FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083777 71 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jose A. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Joe Ramirez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 214 W. Cano St. MAILING Amount Receipt # **ADDRESS** Change of Address Edinburg, TX 78539 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Veronica Selpulveda NAME NICKNAME LAST **SUFFIX** Martinez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3500 Northern Lights **ADDRESS** (Residence or Business) Edinburg, TX 78541 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 341-4193 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other

General

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Special

12 OFFICE SOUGHT (if known)

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Forms provided by Texas Ethics Commission

OFFICE HELD (if any)

District Judge District 464th Hidalgo

11 OFFICE

Version V4.1.0.48da51f7

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Ramirez, Jose A. (Th	e Honorable)	14 Filer ID 00083777	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with d officeholders are required to report this inform	out the candidate's or office	eholder's knowledge or		
Additional Pages	Additional Pages COMMITTEE TYPE COMMITTEE NAME					
	GENERAL					
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 162,175.00		
EXPENDITURE TOTALS	\$ 0.00					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 77,959.09		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	HE LAST DAY OF THE	\$ 99,048.24		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required			
		The H	onorable Jose A. Ramir	ez		
		Signatu	re of Candidate or Officeho	lder		
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office				
Signature of office	er administering oath	Printed name of officer administering oath	n Title of office	r administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 71				
18 FILER N Ramire:	AME z, Jose A. (The Honorable)	19 Filer ID 00083777	(Ethics Commission Filers)				
	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 162,175.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 77,959.09				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 1/30 Rpt: 4/71
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Ramirez, Jo	se A. (The Honorable)			00083777
4	Date 09/12/2024	5 Full name of contributorA-ACTION BAIL BONDS6 Contributor address; City; S)	7 Amount of Contribution (\$) \$500.00
		MCALLEN, TX 78502			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	08/30/2024 A-Fast Bail Bonds Contributor address; City; State; Zip Code		J	\$1,000.00	
		Edinburg, TX 78542			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/19/2024	A-QUICK BAIL BONDS			\$500.00
		Contributor address; City; S	State; Zip Code		
		EDINBURG, TX 78540			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHE	DULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Scher Sch: 2/30 Rpt: 5	* *
2	FILER NAME				3 Filer ID (Ethics (Commission Filers)
	Ramirez, Jos	se A. (The Honorable)			00083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contrib	oution (\$)
	09/05/2024	AARON DANIEL RIVER				\$1,500.00
		6 Contributor address; City;	State; Zip Code			
		MCALLEN, TX 78504				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	0 Contributor's employer/law firm 11 Law firm of contributor's sp		spouse (if any)			
12	If contributor i	s a child, law firm of parent(s) (if any)			
_	Doto	Full name of contributor	П	,	Amount of Contrib	uution (th)
	Date 09/07/2024	Full name of contributor Almanza, Jonathan	out-of-state PAC (ID#:)	Amount of Contrib	\$750.00
	Contributor address; City; State; Zip Code				\$750.00	
		McAllen, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	attorney			attorney		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
	Law Office of	of Jonathan L. Almanza, PLL	_C			
	If contributor i	s a child, law firm of parent(s) (if any)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contrib	oution (\$)
	09/27/2024	BORDER HEATLH PAG				\$5,000.00
		Contributor address; City;	State; Zip Code			
		MCALLEN, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)	
_	If contributor i	s a child, law firm of parent(s) (if any)			
l						

