX 78380	
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, officenoider living expense	
Robstown Permit	
<b>9</b> Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
09/19/2024 Cooper Outdoor Advertising Inc	
Amount (\$) Payee address; City; State; Zip Code	
\$9,688.20 115 Waco St.	
Corpus Christi, TX 78401	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense  Billboards	
Sillourus	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
expenditure to benefit C/OH	
Date Payee name	
Date Payee name 07/12/2024 Corpus Christi Police Office Association	
Date Payee name 07/12/2024 Corpus Christi Police Office Association Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 07/12/2024 Payee Office Association	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 3122 Leopard St.	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 S1,000.00 Corpus Christi, TX 78408	
Date 07/12/2024 Payee name 07/12/2024 Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 Corpus Christi, TX 78408  PURPOSE (a) Category (See Categories listed at the top of this schedule)  (b) Description	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00  Purpose  (a) Category (See Categories listed at the top of this schedule)  Purpose  (b) Description	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 Purpose OF EXPENDITIES  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Purpose OF Check if travel outside of Texas. Complete Schedule T.	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 S1,000.00  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 S1,000.00  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fishing Tournament Sponsorship  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code 3122 Leopard St.  Corpus Christi, TX 78408  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fishing Tournament Sponsorship	
Date 07/12/2024 Payee name Corpus Christi Police Office Association  Amount (\$) Payee address; City; State; Zip Code \$1,000.00 \$1,000.00 S1,000.00  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fishing Tournament Sponsorship  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

### 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

	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: 15/23 Rpt: 40/49	Villalobos, Denise (Mrs.)		00087854
4	Date	5 Payee name		<u>'</u>
	09/03/2024	Harland Clarke Check		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$42.16	15955 La Cantera pkwy		
		San Antonio, TX 78256		
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  Check Book
				CHECK BOOK
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
ľ	expenditure to benefit C/O		igiit	Office field
H	Date	Payee name		
	09/26/2024	KC Strategies		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$5,750.00	3571 Far West Blvd Ste 196	Jue	
	Ψ3,730.00	3371 Fair West Biva Ste 130		
		Austin, TX 78731		
_	DUDDOCE		<i>(</i>  -)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Radio Ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	experience to borionic Grou	·		
	Date	Payee name		
	07/01/2024	Kloberdanz, Max		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$2,032.45	10654 Heizer Dr.		
		Corpus Christi, TX 78410		
	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 Manager 6/15 - 6/30 + Expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held
	expenditure to benefit C/O		-	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/23 Rpt: 41/49	Villalobos, Denise (Mrs.) 00087854
4 Date	5 Payee name
07/15/2024	Kloberdanz, Max
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 10654 Heizer Dr.  Corpus Christi, TX 78410
8 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 Manager 7/1 - 7/15
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/01/2024	Kloberdanz, Max
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	10654 Heizer Dr.
	Corpus Christi, TX 78410
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Manager 7/15 - 7/31
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/04/2024	Kloberdanz, Max
Amount (\$)	Payee address; City; State; Zip Code
\$139.00	10654 Heizer Dr.
	Corpus Christi, TX 78410
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
	Meet & Greet Food
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office 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

