# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	this form.	1 Filer ID (Ethics Comm 00013805		2 Total pages filed: 275
3 CANDIDATE /	MS / MRS / MR FI	IRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Ju	uan			Date Received  ELECTRONICALLY FILED
	NICKNAME L	AST		SUFFIX	01/15/2025
	Chuy H	linojosa			
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	UITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1421				Receipt # Amount
Change of Address	Austin, TX 78767				Date Processed
					Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR FI	RST		MI	
TREASURER NAME	Dr. Bi	ill			
	NICKNAME LA	AST		SUFFIX	
	Bi	ieker			
6 CAMPAIGN	STREET ADDRESS (NO PO BC	)X PLEASE);	AP	PT / SUITE #; CIT	TY; STATE; ZIP CODE
TREASURER ADDRESS	1508 S. Lone Star Way				
(Residence or Business)	Suite 5B				
(,	Edinburg, TX 78539				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION		
TREASURER PHONE	(956) 348-4477				
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
		0011. day 20.010	-	· tunon	appointment (officeholder only)
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Da	
COVERED	07/01/2024	TH	IROUGH	12/31/2	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	X Pr	rimary	Runoff	Other
	03/07/2028	G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGI	HT (if known)
	State Senator District 20				
		GO T	O PAGE 2		

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Hinojosa, Juan (The	Honorable)	<b>14</b> Filer ID (00013805	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t d officeholders are required to report this information	he candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	TREPAC					
		COMMITTEE ADDRESS					
	SPECIFIC	1115 San Jacinto Blvd					
		Suite 200					
		Austin, TX 78701					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Cantu, Leslie					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
		P.O. Box 2246					
		Austin, TX 78768					
16 CONTRIBUTION TOTALS							
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	i)	\$ 401,468.76			
EXPENDITURE TOTALS							
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 261,542.41			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 458,787.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		The Hono	orable Juan Hinojosa	ā			
			Candidate or Officehol				
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subscribed before me, by the said, this the							
of							
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath			

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

## FORM C/OH COVER SHEET PG 3

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					3 01 275
	ER NAN		19 Filer ID	(Ethi	cs Commission Filers)
Hir	nojosa,	Juan (The Honorable)	00013805		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	399,400.66
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,068.10
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	251,766.43	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,775.98
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.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	6,501.68

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/41 Rpt: 4/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 09/03/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: AEP Company Texas Committee for Responsible Contributor address; City; State; Zip Code</li> </ul>	ole Govt.	7	Amount of Contribution (\$)	\$2,000.00
_	Delicalization	Austin, TX 78701-1677	lo Evolució (Con tratación de	L		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: AEP Company Texas Committee for Responsit Contributor address; City; State; Zip Code  Austin, TX 78701-1677	ole Govt.		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor  out-of-state PAC (ID#: AT&T TEXAS PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
	Principal occu	Austin, TX 78701-2471 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor x out-of-state PAC (ID#: Acadian Ambulance Texas Employee Political Acadian Address; City; State; Zip Code  Lafayette, LA 70509			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Action Behavior Centers Texas Political Action Contributor address; City; State; Zip Code  Austin, TX 78746-7077	Committee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/41 Rpt: 5/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	00089136 )	7	Amount of Contribution (\$)	\$2,000.00
0	Dringing oggu	Washington, DC 20001-2155	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor	)		Amount of Contribution (\$)	\$1,000.00
		Corpus Christi, TX 78401-0011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Associated General Contractors Of Texas-PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78768-2185				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Atlas, Hall & Rodriguez, LLP  Contributor address; City; State; Zip Code  Mcallen, TX 78502-3725			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:Atmos Energy PAC  Contributor address; City; State; Zip Code  Dallas, TX 75240-2630	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/41 Rpt: 6/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
_	Deireireles	Austin, TX 78701-3021	O Francisco (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/18/2024	Full name of contributor x out-of-state PAC (ID#: C Bank Of America Corporation PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Wilmington, DE 19808-1611 pation / Job title (See Instructions)	Employer (See Instructions	)		
	i illoipai oooa	salion, oob tile (ood melladions)	Employer (eee meadeline	,		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Beef PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Amarillo, TX 79106-4617 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· ····o.pa. oooa		p.o/o. (000ou00	,		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2656			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Officer	pation / Job title (See Instructions)	Employer (See Instructions Bay, Ltd.	)		

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS	SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 4/41 Rpt: 7/275	
2	FILER NAME				3 Filer ID (Ethics Commission	on Filers)
	Hinojosa, Ju	an (The Honorable)			00013805	
4	Date 11/06/2024	<ul><li>Full name of contributor</li><li>Betancourt, Eddy</li></ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; St	ate; Zip Code		•	
		Mission, TX 78572-2004				
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	5)	
	President			R & B General Construc	ction Co., Inc.	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/06/2024	Bing, Eric	_			\$1,000.00
		Contributor address; City; St	ate; Zip Code			
		Houston, TX 77056-1226				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Executive			Thunderbird School of C	Global Management	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/11/2024	Binkley, James (Mr.)				\$500.00
		Contributor address; City; St  Houston, TX 77041-9221	ate; Zip Code			
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u> 	
	CEO			Binkley & Barfield, Inc.		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	09/03/2024	Brentwood Public Affairs Contributor address; City; St	ate; Zip Code		•	\$1,000.00
		Austin, TX 78701-1801				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	S)	
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	
	12/11/2024	CDS Muery PAC				\$500.00
		Contributor address; City; St				
		San Antonio, TX 78216-4			<u> </u>	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	S)	