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	pages Schedule A(J): 3/30 Rpt: 6/71	L:
2	FILER NAME				3 Filer II	O (Ethics Commiss	on Filers)
	Ramirez, Jos	se A. (The Honorable)			00083	3777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amoui	nt of Contribution (\$)	
	08/26/2024	Ballesteros Gonzalez Law	 Firm				\$2,500.00
		6 Contributor address; City; State; Zip Code					
		McAllen, TX 78501-7850					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	0 Contributor's employer/law firm 11 Law firm of contributor's s			11 Law firm of contributor's sp	oouse (if an	у)	
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amou	nt of Contribution (\$)	
	09/18/2024 Barrera Sanchez & Associates PC						\$2,500.00
	Contributor address; City; State; Zip Code						
		McAllen, TX 78504					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if an	y)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amoui	nt of Contribution (\$)	
	09/04/2024	CAR WRECK MASTERS A	— ATTORNEYS AT LAV	V			\$1,500.00
		Contributor address; City; Sta					
		DALLAS, TX 75201					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if an	у)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how	v to complete this 1	form.	1	ages Schedule A(J)1 30 Rpt: 7/71	:
ı	FILER NAME					(Ethics Commission	on Filers)
	Ramirez, Jo	se A. (The Honorable)			000837	777	
ı	Date 09/26/2024	5 Full name of contributor CHAVANA, VITO6 Contributor address; City; S	out-of-state PAC (ID#:_		7 Amount	of Contribution (\$)	\$2,500.00
		MCALLEN, TX 78504		To a second			
ı		Principal Occupation		9 Contributor's Job Title			
	attorney			attorney			
ı	10 Contributor's employer/law firm LAW OFFICE OF VITO CHAVANA			oouse (if any))		
12	If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	09/10/2024 CRISELDA IVON RINCON FLORES ATTORNEY AT LAW PLLC Contributor address; City; State; Zip Code					\$1,500.00	
_	Contributorio	MCALLEN , TX 78501		Contributor's Job Title			
	Continuutors	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any))	
	If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	09/04/2024	Caso Law Firm PLLC					\$2,500.00
		Contributor address; City; S Edinburg, TX 78539	tate; Zip Code				
\vdash	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any))	
	If contributor i	s a child, law firm of parent(s) (if a	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 5/30 Rpt: 8/71
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Ramirez, Jos	mirez, Jose A. (The Honorable)			00083777
4	Date 09/04/2024			7 Amount of Contribution (\$) \$1,500.00	
		McAllen, TX 78504			
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	1
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/22/2024 DUBERNEY LAW FIRM			\$500.00	
		Contributor address; City; S	State; Zip Code		
		EDINBURG, TX 78539			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/26/2024	Dale and Klein, LLP	_		\$1,500.00
		Contributor address; City; S	State; Zip Code		
		McAllen, TX 78501		T	
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL CON	NTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A(J)1: Sch: 6/30 Rpt: 9/71
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	Date 08/27/2024		out-of-state PAC (ID#:_ Zip Code)	7	Amount of Contribution (\$) \$2,000.00
		McAllen, TX 78504				
8		Principal Occupation		9 Contributor's Job Title		
_	attorney			attorney		
10		employer/law firm NTE & SOLIS		11 Law firm of contributor's sp	ous	se (If any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor 0	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/03/2024	ERICK G. HOLGUIN Contributor address; City; State; Z	Zip Code			\$1,500.00
		MCALLEN, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor 0	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	08/22/2024	Escobedo & Cardenas LLP Contributor address; City; State; Z	Zip Code			\$2,500.00
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete t	his f	orm.	1	Total pages Schedule A(J)1: Sch: 7/30 Rpt: 10/71		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Ramirez, Jo	se A. (The Honorable)				00083777		
4	Date 08/29/2024	 Full name of contributor	C (ID#:_		7	Amount of Contribution (\$) \$2,500.00		
		WESLACO, TX 78596						
8	Contributor's	I Principal Occupation		9 Contributor's Job Title				
	attorney			attorney				
10	0 Contributor's employer/law firm LAW OFFICE OF MOISES FLORES		oou	se (if any)				
12	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	C (ID#:		T	Amount of Contribution (\$)		
	08/28/2024 FRANK GARZA LAW FIRM				\$1,500.00			
		Contributor address; City; State; Zip Code						
	Ot-iletle -	WESLACO, TX 78599		Contributorio 1-b Title				
	Contributors	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-of-state PAC	C (ID#:)	T	Amount of Contribution (\$)		
	09/05/2024	Fabian Guerrero Attorney at Law	` _	· · · · · · · · · · · · · · · · · · ·		\$1,000.00		
		Contributor address; City; State; Zip Code						
		Edinburg, TX 78539						
	Contributor's	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL	SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 8/30 Rpt: 11/71
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Ramirez, Jo	lose A. (The Honorable)			00083777
4	Date 09/27/2024	5 Full name of contributor GARCIA, DAVID6 Contributor address; City; 9	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$2,500.00
		LA GRULLA, TX 78548			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	1
	self employe	ed		self employed	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	09/28/2024 GARCIA, JAIME		J	\$500.00	
	00/20/202	Contributor address; City; S	State; Zip Code		
		PHARR, TX 78577			
	Contributor's	Principal Occupation		Contributor's Job Title	
	self-employe	ed		self-employed	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	self				
	If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/13/2024	GRIFFITH LAW GROUP	P, LLP		\$1,500.00
		Contributor address; City; S	State; Zip Code		·-
		MCALLEN, TX 78501		T	
	Contributor's	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1
The Instruc	ction Guide explains how	v to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 9/30 Rpt: 12/71
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Ramirez, Jos	se A. (The Honorable)			00083777
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/23/2024	Garza Law Office, PLLC	_		\$1,500.00
	6 Contributor address; City; S	State; Zip Code		
	Edinburg, TX 78541			
8 Contributor's P	Principal Occupation		9 Contributor's Job Title	
10 Contributor's e	mployer/law firm		11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/21/2024	08/21/2024 HKC Law Firm PLLC Contributor address; City; State; Zip Code			\$2,500.00
Contributor's F	McAllen, TX 78504		Contributor's Job Title	
Continuator 3 1	Tillopal Occupation		Contributor 5 005 True	
Contributor's e	mployer/law firm		Law firm of contributor's s	pouse (if any)
If contributor is	a child, law firm of parent(s) (if	any)	<u> </u>	
Date	Full name of contributor	out-of-state PAC (ID#:_	1	Amount of Contribution (\$)
08/26/2024	Hernandez, Daniel	out or state 1710 (IBII	<i></i>	\$2,500.00
00/20/2021		State: 7in Code		
	·	nato, 21p 3346		
	McAllen, TX 78504			
	Principal Occupation		Contributor's Job Title	
attorney			attorney	
	mployer/law firm E OF DANIEL HERNANDEZ		Law firm of contributor's s	pouse (if any)
	s a child, law firm of parent(s) (if			
ii continutor is	s a clind, law littl of paretil(s) (if	arry)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	al pages Schedule A(J)1 n: 10/30 Rpt: 13/71	L:
2	FILER NAME				3 File	r ID (Ethics Commissi	on Filers)
	Ramirez, Jos	se A. (The Honorable)			000	083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amo	ount of Contribution (\$)	
	08/24/2024	J Michael Moore Law Firm	PC				\$2,500.00
		6 Contributor address; City; Sta McAllen, TX 78504	tte; Zip Code				
g g	Contributor's I	Principal Occupation		9 Contributor's Job Title			
١	Continuator 3 i	Tincipal Occupation		• Continuator 3 300 Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if	any)	
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amo	ount of Contribution (\$)	
	09/13/2024 Jaime Hernandez, Jr Attorney at Law						\$1,500.00
		Contributor address; City; Sta	ıte; Zip Code				
		McAllen, TX 78501					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amo	ount of Contribution (\$)	
	09/10/2024	KHIT CHIROPRACTIC & V	WELLNESS CENTER				\$2,500.00
		Contributor address; City; Sta					
	Contributorio			Contributorio Joh Titlo			
	Contributors	Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to c	complete this fo	orm.	I	tal pages Schedule A(J)1 ch: 11/30 Rpt: 14/71	::
2	FILER NAME				3 Fil	er ID (Ethics Commissi	on Filers)
	Ramirez, Jos	se A. (The Honorable)			00	083777	
4	Date	5 Full name of contributor o	ut-of-state PAC (ID#:_)	7 Ar	nount of Contribution (\$)	
	09/28/2024	LAW OFFICE OF DONALD K.				,	\$1,500.00
		6 Contributor address; City; State; Z					
		MCALLEN, TX 78501					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	.0 Contributor's employer/law firm			11 Law firm of contributor's sp	oouse (f any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor 🔲 o	ut-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)	
	09/26/2024 LAW OFFICE OF ELOY GARCIA JR						\$1,500.00
	Contributor address; City; State; Zip Code						
	EDINBURG, TX 78539 Contributor's Principal Occupation Contributor's Job Title						
	Contributor's Principal Occupation Contributor's Job Title			Continuator's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (f any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor 0	ut-of-state PAC (ID#:_)	Ar	nount of Contribution (\$)	
	09/27/2024	LAW OFFICE OF EMERSON					\$2,000.00
		Contributor address; City; State; Z					
		EDINBURG, TX 78539					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's employer/law firm			Law firm of contributor's sp	oouse (f any)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how t	to complete this f	orm.	1	otal pages Schedule A(J) Sch: 12/30 Rpt: 15/71	1:
2	FILER NAME				3 F	iler ID (Ethics Commiss	ion Filers)
	Ramirez, Jos	se A. (The Honorable)			0	0083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 A	mount of Contribution (\$)	
	08/30/2024	LAW OFFICE OF ILIANA V					\$1,500.00
		6 Contributor address; City; Stat MCALLEN, TX 78504	te; Zip Code				
_	0			O Contributanta lab Titla			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse	(if any)	
12	If contributor i	s a child, law firm of parent(s) (if an	у)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	A	mount of Contribution (\$)	
	08/14/2024 LAW OFFICE OF JOSE L. BRAVO						\$2,500.00
	Contributor address; City; State; Zip Code						
		MCALLEN, TX 78539					
	Contributor's Principal Occupation Contributor			Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	If contributor i	s a child, law firm of parent(s) (if an	y)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	A	mount of Contribution (\$)	
	09/28/2024	LAW OFFICE OF JUDITH	A CANTU				\$1,000.00
	Contributor address; City; State; Zip Code MCALLEN, TX 78504						
\vdash	Contributor's	Principal Occupation		Contributor's Job Title	1		
	Continuator 3 i	тистра Оссираноп		Contributor 3 300 Title			
	Contributor's employer/law firm			Law firm of contributor's sp	oouse	(if any)	
	If contributor i	s a child, law firm of parent(s) (if an	y)				