	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: 17/23 Rpt: 42/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	08/07/2024	Kloberdanz, Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  ABC Luncheon
		ADC EditClicoli
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	08/16/2024	Kloberdanz, Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Manager 8/1 - 8/15
	Complete ONLY if direct	Condidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	Kloberdanz, Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
	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
		Campaign Manager 8/15 - 8/31
_	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	Γotal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
,	Sch: 18/23 Rpt: 43/49	Villalobos, Denise (Mrs.) 00087854
4 [	Date	5 Payee name
(	09/03/2024	Kloberdanz, Max
6 /	Amount (\$)	7 Payee address; City; State; Zip Code
	\$660.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	-	Compaign T. Shirts
		Campaign T-Shirts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
[	Date	Payee name
(	09/13/2024	Kloberdanz, Max
ŀ	Amount (\$)	Payee address; City; State; Zip Code
	\$401.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
	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
		Robstown Meet & Greet Food
		11033.6.111 11100( & 0103.11 004
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data .	David and the second se
	Date	Payee name
	09/15/2024	Kloberdanz, Max
<i>                                     </i>	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LA LINDITORE	Check if Austin, TX, officeholder living expense
		Campaign Manager 9/1 - 9/15
	Described ONE VIII	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/23 Rpt: 44/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	09/20/2024	Kloberdanz, Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		New Life Refuge Golf Tourney
		l lieu _iii lieu go con leants,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
_	Date	Payee name
	09/24/2024	Kloberdanz, Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	10654 Heizer Dr.
		Corpus Christi, TX 78410
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Mission 911 Gala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/12/2024	Majic 104.9FM
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2209 NPID Frontage Rd.
		Corpus Christi, TX 78408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Back to School Ad
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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: 20/23 Rpt: 45/49	Villalobos, Denise (Mrs.) 00087854
4	Date	5 Payee name
	09/03/2024	Nueces County 4H
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	710 E Main Ave 1
		Robstown, TX 78380
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Boot Scoot & Roll'Em Sponsorhsip
		Boot Scoot & Noil Em Sponsomsip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	09/22/2024	Perez, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	802 Barry St. #4505
	φ200.00	602 Barry St. #4505
		Corpus Christi, TX 78411
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Trump Store
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
L	08/07/2024	Portland Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1211 US-181
		Portland, TX 78374
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	_/	Check if Austin, TX, officeholder living expense
		Portland Chamber of Commerce
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 21/23 Rpt: 46/49	Villalobos, Denise (Mrs.)		00087854
4	Date	5 Payee name		·
	09/03/2024	Robstown ISD		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$255.58	801 N 1st St.		
		Robstown, TX 78380		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Robstown Education Foundation
				Nobstown Education Foundation
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		9	Cines near
_	Date	Payee name		
	09/25/2024	S&J Bakery		
	Amount (\$)	Payee address; City; State; Zip Co	ide	
	\$200.00	9618 Leopard St.	uc	
	Ψ200.00	0010 100para 01.		
		Corpus Christi, TX 78410		
	PURPOSE	•	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	haverteeing Expense		Check if Austin, TX, officeholder living expense
				Warrior Breakfast
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	09/08/2024	Signs.com		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,607.17	1550 Gladiola St.		
		Salt Lake City, TX 84104		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Yard Signs
				-
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/23 Rpt: 47/49	Villalobos, Denise (Mrs.)	00087854
4	Date	5 Payee name	•
	09/24/2024	Tuloso-Midway ISD	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	2653 McKinzie Rd	
		Corpus Christi, TX 78410	
8	PURPOSE		Description
ľ	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, tarefulening	Check if Austin, TX, officeholder living expense
			Homecoming Parade
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	experiorare to benefit C/O	'	
	Date	Payee name	
	09/04/2024	Wells Fargo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	13630 Northwest Blvd	
		Corpus Christi, TX 78410	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Wire Transfer Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	•	office field
-	Data		
	Date 09/09/2024	Payee name Wells Fargo	
	Amount (\$)	Payee address; City; State; Zip Code	9
	\$15.00	13630 Northwest Blvd	
		Corpus Christi, TX 78410	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Wire Transfer Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t 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

	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/23 Rpt: 48/49	Villalobos, Denise (Mrs.)		00087854
4	Date	5 Payee name		•
	09/10/2024	Wells Fargo		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$25.00	13630 Northwest Blvd		
		Corpus Christi, TX 78410		
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
				Wire Transfer Fee
Ļ			1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L				
	Date	Payee name		
	09/11/2024	Wells Fargo		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$25.00	13630 Northwest Blvd		
		Corpus Christi, TX 78410		
Г	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
				Wire Transfer Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	l abt	Office held
	expenditure to benefit C/OI		ugni	Office field
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### 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: 49/49 2 FILER NAME Filer ID (Ethics Commission Filers) Villalobos, Denise (Mrs.) 00087854 5 Name of person from whom amount is received 8 Amount (\$) Date 07/31/2024 \$0.06 Rally Credit Union 6 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78410 7 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received 08/31/2024 Rally Credit Union \$0.14 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78410 Purpose for which amount is received Check if political contribution returned to filer