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/41 Rpt: 8/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor</li><li>Calpine Corporation-Fede</li><li>6 Contributor address; City; St.</li></ul>			7	Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77002-2743					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor Caso Law Firm, PLLC Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Edinburg, TX 78539-4508 pation / Job title (See Instructions		Employer (See Instructions	;) 		
	. moipai ooda	pation / cos title (coe moradiene	,	Employer (Geo mondoner	,,		
	Date 09/03/2024	Full name of contributor  Castaneda, Jr., Tristan  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701-1827					
	Principal occu Government	pation / Job title (See Instructions Relations	)	Employer (See Instructions Self Employed	s)		
	Date 12/14/2024	Full name of contributor Castaneda, Jr., Tristan Contributor address; City; St. Austin, TX 78701-1827		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Government	pation / Job title (See Instructions Relations	)	Employer (See Instructions Self Employed	5)		
	Date 12/11/2024	Full name of contributor Caterpillar Employees PA Contributor address; City; St		00148031 )	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/41 Rpt: 9/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,000.00
_		Saint Louis, MO 63105		_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_ Cerda, Julio Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Mission, TX 78574-2183	5 1 (0 1 1 1	<u></u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions  President South Texas Infrastructions				Group, LLC	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Communications Inc Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor \(\times\) out-of-state PAC (ID#: \(\times\) Cheniere Energy, Inc. PAC  Contributor address; City; State; Zip Code  Washington, DC 20001-5384	C00430157 )		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/01/2024	Full name of contributor X out-of-state PAC (ID#: C Chevron Employees PAC  Contributor address; City; State; Zip Code  San Ramon, CA 94583-0716	C00035006 )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/41 Rpt: 10/275	
2	FILER NAME			1	Filer ID (Ethics Commission	on Filers)
	Hinojosa, Ju	an (The Honorable)		_ '	00013805	
4	Date 11/21/2024	5 Full name of contributor	C00085316 )	7 /	Amount of Contribution (\$)	\$1,000.00
		<ul><li>6 Contributor address; City; State; Zip Code</li><li>Washington, DC 20004-2626</li></ul>				
Ω	Dringinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
0	rincipal occu	pation 7 300 title (See Instructions)	5 Employer (See Instructions)	5)		
	Date 10/16/2024	Full name of contributor X out-of-state PAC (ID#:_Comcast Corporation & NBCUniversal PAC  Contributor address; City; State; Zip Code	C00248716 )		Amount of Contribution (\$)	\$1,000.00
		Philadelphia, PA 19103-2855				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00393173 )	,	Amount of Contribution (\$)	
	09/16/2024	Comerica, Inc. PAC				\$3,500.00
		Contributor address; City; State; Zip Code  Dallas, TX 75201-4612				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00304832 )	<u> </u>	Amount of Contribution (\$)	
	12/11/2024	Constellation Brands, Inc. PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Rochester, NY 14614-2102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	<u> </u>	Amount of Contribution (\$)	
	11/06/2024	Curbow, Kelly				\$1,500.00
		Contributor address; City; State; Zip Code				
		San Marcos, TX 78666-6443				
		pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Government	Relations	Self Employed			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/41 Rpt: 11/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	<u>#)</u>	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	- Fillicipal occu			3)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#  Department of Public Safety Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Deire die alle access	Austin, TX 78752-4203	Fundament (Constructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 10/16/2024	Full name of contributor X out-of-state PAC (ID#Dow Inc. PAC Contributor address; City; State; Zip Code	#: <u>C00074096</u> )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Midland, MI 48642-4815 pation / Job title (See Instructions)	Employer (See Instructions	s)		
		,,	, , , , , , , , , , , , , , , , , , ,	-,		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID# Dugoni, Brian Contributor address; City; State; Zip Code Dallas, TX 75219-7680	<u>;                                    </u>		Amount of Contribution (\$)	\$1,500.00
	Principal occu Orthodontist	pation / Job title (See Instructions)	Employer (See Instructions Rodeo Dental & Orthod		ics	
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID# Dunklin, William Contributor address; City; State; Zip Code Dallas, TX 75248-2115	±:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Pediatric De	pation / Job title (See Instructions) ntist	Employer (See Instructions Rodeo Dental & Orthode		ics	
			1			

	MONEI	ARY POLITICAL CONTRIBUTION	)NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/41 Rpt: 12/275	
2	FILER NAME	(7)		3	Filer ID (Ethics Commission	on Filers)
	-	an (The Honorable)		L	00013805	
4	Date 11/12/2024	5 Full name of contributor  x out-of-state PAC (ID#:	C00219642 )	7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code Saint Louis MO 63105 4204				
_	Data da al acce	Saint Louis, MO 63105-4204	<b>0</b>	<u> </u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#:_	C00197228 )		Amount of Contribution (\$)	\$3,000.00
	Contributor address; City; State; Zip Code				,	
		Washington, DC 20004-2513	<u> </u>	Ļ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00429662 )	Π	Amount of Contribution (\$)	
	10/22/2024	Enbridge-DCP PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	?) 		
	· ····o.pa. ooo	patient, cos tato (cos metadotorio)		-,		
	Date	Full name of contributor X out-of-state PAC (ID#:	C00438754 )		Amount of Contribution (\$)	
	10/15/2024	Energy Transfer Partners Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2469				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Data			_	Assessment of Ossakilla discrete	
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Erben & Yarbrough	)		Amount of Contribution (\$)	\$1,000.00
	00/20/2024			-		Φ1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2508				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			I			

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 10/41 Rpt: 13/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 09/03/2024	<ul><li>5 Full name of contributor  Focused Advocacy Political</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78746-6773	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor Forshage, Joseph Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
	<u> </u>	Weslaco, TX 78599-0029					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Foremost Paving, Inc.	)		
	Date 09/03/2024	Full name of contributor Frazier, Jeffrey Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Dringing agg	Austin, TX 78749-2340		Employer (See Instructions			
	Lobbyist/Cor	pation / Job title (See Instructions) nsultant		Employer (See Instructions Self Employed	)		
	Date 09/27/2024	Full name of contributor Friends Of Baylor Med Contributor address; City; State Houston, TX 77010-3095	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor Friends Of San Antonio Lea Contributor address; City; State San Antonio, TX 78201-381	e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/41 Rpt: 14/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)	
4	Date 12/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Friends Of The TTU System PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5,000.00	
_	Deine in all a serv	Lubbock, TX 79409-0005					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 12/11/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78763-0552  pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#: Gainwell Holding Corp. PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$4,000.00	
		Conway, AR 72034-9501					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Garcia, Joe Contributor address; City; State; Zip Code  Austin, TX 78767-0283			Amount of Contribution (\$)	\$500.00	
		pation / Job title (See Instructions) s Consultant	Employer (See Instructions The Garcia Group	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Garrett, Jon Contributor address; City; State; Zip Code Waxahachie, TX 75165-2279			Amount of Contribution (\$)	\$2,500.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Apex Site Services	)			