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.		al pages Schedule A(J)1 h: 13/30 Rpt: 16/71	L:
2	FILER NAME				3 File	er ID (Ethics Commissi	on Filers)
	Ramirez, Jos	se A. (The Honorable)			00	083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Am	ount of Contribution (\$)	
	09/19/2024	LAW OFFICE OF MARCO A.					\$2,000.00
		6 Contributor address; City; State;MCALLEN, TX 78504					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	10 Contributor's employer/law firm 11 Law firm of contrib			11 Law firm of contributor's sp	oouse (if	any)	
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Am	ount of Contribution (\$)	
	09/12/2024 LAW OFFICE OF MICHAEL E. FLANAGAN						\$1,500.00
	Contributor address; City; State; Zip Code MCALLEN, TX 78501						
Contributor's Principal Occupation Contributor's Job Title							
	Continuator 3 1 Timopar Occupation						
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Am	ount of Contribution (\$)	
	09/24/2024	LAW OFFICE OF ROBERT N	I. CAPELLO JR PO				\$500.00
	Contributor address; City; State; Zip Code						
	Contributor's	Edinburg, TX 78539 Principal Occupation	1	Contributor's Job Title	<u> </u>		
	Contributor's employer/law firm			Law firm of contributor's sp	oouse (it	any)	
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CON	ITRIBUTIC	NS		S	CHEDULE	A(J)1
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Sch: 14/30	Schedule A(J): Rpt: 17/71	1:
2	FILER NAME Ramirez. Jos	se A. (The Honorable)			1	Filer ID (Et	thics Commissi	ion Filers)
4	Date 09/12/2024)	_		ontribution (\$)	\$5,000.00
		MCALLEN, TX 78504						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	10 Contributor's employer/law firm			11 Law firm of contributor's sp	ous	e (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor ou	t-of-state PAC (ID#:_)		Amount of C	ontribution (\$)	
	09/19/2024 LAW OFFICE OF ROLANDO D. CANTU Contributor address; City; State; Zip Code						\$1,500.00	
MCALLEN , TX 78501								
Contributor's Principal Occupation Contribu			Contributor's Job Title					
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	e (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor ou	t-of-state PAC (ID#:_)		Amount of C	ontribution (\$)	
	09/24/2024	LAW OFFICES OF EZEQUIEL						\$2,500.00
	Contributor address; City; State; Zip Code WESLACO, TX 78599							
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>			
	Contributor's employer/law firm			Law firm of contributor's sp	ous	e (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 15/30 Rpt: 18/71
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Ramirez, Jos	se A. (The Honorable)		00083777
4	Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)
	08/26/2024	Law Office of Damian C. Orozco		\$500.00
		6 Contributor address; City; State; Zip Code Pharr, TX 78577		
Ļ	0			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
10	10 Contributor's employer/law firm 11 Law firm of contrib			pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	08/28/2024	Law Office of Jorge Luis Ortegon		\$1,500.00
	Contributor address; City; State; Zip Code			
		Edinburg, TX 78541-7853		
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's 6	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
	09/04/2024	Law Office of Juan R Zamora		\$1,000.00
		Contributor address; City; State; Zip Code		
_	Combullered	McAllen, TX 78504	Consulto de de Jelo Tial	1
	Contributors	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's s	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	-	

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 16/30 Rpt: 19/71
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Ramirez, Jo	se A. (The Honorable)		00083777
4	Date 08/19/2024	Full name of contributor		7 Amount of Contribution (\$) \$1,000.00
		Edinburg, TX 78539		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	I.
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	<u>t</u> .	Amount of Contribution (\$)
09/24/2024 Law Office of Reynaldo Ortiz, LP		·	\$1,500.00	
Contributor address; City; State; Zip Code				
		McAllen, TX 78504		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)
	09/10/2024	Law Office of Ruben Medina, PC		\$1,500.00
Contributor address; City; State; Zip Code				
		McAllen, TX 78501	_	
	Contributor's	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 17/30 Rpt: 20/71	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Ramirez, Jo	se A. (The Honorable)		00083777	
4	Date	5 Full name of contributor ut-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
	09/04/2024	Law Offices of Bobby Garcia		\$1,500.00	
		6 Contributor address; City; State; Zip Code			
		Edinburg, TX 78540	·		
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if any)			
H	Date	Full name of contributor	· \	Amount of Contribution (\$)	
	08/29/2024 Law Offices of Mario Davila		·	\$2,500.00	
	00/20/202	Contributor address; City; State; Zip Code			
	Contributor's I	McAllen, TX 78502-7850 Principal Occupation	Contributor's Job Title		
	Contributor's	employer/law firm	Law firm of contributor's spouse (if any)		
	Contributors	этроуелам шт	Law IIIII of Contributors s	pouse (ii airy)	
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	10/03/2024	Law Offices of Michael M. Guerra		\$1,500.00	
		Contributor address; City; State; Zip Code			
		McAllen, TX 78502-7850			
	Contributor's I	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)	.1		
\vdash					

	MONET	ARY POLITICAL CONT	ributio	ONS		SCHEDULE	A(J)	1
	The Instru	ction Guide explains how to cor	mplete this f	orm.	1	Total pages Schedule A(J Sch: 18/30 Rpt: 21/71)1:	
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commiss 00083777	sion Filer	rs)
4	Date 09/12/2024	5 Full name of contributor out-o Linebarger Goggan Blair & Samps 6 Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)		00.00
		AUSTIN, TX 78760						
8	Contributor's F	Principal Occupation		9 Contributor's Job Title				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-o	of-state PAC (ID#:_)		Amount of Contribution (\$))	
	08/23/2024 M. MARIO GARCIA Contributor address; City; State; Zip Code					\$2,50	00.00	
EDINBURG , TX 78541								
	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor out-o	of-state PAC (ID#:_		Ī	Amount of Contribution (\$))	
	08/30/2024	MCALLEN, WILLIE					\$2,50	00.00
	Contributor address; City; State; Zip Code EDINBURG, TX 78539							
	Contributor's F	Principal Occupation		Contributor's Job Title	•			
	attorney			attorney				
		employer/law firm		Law firm of contributor's sp	ous	se (if any)		
		ES OF WILLIE MCALLEN						
	If contributor is	is a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.		pages Schedule A(J)1 19/30 Rpt: 22/71	l:
2	FILER NAME				3 Filer I	D (Ethics Commissi	on Filers)
	Ramirez, Jos	se A. (The Honorable)			0008	3777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_		7 Amou	int of Contribution (\$)	
	09/11/2024	MELISANDRA MENDOZ					\$2,500.00
		6 Contributor address; City; S	State; Zip Code				
		RIO GRANDE CITY, TX	78582				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if a	ny)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:_	١	Amou	unt of Contribution (\$)	
	09/25/2024 MUNOZ, SERGIO			7 41100	ant of Contribution (¢)	\$2,500.00	
	Contributor address; City; State; Zip Code					Ψ2,000.00	
		EDINBURG, TX 78539					
Contributor's Principal Occupation			Contributor's Job Title	<u> </u>			
	attorney			attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if a	ny)	
	SERGIO MU	INOZ JR. LAW OFFICES					
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>			
H	Date	Full name of contributor	out-of-state PAC (ID#:_		I Amou	unt of Contribution (\$)	
	09/13/2024	NORMAN CORDOVA	Uni-or-state PAC (ID#		Amou	int of Contribution (\$)	\$2,500.00
	03/10/2024	Contributor address; City; S	Stato: Zin Codo				Ψ2,000.00
		, ,	nate, zip code				
		EDINBURG, TX 78542					
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm				Law firm of contributor's s	pouse (if a	ny)	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDUL	E A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A Sch: 20/30 Rpt: 23/7	
2	FILER NAME				3	Filer ID (Ethics Comm	ission Filers)
	Ramirez, Jos	se A. (The Honorable)				00083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution	(\$)
	09/09/2024	O RENE FLORES, PC					\$2,500.00
		6 Contributor address; City;	State; Zip Code				
		EDINBURG , TX 78539					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spous	se (if any)	
12	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	□			Amount of Contribution	(ቀ)
Date Full name of contributor out-of-state PAC (ID#: 09/10/2024 ORTEGON, CARLOS E.)		Amount of Contribution	\$1,000.00		
	03/10/2024	Contributor address; City;					Φ1,000.00
		MISSION, TX 78574					
	Contributor's Principal Occupation Contributor's Job		Contributor's Job Title				
	ATTORNEY			ATTORNEY			
		employer/law firm		Law firm of contributor's s	spous	se (if any)	
	Carlos Orteg	gon Attorney At Law					
	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution	(\$)
	08/20/2024	Orendain & Dominguez	Attorneys & Counselors	s at Law			\$1,000.00
		Contributor address; City;	State; Zip Code				
		McAllen, TX 78501					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's employer/law firm			Law firm of contributor's s	spous	se (if any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL CON	ITRIBUTIONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to c	omplete this form.		1 Total pages Schedule A(J)1: Sch: 21/30 Rpt: 24/71
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Ramirez, Jo	se A. (The Honorable)			00083777
4	Date	_	t-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	08/30/2024	PEREZ, RICARDO 6 Contributor address; City; State; Zi	p Code		\$1,000.00
		MCALLEN, TX 78501			
8	Contributor's	Principal Occupation	9 Contrib	utor's Job Title	
	attorney		attorne	ey .	
10	0 Contributor's employer/law firm LAW OFFICE OF RICARDO PEREZ 11 Law firm of contributor			m of contributor's spo	ouse (if any)
40					
12	i i contributor i	s a child, law firm of parent(s) (if any)			
-	Date	Full name of contributor 0	t-of-state PAC (ID#:)	Amount of Contribution (\$)
09/12/2024 Palacios Garza & Thompson PC			,	\$1,500.00	
	Contributor address; City; State; Zip Code			,	
		Contributor address, City, State, 21	p Code		
		- "			
		Edinburg, TX 78539			
	Contributor's	Principal Occupation	Contrib	utor's Job Title	
_	Contributor's	employer/law firm	Law firr	n of contributor's sp	ouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	•		
_	Date	Full name of contributor 0	t-of-state PAC (ID#:	,	Amount of Contribution (\$)
	08/16/2024	Palacios Love Law PLLC	1-01-state 1 AC (1D#		\$500.00
	00/10/2024		n Codo		φ500.50
		Contributor address; City; State; Zi	p Code		
		Edinburg, TX 78539			
_	Contributor's	Principal Occupation	Contrib	utor's Job Title	
	Contributors	Till Cipal Occupation	Contrib	ator 3 30b Title	
	Contributor's	employer/law firm	Law firr	n of contributor's sp	ouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 22/30 Rpt: 25/71
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Ramirez, Jo	se A. (The Honorable)			00083777
4	Date 08/26/2024	 Full name of contributor Patino & Associates Contributor address; City; S 	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$2,500.00
		McAllen, TX 78504			
8	Contributor's	I Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2024 Peralez Franz LLP		<i></i>	\$2,500.00		
		Contributor address; City; \$	State; Zip Code		
	Contributorio	McAllen, TX 78504		Contributor's Job Title	<u>l</u>
	Continuators	Principal Occupation		Continuator 5 300 Title	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/30/2024	RENE CASTELLANOS			\$1,500.00
Contributor address; City; State; Zip Code					
	Cambrilla stanla	EDINBURG, TX 78539		Constribute de Joh Title	
	Contributors	Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm				Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	iges Schedule A(J) B/30 Rpt: 26/71	1:
2	FILER NAME				3 Filer ID	(Ethics Commiss	ion Filers)
	Ramirez, Jos	se A. (The Honorable)			000837	777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount	of Contribution (\$)	
	08/15/2024	RICKY ROD LAW GROU	<u>—</u> Р				\$2,500.00
		6 Contributor address; City; S	tate; Zip Code				
		EDINBURG, TX 78539					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if a	any)	L			
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	09/28/2024	RODRIGUEZ, JOSE A.	_				\$75.00
		Contributor address; City; S	tate; Zip Code				
		SAN JUAN, TX 78589		_			
Contributor's Principal Occupation Contributor's Job Title							
	self employed			self employed			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	09/11/2024	RUBIO & ASSOCIATES		······································			\$2,500.00
		Contributor address; City; S			-		
		MCALLEN, TX 78504	, ,				
	0			Occasionate de Tido			
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if a	any)				

MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1	
The Instru	ction Guide explains ho	w to complete this 1	form.	1 Total pages Schedule A(J)1: Sch: 24/30 Rpt: 27/71	
2 FILER NAME Ramirez, Jos	se A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00083777	
4 Date 08/28/2024	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$2,500.00		
	MCALLEN , TX 78501				
8 Contributor's I	Principal Occupation		9 Contributor's Job Title		
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/27/2024				\$2,600.00	
O trib t - rl - I	McAllen, TX 78504		Contributorio Job Tido		
	Principal Occupation		Contributor's Job Title		
attorney	employer/law firm		attorney	acusa (if am)	
Ramos Law			Law firm of contributor's sp	ouse (ii ariy)	
	s a child, law firm of parent(s) (if	anyl			
ii continuatorii	s a clinu, law litti of paretit(s) (ii	arry)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	SALAZAR, JOE			\$1,500.00	
Contributor address; City; State; Zip Code HARLINGEN, TX 78550					
Contributor's I	Principal Occupation		Contributor's Job Title		
Agent Insurance Agent			Insurance Agent		
Contributor's employer/law firm Law firm of contributor's s			oouse (if any)		
Salazar Insu	Salazar Insurance				
If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	NS		SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	iges Schedule A(J): 5/30 Rpt: 28/71	1:
2	FILER NAME				3 Filer ID	(Ethics Commiss	ion Filers)
	Ramirez, Jos	se A. (The Honorable)			000837	777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount	of Contribution (\$)	
	10/04/2024	TANIA RAMIREZ LAW GRO	DUP, PLLC				\$1,000.00
		6 Contributor address; City; State	e; Zip Code				
Ļ	0	MCALLEN, TX 78501		0.0.17.1.17.1			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any))	
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	09/26/2024	THE LAW OFFICE OF EFR	- AIN MOLINA, JR., P	LLC			\$1,250.00
		Contributor address; City; State	e; Zip Code				
		EDINBURG, TX 78539					
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any))		
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	08/23/2024	THE LAW OFFICE OF JOR					\$2,500.00
		Contributor address; City; State EDINBURG, TX 78539	e; Zip Code				
	Contributorio		<u> </u>	Contributorio Joh Titlo			
	Contributors	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any))		
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	otal pages Schedule A(J). Sch: 26/30 Rpt: 29/71	1:
2	FILER NAME				3 F	Filer ID (Ethics Commiss	ion Filers)
	Ramirez, Jos	se A. (The Honorable)			0	0083777	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 A	mount of Contribution (\$)	
	09/23/2024	THE LAW OFFICE OF MICH					\$2,500.00
		6 Contributor address; City; State	e; Zip Code				
L		EDINBURG, TX 78539					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse	(if any)	
12	If contributor is	s a child, law firm of parent(s) (if any					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	A	mount of Contribution (\$)	
	09/27/2024	THE LOPEZ LAW GROUP					\$2,500.00
		Contributor address; City; State	; Zip Code				
		WESLACO, TX 78596					
Contributor's Principal Occupation Contributor's Jo			Contributor's Job Title				
Contributor's employer/law firm			Law firm of contributor's sp	oouse	(if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	A	mount of Contribution (\$)	
	09/13/2024	THE SANCHEZ LAW FIRM	-				\$250.00
	Contributor address; City; State; Zip Code						
	Canatuila utaula I	MCALLEN , TX 78504		Contributorio lob Titlo			
Contributor's Principal Occupation Contributor's Job 1			Contributor's Job Title				
Contributor's employer/law firm			Law firm of contributor's sp	oouse	(if any)		
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 27/30 Rpt: 30/71
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777
4	Date 08/30/2024	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,500.00
		MCALLEN, TX 78504				
8		Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10	Contributor's 6 DAVIS LAW	employer/law firm PC		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	08/20/2024 Tamez & Ortegon PLLC Contributor address; City; State; Zip Code				\$1,500.00	
		Pharr, TX 78577		T		
Contributor's Principal Occupation Contributor's Job T			Contributor's Job Title			
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	08/27/2024 The Christopher P Cavazos Law Firm PLLC Contributor address; City; State; Zip Code			•	\$2,500.00	
		McAllen, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	ous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 28/30 Rpt: 31/71	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ramirez, Jos	se A. (The Honorable)		00083777
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/04/2024	The Law Office of Alejandro Munoz, PLLC		\$1,500.00
	6 Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's s	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
09/25/2024	Full name of contributor out-of-state PAC (ID#:_ The Law Office of Melissa R. Montes)	\$250.00
09/25/2024	Contributor address; City; State; Zip Code		φ250.00
Contributor's P	Edinburg, TX 78541 Principal Occupation	Contributor's Job Title	
O a satella a da sala a		Law firms of a softile day in	(f)
Contributors e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/24/2024	The Law Office of Rene A. Flores, PLLC	,	\$5,000.00
	Contributor address; City; State; Zip Code		"
	, , , , , , , , , , , , , , , , , , ,		
	Mission, TX 78572	_	
Contributor's P	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	1	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 29/30 Rpt: 32/71		
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083777		
4	Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$2,500.00		
		Edinburg, TX 78539						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if	any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)		
	08/20/2024 The Vargas Law Office Contributor address; City; State; Zip Code			-	\$1,500.00			
		Edinburg, TX 78539						
Contributor's Principal Occupation Contributor's J			Contributor's Job Title					
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)			
	If contributor is	s a child, law firm of parent(s) (if	any)	l				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	09/05/2024 Villarreal, Calixto Contributor address; City; State; Zip Code Rio Grande City, TX 78582			-	\$1,500.00			
	Contributor's I	I Principal Occupation		Contributor's Job Title				
	attorney			attorney				
	Contributor's employer/law firm Law firm of contributor's s			oous	se (if any)			
LAW OFFICES OF CALIXTRO VILLARREAL								
	If contributor is	s a child, law firm of parent(s) (if	any)					