	MONET	ARY POLITICAL COI	NTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 12/41 Rpt: 15/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commissi 00013805	on Filers)
4	Date 11/06/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$10,000.00
_	Deignigal	Mercedes, TX 78570-9764	- Io	Franks on (Coo Instructions			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions L&G Engineering	)		
	Date 12/13/2024	Genen PAC  Contributor address; City; State; 2		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	South San Francisco, CA 9408 pation / Job title (See Instructions)	80	Employer (See Instructions	)		
	Date 11/06/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Mission, TX 78573-8453 pation / Job title (See Instructions)		Employer (See Instructions			
	Consultant	salon, cos uno (coe monaciono)		Brownstone	,		
	Date 12/11/2024	Full name of contributor Gray Reed PAC  Contributor address; City; State; 2  Houston, TX 77056-8000				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/23/2024	Full name of contributor Guerra, Gabriel (Mr.)  Contributor address; City; State; 2  Corpus Christi, TX 78414-636				Amount of Contribution (\$)	\$1,000.00
	Principal occu President &	pation / Job title (See Instructions) CEO		Employer (See Instructions Kleberg Bank	)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTIO	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 13/41 Rpt: 16/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
_		McAllen, TX 78501-3918	_		Ĺ		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Atlas Hall & Rodriguez,		P	
	Date 12/11/2024	Full name of contributor				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Dallas, TX 75240-5398 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	r illicipai occu	pation / Job title (See matractions)		Employer (See instructions	,		
	Date 12/11/2024	Full name of contributor 🔀 out-of-state PAC (ID#: <u>C</u> HNTB Holdings Ltd. PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00
	Dringinal accu	Kansas City, MO 64105-1310 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	r illicipai occu	oditor 7 300 title (See matrictions)		Employer (See instructions	,		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_HOMEPAC of Texas (Tx. Assn of Builders)  Contributor address; City; State; Zip Code  Austin, TX 78701-1957		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of Texas (Tx. Assn of Builders)  Contributor address; City; State; Zip Code  Austin, TX 78701-1957		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/41 Rpt: 17/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 11/21/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$5,000.00
_	Deireire Leev	Austin, TX 78701-2180	) Familia au (Coo Instructions			
0	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	o)		
	Date 12/11/2024	Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1696 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Halff Associates-State PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Richardson, TX 75081-2220				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Vice Preside	pation / Job title (See Instructions) nt	Employer (See Instructions McGuireWoods Consult			
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: Health Care Service Corporation Employees' Pac Contributor address; City; State; Zip Code	:-texas		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/41 Rpt: 18/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)	
4	Date 09/03/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,500.00	
8	Principal occur	Austin, TX 78701-2458 pation / Job title (See Instructions)	9 Employer (See Instructions)				
•	Fillicipal occu	pation / Job title (See Instructions)	5 Employer (See Instructions)	,			
	Date 11/25/2024	Full name of contributor	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Deer Park, TX 77536-3270 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code	C-Fund		Amount of Contribution (\$)	\$1,000.00	
		Houston, TX 77219					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC - Independent Bankers Assoc. of Tex Contributor address; City; State; Zip Code  Austin, TX 78701-1683			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_INDEPAC  Contributor address; City; State; Zip Code  Austin, TX 78750-2228			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/41 Rpt: 19/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,500.00
	Dringing age	Dallas, TX 75201-2725	O Employer (Coa Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Junior And Community College Political Action C Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1686 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas Operating A Contributor address; City; State; Zip Code  Eagle Pass, TX 78852-2503			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/24/2024	Full name of contributor x out-of-state PAC (ID#: C Kirby Corp PAC Contributor address; City; State; Zip Code  Houston, TX 77007-5834	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/25/2024	Full name of contributor x out-of-state PAC (ID#: C Koch Industries, Inc. Political Action Committee (Contributor address; City; State; Zip Code  Wichita, KS 67220-3203			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/41 Rpt: 20/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)	
4	Date 11/06/2024	5 Full name of contributor out-of-state PAC (ID#:_ Kouyoumdjian, Raffy (Dr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$2,000.00	
_	<u> </u>	Dallas, TX 75229-5570	10 5 1 10 11 11				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions Rodeo Dental	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_LAREDO FIRE-PAC  Contributor address; City; State; Zip Code  Laredo, TX 78041-5752			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Legacy 44 Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78756-3522  upation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Leyendecker, Dan  Contributor address; City; State; Zip Code  Corpus Christi, TX 78408-2600			Amount of Contribution (\$)	\$500.00	
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions LNV Engineering	)			
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_Loeb, David  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Vice Preside	upation / Job title (See Instructions) ent	Employer (See Instructions Landlord Resources	)			
			,				

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 18/41 Rpt: 21/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
0	Dringing occur	Austin, TX 78767-0012	١٥	Employer (See Instructions	<u></u>		
8	Lobbyist	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 11/06/2024	Full name of contributor		)	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	Mission, TX 78574-3708 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Exec. VP/CC			GDJ Engineering	•		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_Maldonado, Samuel  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$1,500.00
		Edinburg, TX 78542-2900	_				
		pation / Job title (See Instructions) ject Manager		Employer (See Instructions SAMES Inc.	s)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_Mansour, D.D.S. MS, Yahya  Contributor address; City; State; Zip Code  Dallas, TX 75209-3427		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Rodeo Dental & Orthodo		ics	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Manufacturers PAC Of TEXAS  Contributor address; City; State; Zip Code  Austin, TX 78711-1510			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/41 Rpt: 22/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)	
4	Date 10/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ Marathon Oil Company Employees PAC  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$2,500.00	
		Houston, TX 77024-2217					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Matz And Company LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78703-3931 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor X out-of-state PAC (ID#: CMCGuire Woods, LLP  Contributor address; City; State; Zip Code	C00225342 )		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	Employer (See Instructions				
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Mission Fire Fighters Committee for Responsible Contributor address; City; State; Zip Code  Mission, TX 78574-2808	e Government		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code  Austin, TX 78701-5002			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 20/41 Rpt: 23/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 11/25/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu Bail bond ag	Edinburg, TX 78542-0479 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	 i)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: ONCOR PAC Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Dallas, TX 75202-1234 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/04/2024	Full name of contributor x out-of-state PAC (ID#: One Gas Inc., PAC  Contributor address; City; State; Zip Code  Tulsa, OK 74103	C00	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ PAC of The Independent Insurance Agents of T Contributor address; City; State; Zip Code  Austin, TX 78768-4487		as		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/41 Rpt: 24/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 11/21/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,500.00
_		San Antonio, TX 78213-2251				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/29/2024	Full name of contributor	00103549)		Amount of Contribution (\$)	\$500.00
	Principal occu	Pasadena, CA 91124-0001 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Pebley, Trey  Contributor address; City; State; Zip Code  McAllen, TX 78504-5325			Amount of Contribution (\$)	\$2,000.00
		pation / Job title (See Instructions) istrative Officer	Employer (See Instructions Foremost Paving, Inc.	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Pediatric Dentists Political Action Committee  Contributor address; City; State; Zip Code  Fairview, TX 75069-1535	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor	C00469205 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/41 Rpt: 25/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor</li><li>Penn Entertainment Inc. T</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$2,000.00
		Reading, PA 19610-1247					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 11/21/2024	Full name of contributor Perdue, Brandon, Fielder, Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Lubbock, TX 79408-0817 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	i ilicipai occu	pation / 30b title (See mandellons,		Employer (See manuchoris	"		
	Date 12/11/2024	Full name of contributor PharmPac Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/23/2024	Full name of contributor Phillips 66 PAC Contributor address; City; Sta Washington, DC 20004	x out-of-state PAC (ID#: <u>Cr</u> ate; Zip Code	00513549 )		Amount of Contribution (\$)	\$1,500.66
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor Phillips, Joseph Contributor address; City; Sta McAllen, TX 78505-1810	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Tex Best Land Co. Inc.	5)		
	26/11 1031		l	. 5 255. Zaid 55. iil			

	MONET	ARY POLITICAL CON	ITRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 23/41 Rpt: 26/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor x ou Populus Financial Group, Inc. T</li> <li>Contributor address; City; State; Zi</li> </ul>		)	7	Amount of Contribution (\$)	\$1,000.00
_		Irving, TX 75062-2789					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor ou Precast PAC Contributor address; City; State; Zi	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78716					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor ou Provider Coalition For Care PAC Contributor address; City; State; Zi	-			Amount of Contribution (\$)	\$5,000.00
		Lewisville, TX 75057-6011					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/06/2024	Full name of contributor ou Ramirez, Martha  Contributor address; City; State; Zi	p Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions La Victoria Adult Daycar			
	Date 11/06/2024	Full name of contributor ou Ramirez, Rene Contributor address; City; State; Zi Edinburg, TX 78539	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Pathfinder P	pation / Job title (See Instructions)		Employer (See Instructions Lobbyist	)		
	. daminuci i	asio, mano	L	2000,100			

	MONET	ARY POLITICAL CONTRIBU	TIOI	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his foi	m.	1	Total pages Schedule A1: Sch: 24/41 Rpt: 27/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	(ID#:		7	Amount of Contribution (\$)	\$4,000.00
Ω	Principal occu	Austin, TX 78701-2114 pation / Job title (See Instructions)	- la	Employer (See Instructions	·,		
	r inicipal occu	pation / 300 title (See Instituctions)		Employer (See instructions	•)		
	Date 11/06/2024	Full name of contributor out-of-state PAC Rios, Daniel Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	McAllen, TX 78504-2013 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Businessma			Self Employed	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC Ron Lewis & Associates  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-2157					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/21/2024	Full name of contributor out-of-state PAC Rosenzweig, Robin Contributor address; City; State; Zip Code  Boca Raton, FL 33434-3230		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Colfax Law Office	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC Ryan Clay & Associates, PLLC Contributor address; City; State; Zip Code  Austin, TX 78701	(ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 25/41 Rpt: 28/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commissi 00013805	on Filers)
4	Date 12/11/2024	Ryan PAC	x out-of-state PAC (ID#: <u>C00</u> te; Zip Code		7	Amount of Contribution (\$)	\$10,000.00
		Dallas, TX 75240-5050					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor [ Rydman, John Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77007-7006 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	President	,		Spec's	,		
	Date 12/11/2024	Full name of contributor  STV Infrastructure PAC  Contributor address; City; Star	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75235-2393					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor [ Saenz, Sergio  Contributor address; City; State  McAllen, TX 78501-4859	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Rush Salt LLC	s)		
	Date 12/12/2024	Full name of contributor  San Antonio Professional F  Contributor address; City; Star  San Antonio, TX 78201-175	te; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/41 Rpt: 29/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/13/2024	5 Full name of contributor out-of-state PAC (ID#:_ Sarcon Family Home Solutions LLC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deignaignal annu	Mission, TX 78574-2003	O Familia van (Coo la atmesti a a			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Shipton, Patricia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-2179  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Government		Self Employed	,		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Smartt, Kenneth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
		Laredo, TX 78045				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Smartt Investments	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ South Texans Property Rights Political Action C Contributor address; City; State; Zip Code Falfurrias, TX 78355-0886	ommittee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Southern Glazer's PAC Of Texas  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/41 Rpt: 30/275
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hinojosa, Ju	an (The Honorable)		00013805
4	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Stan Schlueter Consulting     Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,500.00
		Austin, TX 78768-2227		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	09/21/2024	Sterba-Boatwright, Blair		\$50.00
		Contributor address; City; State; Zip Code		
		Corpus Christi, TX 78411-1233		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Professor		Texas A&M - Corpus Ch	nristi
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Suehs Special Account Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
		Austin, TX 78703-1808		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TAMFT Family PAC		Amount of Contribution (\$) \$500.00
		Contributor address; City; State; Zip Code  Austin, TX 78701-1634		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ TBA BANK PAC	)	Amount of Contribution (\$) \$3,000.00
		Contributor address; City; State; Zip Code  Austin, TX 78701-2321		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)