	MONET	ARY POLITICAL CON	NTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how to c	complete this f	orm.	1		ges Schedule A(J) /30 Rpt: 33/71)1:
2	FILER NAME Ramirez, Jos	se A. (The Honorable)			1	Filer ID 0008377	(Ethics Commiss	sion Filers)
4	Date 08/15/2024	 Full name of contributor			7	Amount o	of Contribution (\$)	\$2,500.00
_		EDINBURG, TX 78539		In C. 17 1 1 1 1 7 1				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>				
	Date Full name of contributor out-of-state PAC (ID#: 08/27/2024 ZAMBRANO LAW FIRM Contributor address; City; State; Zip Code					Amount o	of Contribution (\$)	\$1,500.00
		ALAMO, TX 78516						
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse	e (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	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: 1/38 Rpt: 34/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/06/2024	Marriott JW Hill Resort
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$554.15	23808 Resort Parkway
		San Antonio, TX 78261
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense legal continuing ed.
		logal continuing cu.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	09/08/2024	Marriott JW Hill Resort
	Amount (\$)	Payee address; City; State; Zip Code
	\$334.79	23808 Resort Parkway
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		legal continuing ed
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	09/18/2024	Academy Sporting Goods
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.25	535 E. Expressway 83
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign advertising expense
	Complete ONLY if alice -	Condidate/Officeholder name Office pought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
Ļ						
1	Total pages Schedule F1:					
	Sch: 2/38 Rpt: 35/71	Ramirez, Jose A. (The Honorable) 00083777				
4	Date	5 Payee name				
	09/19/2024	Academy Sporting Goods				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$108.25	535 E Expressway 83				
		Weslaco, TX 78596				
8	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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		campaign event expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/03/2024	Alamo Lions Club				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	823 Main Street				
		Alamo, TX 78516				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	09/26/2024	Ambra				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$258.69	1200 Auburn Ave				
		McAllen, TX 78504				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EVDENDITUDE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		campaign meeting luncheon				
L						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/38 Rpt: 36/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/13/2024	Applebee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.33	1913 W. Trenton Rd
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office meeting expense
		office meeting expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	09/27/2024	Payee name BALANDRANO, FAUSTINO
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	6008 JACKS STREET
		EDINBURG , TX 78542
	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 contract labor-campaign event expense
		contract labor-campaign event expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Date	Power name
	09/27/2024	Payee name BALANDRANO, FAUSTINO
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,600.00	6008 JACKS STREET
L		EDINBURG , TX 78542
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor-campaign event expense
		contract labor campaign event expense
-	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
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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/38 Rpt: 37/71	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	
	12/05/2024	BOYS & GIRLS CLUB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$153.63	2620 Galveston Ave	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions Ponditions Wade By	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	ı, TX, officeholder living expense
		donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		5.11.55 11.61.5
_	Date	Payee name	
	12/02/2024	BOYS & GIRLS CLUB	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$153.68	2620 Galveston Ave	
	Ψ100.00	2323 341734517743	
		McAllen, TX 78501	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By	, TX, officeholder living expense
		donation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorarie to berieff C/Or	1	
	Date	Payee name	
	09/01/2024	Best Buy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$205.64	8012 N. 10th St.	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.
		Check if Austir campaign ev	ı, TX, officeholder living expense
		campaign ev	он охронос
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cinice Held
l			

SCHEDULE F1

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

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		mmittee	Legal Ser		•		Vages	s/Contract Labor		OTHER (ent		not listed above)
					truction Gu	ide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethic	s Commission Filers)
	Sch: 5/38 Rpt: 38/71		Ramirez, Jo	se A. ((The Hono	orable)					0008377	7	
4	Date	5	Payee name										
	08/31/2024		Best Buy										
6	Amount (\$)	7	Payee addres	SS;	City;	Stat	e; Zip Co	ode					
	\$541.23		8012 N. 10th		•		•						
			MaAllan TV	7050	4								
Ļ		<u> </u>	McAllen, TX										
8	PURPOSE OF	(a)	Category (Se		ries listed at th	e top of this s	chedule)	(b)	Description				
	EXPENDITURE		Event Exper	nse					Check if travel Check if Austin				
									campaign ev			virig experis	C .
									oampaign ov	0110	охронос		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ooboldo	r nomo		Office cou	abt			Office	hold	
9	expenditure to benefit C/O		Januluale/Onic	Lenoide	i name		Office sou	igni			Office	Heiu	
_		_											
	Date		Payee name										
	08/31/2024		Best Buy										
	Amount (\$)		Payee addres	SS;	City;	Stat	e; Zip Co	ode					
	\$713.35		8012 N. 10th	h St.									
			McAllen, TX	78504	4								
	PURPOSE	(2)						(h)	Description				
	OF	(۳)	Category _{(Se} Event Exper		ries listed at th	e top of this s	chedule)	(2)	Check if travel	outsi	de of Texas. (Complete Sch	nedule T.
	EXPENDITURE		Eveni Exper	156					Check if Austin				
									campaign ev	ent	expense		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholde	er name		Office sou	ıght			Office	held	
	expenditure to benefit C/OI	Н											
H	Date	Π	Payee name										
	09/14/2024		Best Buy										
					City:	Stat	o: Zin Co	ndo.					
	Amount (\$)		Payee addres		City;	Siai	e; Zip Co	ue					
	\$138.32		8012 N. 10th	11 51.									
			McAllen, TX	78504	4								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at th	e top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse					Check if travel				
									Check if Austin			ving expense	е
									campaign ev	ent	expense		
								<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholde	er name		Office sou	ight			Office	held	
	experience to beliefft C/Of												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1: Sch: 6/38 Rpt: 39/71	2 FILER NAME Ramirez, Jose A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083777
4	Date 08/20/2024	5 Payee name Bose Corporation	
6	Amount (\$) \$356.13	7 Payee address; City; State; Zip Code 100 The Mountain Rd	
8	PURPOSE OF EXPENDITURE	Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 11/10/2024	Payee name CARRERA COMMUNICATIONS	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE EDINBURG, TX 78539	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 11/10/2024	Payee name CARRERA, MIGUEL	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 135 PASEO DEL PRADO AVE	
		EDINBURG, TX 78539	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/38 Rpt: 40/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	11/25/2024	CASA MADRE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$476.56	2200 S. 10TH ST., STES05
		MCALLEN, TX 78503
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office meeting expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	
	Date	Payee name
	09/26/2024	COFFEE ZONE
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.31	1108 S. MCCOLL RD
		EDINBURG, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign meeting luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief to re-	
	Date	Payee name
	07/15/2024	COPY PLUS
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.92	4500 N. 10TH ST. STE. 240
		MCALLEN TV 70504
	DUDDOCE	MCALLEN, TX 78504
	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
		Campaign Advertising Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services		Vages	/Contract Labor		OTHER (enter a	category not listed a	bove)
		r	The Instruction Guide expl	allis now to co	illbie	ete tilis iorili.	_			
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/38 Rpt: 41/71		ose A. (The Honorable)					00083777		
4	Date	5 Payee name)							
	11/06/2024	Chick Fil A								
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	ode					
	\$46.37	2709 W. N	olana Ave							
		McAllen, T	X 78504							
8	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense	,				ide of Texas. Com		
	LXFLINDITORL					_		, officeholder living	expense	
						food for jurors	5			
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ıght			Office he	eld	
	Date	Payee name)							
	09/10/2024	Circle K								
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode					
	\$39.24	2204 W Tr	enton Rd							
		Edinburg, ⁻	ΓX 78539							
	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D		,			outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE					—		, officeholder living		
						campaign eve	ent	-gas transpo	ortation	
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office he	eld	
	Date	Payee name	9							
	09/22/2024	Country Ca	afe							
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode					
	\$50.47	2905 N. Cl	osner							
		Edinburg, ⁻	ΓX 78539							
	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense					ide of Texas. Comp		
	EXI ENDITORE					_		, officeholder living	expense	
						campaign me	eti	ng		
	Operation Children	0 11 1 15	C - I - I - I - I - I	0"				000	.1-1	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ıght			Office he	eid	