	MONET	ARY POLITICAL CONTRIBUTION	)NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/41 Rpt: 31/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Austin, TX 78701-1670  upation / Job title (See Instructions)	9 Employer (See Instructions)			
°	Ринсіраї осса 	pation / Job title (See instructions)	Employer (See manuchons)	) 		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: TNLA-PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occi	Cedar Park, TX 78613-2294	Employer (See Instructions	_		
	Pillicipai occu	pation / Job title (See Instructions)	Employer (See Instructions)	) 		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: TREPAC/Texas Association of Realtors - PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78768-2246				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/Texas Association of Realtors - PAC Contributor address; City; State; Zip Code  Austin, TX 78768-2246			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ TXOGA PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1823			Amount of Contribution (\$)	\$2,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/41 Rpt: 32/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 11/21/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Austin, TX 78701-1823 pation / Job title (See Instructions)	9 Employer (See Instructions	\		
0	Fillicipal occu	pation / 300 title (3ee instructions)	Employer (See Instructions	,		
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#:	C00479998 )		Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Omaha, NE 68154-5212 pation / Job title (See Instructions)	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	,		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Tenet Healthcare Corporation PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75254-2916				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Tex-Pipe PAC Contributor address; City; State; Zip Code Austin, TX 78701-1726			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texana Public Affairs  Contributor address; City; State; Zip Code  Brenham, TX 77833-7176			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/41 Rpt: 33/275	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Hinojosa, Ju	an (The Honorable)			00013805	
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
	09/03/2024	Texans For Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code				\$7,500.00
		Austin, TX 78701-2175				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	12/11/2024	Texans For Lawsuit Reform PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-2175				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/11/2024	Texas Aggregates & Concrete Association PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78680-0459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/11/2024	Texas Agricultural Aviation Association/Ag-Air P	AC			\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/20/2024	Texas Agricultural Co-op Council PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78664-4244				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/41 Rpt: 34/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Austin, TX 78701-1951				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Assisted Living Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78759-8505 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Crane Owners PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78716  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Health Plans PAC  Contributor address; City; State; Zip Code  Austin, TX 78701-5002			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Pawn Brokers PAC Contributor address; City; State; Zip Code  Crawford, TX 76638-3235			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/41 Rpt: 35/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 10/21/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$5,000.00
_	Dringing Loggy	Austin, TX 78701-2181	O Employer (Coa Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Bail PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78731-3198				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch - AGC PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Charter Schools Now PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Construction Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/41 Rpt: 36/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 11/12/2024	<ul> <li>Full name of contributor</li></ul>	(4956)	7	Amount of Contribution (\$)	\$1,000.00
		Greenville, SC 29615-3052				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: Texas Food & Fuel Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1671 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Deignaignal annu	Austin, TX 78703-4775	Farelous (Coo lostrutions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code  Austin, TX 78767-0279			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code  Austin, TX 78701-2132			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	_E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/41 Rpt: 37/275	
2	FILER NAME Hinojosa, Ju	uan (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 10/28/2024	<b>-</b>		7	Amount of Contribution (\$)	\$3,000.00
_		Austin, TX 78705	1	Ĺ		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Texas Our Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78767-0426  upation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	· 			<i>.</i>		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association-PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701-2342				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	.)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association-PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2342			Amount of Contribution (\$)	\$1,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Produce Association TEX-PAC  Contributor address; City; State; Zip Code  Mission, TX 78572-6051			Amount of Contribution (\$)	\$750.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	.)		
			l			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	JLE <b>A1</b>	
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 35/41 Rpt: 38/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)	
4	Date 12/09/2024	Texas Regional Bank Fed			7	Amount of Contribution (\$)	\$1,000.00	
		Harlingen, TX 78552-3603						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/06/2024 Texas Sands PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4,000.00			
	Principal occu	Austin, TX 78701-4093 pation / Job title (See Instructions)		Employer (See Instructions	 ;)			
	•	,						
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Texas Society Of Architects Committee  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$2,500.00	
		Austin, TX 78702-2754						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 12/11/2024	Full name of contributor Texas Society Of Certified Contributor address; City; Sta Addison, TX 75001-3872		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 12/13/2024	Full name of contributor Texas State Association of Contributor address; City; Sta				Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> s)			
			L					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	l	otal pages Schedule A1: ch: 36/41 Rpt: 39/275	
2	FILER NAME			3 Fil	ler ID (Ethics Commission	on Filers)
	Hinojosa, Ju	an (The Honorable)		oc	0013805	
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		<b>7</b> Ar	mount of Contribution (\$)	\$1,000.00
		Austin, TX 78759-8327				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Ar	mount of Contribution (\$)	
	11/21/2024	Texas Statewide Telephone Cooperative, Inc. P.	AC			\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-1865				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_		Ar	mount of Contribution (\$)	
	07/24/2024	Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code				\$10,000.00
		Austin, TX 78701-1814				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Ar	mount of Contribution (\$)	
	11/25/2024	Texas Trial Lawyers Association PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701-1814				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Ar	mount of Contribution (\$)	