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	
Ļ		<u>_</u>
1	Total pages Schedule F1: Sch: 9/38 Rpt: 42/71	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777
4	Date	5 Payee name
	09/27/2024	Danny's Pawn Shop & Sporting Goods
6	Amount (\$) \$1,331.39	7 Payee address; City; State; Zip Code 300 S. Broadway
		McAllen, TX 78501
8	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
		campaign event expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/27/2024	Delux Printing
_	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$41.00	10 9th St. NW
		Hickory, NC 28601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign checks fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/28/2024	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.41	1801 E. Monte Cristo Rd
		Edinburg, TX 78539
	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
		campaign event expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 10/38 Rpt: 43/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	12/24/2024	Dollar General
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.74	1200 Dove Ave W
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office supplies expense
		office supplies expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payee name
	12/24/2024	Payee name Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.95	1200 Dove Ave W
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Chilistinas giit donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	12/24/2024	Payee name Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.95	1200 Dove Ave W
		McAllen, TX 78504
	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
		Chilistinas giit donation
_	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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/38 Rpt: 44/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/27/2024	Easy Ride Golf Carts
6	Amount (\$) \$108.93	7 Payee address; City; State; Zip Code 2508 W. Expressway 83
		Mission, TX 78572
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign event expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2024	FIVE BELOW
	Amount (\$) \$102.84	Payee address; City; State; Zip Code 339 E. TRENTON RD
		EDINBURG, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense toy donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/03/2024	Payee name FLORES, STEPHANIE
	Amount (\$) \$1,188.50	Payee address; City; State; Zip Code 440 CRIPPLE CREEK
		ALAMO, TX 78516
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) reimbursement fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement of CLE Annual Judicial Conference/stay;
	Complete ONLY if direct expenditure to benefit C/OI	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 complete this for	m.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 12/38 Rpt: 45/71	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	
	09/27/2024	Golf Headquaters	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$797.87	2224 N.Tenth St	
		AA.AU	
_		McAllen , TX 78501	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		if Austin, TX, officeholder living expense
		campai	gn event expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/Oi		
	Date	Payee name	
	09/03/2024	GoodTimes Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.43	847 S Alamo Rd	
		Alamo, TX 78516	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	T Advertising Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		l – – – – – – – – – – – – – – – – – – –	gn advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	
	Date	Payee name	
	09/19/2024	GoodTimes Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$151.55	847 S Alamo Rd	
		Alamo, TX 78516	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	/ Advertising Expense	if Austin, TX, officeholder living expense
		campai	gn event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/38 Rpt: 46/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/27/2024	GoodTimes Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.65	847 S Alamo Rd
		Alamo, TX 78516
8	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 campaign event expense
		ouripaight event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Data	
	Date	Payee name
	09/28/2024	Guajardo, Samantha
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1913 E. 25th St
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LIBITORE	Check if Austin, TX, officeholder living expense
		contract labor-campaign event expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.84	1212 S. Closner
		Edinburg, TX 78589
	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
		campaign event expense
	0 1 0 0 1 1 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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

l	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/38 Rpt: 47/71	Ramirez, Jose A. (The Honorable)	00083777
4		5 Payee name	
Ļ	09/27/2024	HEB	
6	Amount (\$) \$268.16	7 Payee address; City; State; Zip Code1212 S. Closner	
	φ200.10	1212 3. Clustici	
		Edinburg, TX 78589	
8	PURPOSE		escription
ľ	OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ca	ampaign event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		C
F	Date	Payee name	
	09/27/2024	HEB	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	1212 S. Closner	
		Edinburg, TX 78589	
	PURPOSE OF		escription
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ca	ampaign event expense
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
┝	Data		
	Date 09/27/2024	Payee name HEB	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1212 S. Closner	
		Edinburg, TX 78589	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Event Expense	Check if Austin TX officeholder living eveners
		L Ca	Check if Austin, TX, officeholder living expense Empaign event expense
		"	, •
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete t	his form.
1	Total pages Schedule F1: Sch: 15/38 Rpt: 48/71	FILER NAME Ramirez, Jose A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083777
4	Date 09/27/2024	5 Payee name HEB	
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 1212 S. Closner Edinburg, TX 78589	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign event expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/03/2024	Payee name HEB	
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1212 S. Closner Edinburg, TX 78589	
	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense It cards donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/27/2024	Payee name Holiday Wine & Liquor	
	Amount (\$) \$162.27	Payee address; City; State; Zip Code 305 W. University	
		Edinburg, TX 78539	
	PURPOSE OF EXPENDITURE	Event Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign event expense
	Complete ONLY if direct expenditure to benefit C/O	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

	Candidate/Officenolder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 16/38 Rpt: 49/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	09/26/2024	JOSE RAMIREZ			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,000.00	214 W. CANO ST.			
		Edinburg, TX 78539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense event expense			
		STORIC OXPORTED			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	10/20/2024	LA ESPIGA BAKERY			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$11.13	1020 E. CANO			
	,				
		EDINBURG, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		food for jurors			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
	Date	Davida nama			
	12/24/2024	Payee name LA POSADA SPA			
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 4500 N. 10TH ST STE 120			
	Ψ+00.00	4300 N. 10111 31 31L 120			
		MCALLEN, TX 78504			
	PURPOSE	In.			
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		donation			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	onpolitical of the bolicity of the	·			