	11/01/2024	Texas Wildlife Association PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78132-3478				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/41 Rpt: 40/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor [ The Beer Alliance Of Texas</li><li>6 Contributor address; City; Sta</li></ul>			7	Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701-2656	ı				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Date Full name of contributor X out-of-state PAC (ID#: C90007923 )  11/21/2024 The Chickasaw Nation  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
	Principal occu	Ada, OK 74821-1548 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	· ····o.pa. ooda	panelly cost and (cost menutione)		p.o) o. (600ou double.	,		
	Date Full name of contributor out-of-state PAC (ID#:)  11/06/2024 The J. Pena Law Firm LLC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00		
		Edinburg, TX 78539-4342					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor  The US Oncology Network  Contributor address; City; Sta  Spring, TX 77380-1975				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Thurber, William (Mr.)  Contributor address; City; Sta  Bellaire, TX 77401-3417	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu P.E.	pation / Job title (See Instructions)		Employer (See Instructions LJA Engineering, Inc.	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	DULE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/41 Rpt: 41/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)	
4	Date 12/11/2024	<ul><li>5 Full name of contributor</li><li>Toyota Motor North Americ</li><li>6 Contributor address; City; Sta</li></ul>		00542365)	7	Amount of Contribution (\$)	\$1,000.00	
		Washington, DC 20004						
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  08/23/2024 Tx Chiropractic Association Political Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 USAA Employee PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,000.00		
_	Principal occu	San Antonio, TX 78288-00 pation / Job title (See Instructions)	1	Employer (See Instructions	) 5)			
	Date 12/11/2024	Full name of contributor UnitedHealth Group Inc., F Contributor address; City; Sta Washington, DC 20004		00274431 )		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 12/05/2024	Full name of contributor  Valero Political Action Com  Contributor address; City; Sta  San Antonio, TX 78269-60	te; Zip Code	00109546 )		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 39/41 Rpt: 42/275		
2	FILER NAME Hinojosa, Ju	an (The Honorable)			3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor [ Villarreal, Eric</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Princinal occu	Corpus Christi, TX 78404-1 pation / Job title (See Instructions)		Employer (See Instructions	) 		
Ü	Professional			Ardurra	')		
	Date Full name of contributor out-of-state PAC (ID#:)  11/06/2024 Villarreal, Everardo  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Drincinal occu	Mission, TX 78574-3001		Employer (See Instructions	·)		
Principal occupation / Job title (See Instructions)  President  Employer (See Instructions)  Las Arboledas Investme			Group, LLC				
	Date 11/06/2024	Full name of contributor Villarreal, Rigoberto Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Mission, TX 78572 pation / Job title (See Instructions)		Employer (See Instructions	.) [		
		ent of Bridges		City of McAllen	,		
Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Vilma Luna LLC  Contributor address; City; State; Zip Code  Austin, TX 78746-6737			Amount of Contribution (\$)	\$500.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Vistra Employee Political A		ra Corp.		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			,				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 40/41 Rpt: 43/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 09/16/2024	5 Full name of contributor out-of-state PAC (ID#:_ Wallace, Ben (Mr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Corpus Christi, TX 78401				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Wantman, David  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
Wellington, FL 33414-1021  Principal occupation / Job title (See Instructions)  CEO  Employer (See Instructions)  WGI		)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 Webb, Jr., Charles  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
		Corpus Christi, TX 78412-2675				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/18/2024 Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77027-9137			Amount of Contribution (\$)	\$2,500.00	
	Principal occupation / Job title (See Instructions)  Developer  Employer (See Instructions  Self Employed		)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78701-2434	)		Amount of Contribution (\$)	\$1,500.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	ILE <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/41 Rpt: 44/275	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commiss 00013805	ion Filers)
4	Date 09/03/2024	<ul> <li>Full name of contributor</li></ul>	ull name of contributor		Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	Navasota, TX 77868-0591  spation / Job title (See Instructions)	9 Employer (See Instructions	<u>-,</u>		
8	Lobbyist/Cor	nsultant	Williams Public Affairs	5)		
	Date Full name of contributor x out-of-state PAC (ID#: C00048165 )  10/24/2024 Zachry Corp. Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	San Antonio, TX 78265-3240  Principal occupation / Job title (See Instructions) Employer (See Instructions)			  -  S)		
	Date	Full name of contributor  out-of-state PAC (ID#:_	)	_	Amount of Contribution (\$)	
	11/06/2024	Zarrabi, Saam  Contributor address; City; State; Zip Code			(,)	\$3,000.00
	Principal occu	Irving, TX 75038-6317  pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Dentist	, ,	Rodeo Dental & Orthodo		tics	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 45/275					
2 FILER NAME Hinojosa, Ju	: uan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00013805				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 12/11/2024	Gut of state 1718 (12m.		8 Amount of 9 In-kind contribution contribution (\$) description \$350.00   Email blast for Fundraiser				
10 Principal occu	Austin, TX 78763  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of In-kind contribution contribution (\$) description \$636.10   Pathfinder fr				
	Edinburg, TX 78539		Check if travel outside of Texas. Complete Schedule T.				
· '	upation / Job title (FOR NON-JUDICIAL) (See instructions) Public Affairs	, , ,	Employer (FOR NON-JUDICIAL) (See instructions)  Lobbyist				
	principal occupation (FOR JUDICIAL)	Contributor's job title	le (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	entributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: Villarreal, Rigoberto Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$1,082.00   Pathfinder fr				
	Mission, TX 78572		Check if travel outside of Texas. Complete Schedule T.				
l '	upation / Job title (FOR NON-JUDICIAL) (See instructions) lent of Bridges	Employer (FOR NON City of McAllen	I-JUDICIAL) (See instructions)				
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	Total marca Cabadula F1.	<u> </u>	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 1/204 Rpt:	Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name	
	08/07/2024	7-Eleven #36549	
6	Amount (\$) \$39.36	7 Payee address; City; State; Zip Code 6313 N 23rd Street	
	φ39.30	USIS IN ZSIU Street	
		McAllen, TX 78504-3944	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Haver in District	outside of Texas. Complete Schedule T.
	-	l	, TX, officeholder living expense
			reimbursement to JJH for leased ot tied to state voucher.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/24/2024	7-Eleven	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	1550 IH 35	
		San Marcos, TX 78666	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Fuel for renta	
		T del for ferite	II-LOIVI
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/15/2024	AT&T Mobility	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$314.48	PO Box 6463	
		Carol Stream, IL 60197-6463	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	and the of Tours Consulate Col. 1.1. T
	EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Staff cell serv	
		Stall Cell Serv	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

#### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/16/2024	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$314.48	PO Box 6463
		Carol Stream, IL 60197-6463
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
		Staff cell service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	
	Date	Payee name
	09/18/2024	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.48	PO Box 6463
		Carol Stream, IL 60197-6463
	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
		Staff cell service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/21/2024	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.60	PO Box 6463
		Carol Stream, IL 60197-6463
	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
		Staff cell service
	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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	•
	11/13/2024	AT&T Mobility	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$314.60	PO Box 6463	
		Carol Stream, IL 60197-6463	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Staff cell service
Ļ	0 1: 0.11.7.7.1.		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	·		
	Date	Payee name	
	12/17/2024	AT&T Mobility	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$314.60	PO Box 6463	
		Carol Stream, IL 60197-6463	
	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
			Staff cell service
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
-	Date	Payee name	
	07/24/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$319.73	PO Box 5014	
		Carol Stream, IL 60197-5014	
	PURPOSE	1	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		X Check if Austin, TX, officeholder living expense
			Austin service-JJH
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialitate to beliefft C/OI		

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		·c)
	Sch: 4/204 Rpt:	Hinojosa, Juan (The Honorable)  3 Filer ID (Ethics Commission Filer 00013805	Sj
4	Date	5 Payee name	
	09/03/2024	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$319.73	PO Box 5014	
		Carol Stream, IL 60197-5014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense  Cry Category (see Categories listed at the top of this schedule)  Cry Category (see Categories listed at the top of this schedule)  Cry Category (see Categories listed at the top of this schedule)  Cry Category (see Categories listed at the top of this schedule)  Cry Category (see Categories listed at the top of this schedule)	
	EXPENDITURE	TX Check if Austin, TX, officeholder living expense	
		Austin service-JJH	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
L		<u> </u>	
	Date	Payee name	
L	09/25/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$319.73	PO Box 5014	
		Carol Stream, IL 60197-5014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Austin service-JJH	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	
	11/01/2024	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$319.73	PO Box 5014	
		Carol Stream, IL 60197-5014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Austin service-JJH	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

#### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
	Total pages Schedule F1: Sch: 5/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
	·	
4	Date	5 Payee name
	11/20/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$331.67	PO Box 5014
		Carol Stream, IL 60197-5014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin service-JJH
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	12/23/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$254.03	PO Box 5014
	φ254.05	FO BOX 3014
		Carol Stream, IL 60197-5014
	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.
	-	
		Austin Service-00H
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	10/15/2024	Access Esperanza Clinic
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	916 E Hackberry Avenue
		McAllen, TX 78501-5737
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Cancer screening sponsor
	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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date 09/21/2024	5 Payee name ActBlue Texas
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code P.O. Box 441146
8	PURPOSE OF	West Somerville, MA 02144-0031  (a) Category (See Categories listed at the top of this schedule)  Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/15/2024	Payee name ActBlue Texas
	Amount (\$) \$19.75	Payee address; City; State; Zip Code 366 Summer Street
		Sommerville, MA 02144-3132
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/13/2024	Payee name Adobe
	Amount (\$) \$32.01	Payee address; City; State; Zip Code 29322 Network Place
		Chicago, IL 60673
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Adobe Stock subs.
	Complete ONLY if direct expenditure to benefit C/O	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 -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

	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: 7/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/18/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.70	29322 Network Place
		Chicago, IL 60673
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Creative Cloud subs.
		Glodalvo Gloda Gabol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	08/14/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.01	29322 Network Place
		Chicago, IL 60673
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Adobe Stock subs.
		Adobe Stock Sdbs.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	08/19/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.04	29322 Network Place
		Chicago, IL 60673
	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.
	<b></b>	Creative Cloud subs.
		Creative Cloud Subs.
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	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 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 8/204 Rpt:	FILER NAME     Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 09/13/2024	5 Payee name Adobe	
6	Amount (\$) \$32.01	7 Payee address; City; State; Zip Code 29322 Network Place Chicago, IL 60673	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Adobe Stock subs.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/18/2024	Payee name Adobe	
	Amount (\$) \$64.04	Payee address; City; State; Zip Code 29322 Network Place	
	PURPOSE OF EXPENDITURE	Chicago, IL 60673  (a) Category (See Categories listed at the top of this schedule) Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Creative Cloud subs.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/13/2024	Payee name Adobe	
	Amount (\$) \$32.01	Payee address; City; State; Zip Code 29322 Network Place	
		Chicago, IL 60673	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Adobe Stock subs.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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 com	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		
	10/18/2024	Adobe		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$64.04	29322 Network Place		
		Chicago, IL 60673		
8	PURPOSE OF	, , ,	<b>b)</b> D	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	┝	Check if Austin, TX, officeholder living expense
l			C	Creative Cloud subs.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialitate to beliefit C/OI	'		
	Date	Payee name		
L	11/13/2024	Adobe		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$32.01	29322 Network Place		
L		Chicago, IL 60673		
	PURPOSE OF	, (************************************	<b>b)</b> D	Description
	EXPENDITURE	Fees	F	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Ā	dobe Stock subs.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialiture to benefit C/Oi	'		
	Date	Payee name		
	11/18/2024	Adobe		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$64.04	29322 Network Place		
		01: " " 00070		
		Chicago, IL 60673		
	PURPOSE OF	,	<b>b)</b> D	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	F	Check if Austin, TX, officeholder living expense
			C	Creative Cloud subs.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experience to benefit C/OI	'		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		•
	12/14/2024	Adobe		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$32.01	29322 Network Place		
		Chicago, IL 60673		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense  Adobe Stock subs.
				Adobe Stock subs.
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Cifice field
_	Date	Davisa nama		
	12/19/2024	Payee name Adobe		
	Amount (\$)	Payee address; City; State; Zip Co	da	
	\$64.04	29322 Network Place	ue	
	Ψ04.04	23322 Network Flace		
		Chicago, IL 60673		
	PURPOSE	(6) 6	(h)	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Creative Cloud subs.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experialiture to benefit C/O	'		
	Date	Payee name		
	09/08/2024	Alice Echo-News Journal		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$72.00	PO Box 1610		
		Alice, TX 78333-1610		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Subscription renewal
				Cascopuon ronomai
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	•	J	2223.0
ı				

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_		
	Sch: 11/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/30/2024	Alice Hub City Chamber Of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$175.00	1429 FM 665
	Ψ113.00	2 120 1 III 000
L		Alice, TX 78332-6953
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITURE	Candidate/Officeholder/Political Committee
		1/2 table-State of the City
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	09/25/2024	Alice ISD Education Foundation
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	#2 Coyote Trail
		Alice, TX 78332-4223
	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.
	EVLEIANI I OKĘ	Candidate/Officeholder/Political Committee
		1/2 table-State of the District
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/01/2024	Amazon.com
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$18.28	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 12/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	07/08/2024	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.73	1200 12th Avenue S	
		Suite 1200	
		Seattle, WA 98144-2734	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Office supplie	
		С.1133 СМРР.113	30.00. = 2.0
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	07/16/2024	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.75	1200 12th Avenue S	
		Suite 1200	
		Seattle, WA 98144-2734	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Book for EDC	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/09/2024	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.46	1200 12th Avenue S	
		Suite 1200	
		Seattle, WA 98144-2734	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1003	outside of Texas. Complete Schedule T.
		Office supplie	TX, officeholder living expense
		Onice supplie	.5 101 200
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