SCHEDULE F1

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

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

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: 17/38 Rpt: 50/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	09/01/2024	LOWES			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$227.47	2802 W. UNIVERSITY			
		EDINBURG, TX 78539			
8	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			
		campaign event expense			
		Sampaign Stone Superior			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	09/14/2024	LOWES			
Г	Amount (\$)	Payee address; City; State; Zip Code			
\$30.29 2802 W. UNIVERSITY					
		EDINBURG, TX 78539			
	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 campaign event expense			
campaign event expense					
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
H	Date	Davisa nama			
	09/28/2024	Payee name LOWES			
L					
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.78	1015 E. Expressway 83			
Weslaco , TX 78596					
	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 campaign event expense			
		Campaign event expense			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
1	expenditure to benefit C/OI				
\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: 18/38 Rpt: 51/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	12/27/2024	LOWES			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$44.32	1015 E. Expressway 83			
		Weslaco , TX 78596			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		office expense			
		Since superior			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	08/05/2024	Little Caesars			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.64	1410 S. Closner Blvd			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		food for jurors			
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
	Date	Payee name			
	09/08/2024	Loves			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$34.85	2645 I-37			
		Three Rivers, TX 78071			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	EX. ENDITORE	Check if Austin, TX, officeholder living expense			
		legal continuing ed-gas expense			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\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				
_	<u>.</u>				
1	Total pages Schedule F1: Sch: 19/38 Rpt: 52/71	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777			
4	Date	5 Payee name			
	09/28/2024	Lowe's			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$54.20	2802 W. University			
		Ediahura TV 70520			
Ļ		Edinburg, TX 78539			
8	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			
		campaign event expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OI				
\vdash	Data				
	Date	Payee name			
	11/12/2024	Lucky 7			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,500.00	400 E. Minnesota Rd			
		San Juan, TX 78589			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	contract labor				
		Contract labor			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Data				
	Date	Payee name			
	12/24/2024	MARIPOZA BOUTIQUE			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$387.55	6500 N. 10TH ST			
		MCALLEN, TX 78501			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	ZAI ZHOHORZ	Candidate/Officeholder/Political Committee			
		gift donation			
	Commission ONE V. C. P.	Condidate/Officeholder name			
	Complete <u>ONLY</u> 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 -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

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 20/38 Rpt: 53/71		3777				
4	Date	5 Payee name					
	08/30/2024	MICHAELS STORES					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$199.17	315 E. TRENTON RD					
		EDINBURG, TX 78539					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense					
		Check if Austin, TX, officeho campaign event expe					
		campaign event expe	1130				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought C	Office held				
9	expenditure to benefit C/OI		onice neid				
	Date	Payee name					
	11/13/2024	MICHAELS STORES					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$97.41	315 E. TRENTON RD					
		EDINBURG, TX 78539					
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Office Overhead/Rental Expense					
		Check if Austin, TX, officeho	older living expense				
		office supplies					
	Complete ONLY if direct	Condidate/Officeholder name Office cought	Affice hold				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	09/28/2024	MONTE CRISTO GOLF & COUNTRY CLUB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$7,431.00	2919 N Kenyon Rd					
		Edinburg, TX 78542					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Te	•				
	EXI ENDITORE	Check if Austin, TX, officeho					
		campaign event expe	nse				
	Operation ONE VIII II	Our Middle (Office helder name	MC: I I - I				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	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 Solarios (Magnet/Contract Labor,

Expense Travel in District
Expense Travel Out of District
Travel Out of District
OTHER (enter a cate

	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: 21/38 Rpt: 54/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	10/21/2024	MR. PRESS			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$48.13	224 E. CANO ST.			
		EDINB, TX 78539			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		campaign tournament event expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experientare to benefit eror				
	Date	Payee name			
	12/20/2024	Martinez, JESUS			
	Amount (\$)	Payee address; City; State; Zip Code			
\$6,500.00 1333 CELINDA AVE					
ALAMO, TX 78516					
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 1. Check if Austin, TX, officeholder living expense			
		storage fees			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name			
	09/28/2024	Medicalesho City City City City City City City City			
	Amount (\$) \$59.03	Payee address; City; State; Zip Code 87 Danbury Rd #1			
	φ39.03	or Dalibuly Ru #1			
		New Milford, CT 06776			
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		campaign event expense			
	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 Comm

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: 22/38 Rpt: 55/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	07/23/2024	Monte Alto Recreation Center			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$200.00	8435 Mareo Escobar St.			
		Monte Alto, TX 78538			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder/Political Committee			
		donation (such to concern)			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	09/18/2024	Murphy Gas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$86.48	1720 W. University			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		campaign event-gas transportation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
H	Date	Payee name			
	10/23/2024	NHPO			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	2721 S. 10TH STREET			
	Ψ230.00	2721 G. 10111 GINCE1			
		MCALLEN, TX 78501			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	EXPENDITORE	Candidate/Officeholder/Political Committee			
		donation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experience to belieff 6/01	•			

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 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 complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
l	Sch: 23/38 Rpt: 56/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name	_		
	12/26/2024	OAK BAR & GRILL			
6	Amount (\$) \$321.09	7 Payee address; City; State; Zip Code 1200 AUBURN AVE STE 300			
L		MCALLEN, TX 78504			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office meeting			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/28/2024	Ocanas, Alaze Lee			
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 626 N. Bridge Ave			
		Weslaco , TX 78596			
	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 contract labor-campaign event expense			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name	_		
	08/31/2024	Office Depot			
	Amount (\$) \$228.00	Payee address; City; State; Zip Code 5115 N. 10th St			
		McAllen, TX 78504			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign event expense			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
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: 24/38 Rpt: 57/71	Ramirez, Jose A. (The Honorable) 00083777	
4	Date	5 Payee name	
	09/27/2024	PIZZA HUT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$74.66	1802 S. CLONSER	
		EDINBURG, TX 78539	
8	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 campaign event expense	
		campaign event expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	Date	Dougo nama	
		Payee name PIZZA HUT	
	11/06/2024	1.00	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.99	1802 S. CLONSER	
EDINBURG, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense food for jurors	
		1000 for jurors	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O		
_	Data	Davies same	
	Date 09/26/2024	Payee name	
		Party City	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.99	305 E. Trenton Rd	
		Edinburg, TX 78539	
	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	
		campaign event expense	
_	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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/38 Rpt: 58/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	10/07/2024	Perez, Marco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,500.00	2008 W. Jonquil
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	08/01/2024	RGV Diabetes Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	420 S. Closner
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sponsorship-17th Annual Dancing With The Stars
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/07/2024	ROBLEDO, MIGUEL
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	914 S. 15TH ST., STE. A
L		MCALLEN, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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/Wanes/Contract Labor

	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: 26/38 Rpt: 59/71	Ramirez, Jose A. (The Honorable) 00083777			
4	Date	5 Payee name			
	09/24/2024	Ramirez, Jr., Ruben			
6	Amount (\$) \$1,700.00	7 Payee address; City; State; Zip Code 3228 Valle Circle			
		edinburg, TX 78539			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor-campaign event expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/28/2024	Reyes, Joel			
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 2202 Gary Lane			
		Edinburg, TX 78542			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign event expense			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date 09/24/2024	Payee name Sam's Club			
	Amount (\$) \$37.45	Payee address; City; State; Zip Code 7601 N. 10th St			
		McAllen, TX 78504			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign event expense			
	Complete ONLY if direct expenditure to benefit C/OI	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 complete this form.				
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/38 Rpt: 60/71		Ramirez, Jose A. (The Honorable)		00083777
4	Date	5	Payee name		
	09/23/2024		Sam's Club		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$393.72		7601 N. 10th St		
			McAllen, TX 78504		
8	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
					campaign event expense
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	Н			
	Date	Π	Payee name		
	09/24/2024		Sam's Club		
	Amount (\$)	T	Payee address; City; State; Zip C	ode	
	\$37.45		7601 N. 10th St		
			McAllen, TX 78504		
	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
					campaign event expense
	Complete ONLY if direct		Candidate/Officeholder name Office soil	ught	Office held
	expenditure to benefit C/O	Н			
	Date	Γ	Payee name		
	09/26/2024		Sam's Club		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$828.88		7601 N. 10th St		
			McAllen, TX 78504		
	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
					campaign event expense
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	Н			

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 Lenal 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: 28/38 Rpt: 61/71	Ramirez, Jose A. (The Honorable) 00083777				
4	Date	5 Payee name				
	09/27/2024	Sam's Club				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$113.53	7601 N. 10th St				
		McAllen, TX 78504				
8	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				
		campaign event expense				
		Campaign Cront Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
F	Date	Payee name				
	10/23/2024	Sam's Club				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$57.76	7601 N. 10th St				
		McAllen, TX 78504				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		office expense				
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
F	Date	Payee name				
	08/21/2024	Space Jump Rentals				
Н	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	813 W. Ferguson St.				
		Pharr, TX 78577				
	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.				
	EX. ENDITORE	Check if Austin, TX, officeholder living expense				
		Campaign Event Expense				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
\vdash						

SCHEDULE F1

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

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/38 Rpt: 62/71	Ramirez, Jose A. (The Honorable)	00083777
4	Date	5 Payee name	•
	10/20/2024	Space Jump Rentals	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$511.87	813 W. Ferguson St.	
		Pharr, TX 78577	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
		campaign to	ournament expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/26/2024	Spec's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.45	7700 N. 10th St.	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense Vent expense
		Campaign e	vent expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
	Date	Davies name	
	12/24/2024	Payee name Spec's	
	Amount (\$) \$113.93	Payee address; City; State; Zip Code 7700 N. 10th St.	
	Φ113.93	7700 N. 10til St.	
		Madles TV 70001	
		McAllen, TX 78501	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Continuations/Donations Made By	tin, TX, officeholder living expense
		gift donation	
	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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/38 Rpt: 63/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/03/2024	Stripes
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.14	721 N. Closner
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign event-transportation gas
		Gampangi Gront dan oponadon gad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/15/2024	Stripes
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.52	721 N. Closner
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign event-gas transportation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	09/24/2024	Stripes
H	Amount (\$)	Payee address; City; State; Zip Code
	\$34.12	721 N. Closner
	φ34.12	721 N. Ciostiei
		Edinburg, TX 78539
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign expense-gas transportation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\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 Legal Services 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: 31/38 Rpt: 64/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/03/2024	TEXAS BEST
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.11	100 S. NUECES ST.
		GEORGE WEST, TX 78022
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign gas expense
		and have a second
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/02/2024	TEXAS CENTER OF THE JUDICIARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 SAN ANTONIO ST. STE. 800
	,	
		AUSTIN, TX 78701
	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
		continuing leg. education
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_	Date	Davisa sama
	09/27/2024	Payee name Taco Palenque
	Amount (\$)	<u> </u>
	\$98.93	Payee address; City; State; Zip Code 1414 W. University Dr.
	Ψ30.33	1414 W. Offiversity Dr.
		Edinburg, TX 78539
	DUDDOCE	To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign event expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitie to belieff C/Of	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 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: 32/38 Rpt: 65/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/27/2024	VALLEJO, NANCY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	3319 ALCATRAZ ST
		EDINBURG , TX 78542
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	09/25/2024	WB Liquors & Wine
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.45	1401 W. Kelly Avenue
		Pharr, TX 78577
	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 campaign event expense
		Campaign event expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	09/24/2024	Wal-Mart
┝		
	Amount (\$)	
	\$35.44	1724 W. University Dr
		Edinburg, TX 78539
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign event expense
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 comple	te this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 33/38 Rpt: 66/71	Ramirez, Jose A. (The Honorable)	00083777			
4	Date	5 Payee name	·			
	09/24/2024	Wal-Mart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$168.05	4101 S. McColl Rd				
		Edinburg, TX 78539				
8	PURPOSE OF	, -	Description			
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			campaign event expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/24/2024	Wal-Mart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.44	4101 S. McColl Rd				
		Edinburg, TX 78539				
	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			
			campaign event expense			
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/24/2024	Wal-Mart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$168.05	1724 W. University Dr				
		Edinburg, TX 78539				
	PURPOSE OF	,	Description			
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			campaign event expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 34/38 Rpt: 67/71	Ramirez, Jose A. (The Honorable) 00083777				
4	Date	5 Payee name				
	11/30/2024	Yaqui Animal Rescue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$360.00	1803 N. Bryan Rd				
		Mission , TX 78572				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		uonation				
_	Commission ONII V if dispost	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/O					
	•					
	Date	Payee name				
	09/28/2024	ZAMORAS RESTAURANT				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$212.50	4504 W. MONTE CRISTO RD				
		EDINBURG, TX 78541				
	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 campaign event expense				
		campaign event expense				
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	07/22/2024	amazon.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$47.99	410 Terry Ave N				
		Seattle, WA 98109				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense				
	LAPENDITORE	Check if Austin, TX, officeholder living expense				
		event expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	experience to beliefft C/Of	•				

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 35/38 Rpt: 68/71	Ramirez, Jose A. (The Honorable)		00083777
4	Date	5 Payee name		•
	08/27/2024	amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$129.88	410 Terry Ave N		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Campaign Gift Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sou		Office held
9	Complete ONLY if direct expenditure to benefit C/O		Aill	Office field
	Data		—	
	Date 09/15/2024	Payee name		
		amazon.com	. 	
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$15.88	410 Terry Ave N		
		Seattle, WA 98109		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EVENT EXPENDITURE EVENT Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				campaign event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/18/2024	amazon.com		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$151.42	410 Terry Ave N		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF	Event Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				campaign event expense
	0 1: 0			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	ght	Office held

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/38 Rpt: 69/71	Ramirez, Jose A. (The Honorable) 00083777
4	Date	5 Payee name
	09/27/2024	amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.88	410 Terry Ave N
_		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign event expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/24/2024	amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.92	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	08/26/2024	ebay.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.44	2145 Hamilton Ave.
		San Jose, CA 95125
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Event Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

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					
_	T					
1	Total pages Schedule F1: Sch: 37/38 Rpt: 70/71	2 FILER NAME Ramirez, Jose A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083777				
4	Date	5 Payee name				
•	08/26/2024	ebay.com				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$66.25	2145 Hamilton Ave.				
		San Jose, CA 95125				
Ļ		1				
8	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				
		Campaign Event Expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialture to benefit C/Or					
	Date	Payee name				
	08/30/2024	ebay.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$135.64	2145 Hamilton Ave.				
	Ψ100.04	2143 Hamilon Ave.				
		San Jose, CA 95125				
	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.				
	LXI LINDITORL	Check if Austin, TX, officeholder living expense				
		campaign event expense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1				
	Date	Payee name				
	12/02/2024	ebay.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$537.63	2145 Hamilton Ave.				
	Φ337.03	2145 Hamillon Ave.				
		San Jose, CA 95125				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		office expense				
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Magnet/Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.	OTTILK (enter a t	category flot listed above)	
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)	
	Sch: 38/38 Rpt: 71/71	Ramirez, Jose A. (The Honorable)			00083777	,	
4	Date	5 Payee name					
	12/26/2024	ebay.com					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$70.64	2145 Hamilton Ave.					
		San Jose, CA 95125					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Office Overhead/Rental Expense		ш	outside of Texas. Comp , TX, officeholder living		
				office supplie		ехрепзе	
				omeo cappilo	o onponeo		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht		Office he	ld	
ľ	expenditure to benefit C/OI	H	.g		Omoo no		
_	Date	Davis rema					
	12/26/2024	Payee name ebay.com					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$120.76	2145 Hamilton Ave.					
		San Jose, CA 95125					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		_	outside of Texas. Comp		
				office supplie	TX, officeholder living	expense	
				onice Supplie	3 схрезе		
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	ld	
	expenditure to benefit C/OI		agi it		Office fie	id	