### SCHEDULE F1

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

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/12/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.65	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Book for EDO
		BOOK TO! EDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Date	Payee name
	09/10/2024	Amazon.com
	Amount (\$)	
	\$66.27	Payee address; City; State; Zip Code  1200 12th Avenue S
	Φ00.27	
		Suite 1200
		Seattle, WA 98144-2734
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	09/16/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies for EDO
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit of or	<u> </u>

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor OTHER (en						OTHER (enter	a category not listed	above)
				The Instruction Guide explains how to complete this form.					_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 14/204 Rpt:		Hinojosa, Ju	an (The Honor	able)					00013805		
4	Date	5	Payee name									
	09/29/2024		Amazon.cor	n								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coo	de					
	\$24.99		1200 12th A	Avenue S								
			Suite 1200									
			Seattle, WA	98144-2734								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Fees								mplete Schedule T.	
	ZA ZHOHOKZ							_		officeholder livi	ng expense	
								Book for EDC	)			
_	0 1: 0.11.4.7.1.	L	- "		0"	<i></i>				O.C. 1	1.1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenolder name	Off	fice souç	gnt			Office I	nela	
		_										
	Date		Payee name									
	10/07/2024		Amazon.cor	n 								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$28.99		1200 12th A	Avenue S								
			Suite 1200									
			Seattle, WA	98144-2734								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>			mplete Schedule T.	
								Book for EDC		officeholder livi	ng expense	
								BOOK IOI EDC	,			
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Off	fice soug	thr			Office I	neld	
	expenditure to benefit C/OI		sandidate/Onic	cholder hame	OII	noc soug	giit			Omice i	iciu	
_	Date		Davisa nama									
	10/08/2024		Payee name Amazon.cor	n								
					Chahai	7:- 0	-1 -					
	Amount (\$)		Payee addres		State;	Zip Coo	ae					
	\$63.12		1200 12th A	Avenue 5								
			Suite 1200									
			Seattle, WA	98144-2734								
	PURPOSE OF	(a)		e Categories listed at t	he top of this sched	lule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				Check if travel of Check if Austin,			mplete Schedule T.	
								Consumables			ig experise	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght			Office I	neld	
	expenditure to benefit C/OI				<b>5</b>	5546	٠ د			300 1	- <del>-</del>	

#### SCHEDULE F1

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor OTHER							ER (enter a category not listed above)		
				The Instruction Guide explains how to complete this form.					_				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics	Commission Filers)	
	Sch: 15/204 Rpt:		Hinojosa, Ju	ıan (The Honor	able)					00013809	5		
4	Date	5	Payee name										
	11/06/2024		Amazon.con	n									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$43.86		1200 12th A	Avenue S									
			Suite 1200										
			Seattle, WA	98144-2734									
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description					
	OF EXPENDITURE		Fees					Check if travel of				dule T.	
								Check if Austin,		officeholder liv	ing expense		
								Book for EDC	)				
Ļ	Operation ONLY if allowed	L_	2 11 - 1 - 1 - 1 O FF			<b>(</b> (:				04	l I -I		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	cenoider name	Oī	ffice sou	gnt			Office	neia		
_		_											
	Date		Payee name										
	11/14/2024		Amazon.con	n 									
	Amount (\$)		Payee addres		State;	Zip Co	de						
	\$9.99		1200 12th A	Avenue S									
			Suite 1200										
			Seattle, WA	98144-2734									
	PURPOSE	(a)	Category (Se	e Categories listed at t	the top of this sched	dule)	(b)	Description					
	OF EXPENDITURE		Fees					Check if travel of				dule T.	
								Check if Austin, Book for EDC		officeholder liv	ing expense		
								BOOK IOI EDC	,				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Of	ffice sou	aht			Office	held		
	expenditure to benefit C/O		Janara ato, o me	onoldor namo	0.	moo oou	9110			Omoo	TTOTA		
-	Date	Г	Dayoo nama										
	11/14/2024		Payee name Amazon.con	n									
					Ctata	Zin Co	al a						
	Amount (\$) \$20.71		Payee addres		State;	Zip Co	ue						
	Φ20.71			Avenue 5									
			Suite 1200										
			Seattle, WA	98144-2734									
	PURPOSE OF	(a)		e Categories listed at	the top of this sched	dule)	(b)	Description					
	EXPENDITURE		Food/Bevera	age Expense				Check if travel of Check if Austin,				dule T.	
								Consumables			ing expense		
$\vdash$	Complete ONLY if direct	Щ	Candidate/Offic	ceholder name	Of	ffice soug	ght			Office	held		
	expenditure to benefit C/OI				-					- ,-			
l													

### SCHEDULE F1

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

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

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	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	11/22/2024	Amazon.com	
6	Amount (\$) \$18.63	7 Payee address; City; State; Zip Code 1200 12th Avenue S Suite 1200	
		Seattle, WA 98144-2734	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Book for EDO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/26/2024	Amazon.com	
	Amount (\$) \$34.73	Payee address; City; State; Zip Code 1200 12th Avenue S Suite 1200 Seattle, WA 98144-2734	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Book for EDO
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/26/2024	Amazon.com	
	Amount (\$) \$52.87	Payee address; City; State; Zip Code 1200 12th Avenue S Suite 1200 Seattle, WA 98144-2734	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies for EDO
	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 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 compl	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4 Date 07/29/2024	5 Payee name American Airlines	
6 Amount (\$) \$568.96	7 Payee address; City; State; Zip Code 4333 Amon Carter Blvd Fort Worth, TX 76155-2605	
8 PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight for staff to RGV mtg
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 12/04/2024	Payee name American Express	
Amount (\$) \$4,072.35	Payee address; City; State; Zip Code PO Box 6031  Carol Stream, IL 60197-6031	
PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment for Expenses Itemized in Schedule F4
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date 12/31/2024	Payee name American Express	
Amount (\$) \$58.08	Payee address; City; State; Zip Code PO Box 6031	
	Carol Stream, IL 60197-6031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment for Expenses Itemized in Schedule F4
Complete <u>ONLY</u> 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 -Candidate/Officeholder/Political Comm

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 for	, , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	08/02/2024	American GI Forum of TX- The Beatrice T. Perez Robstow	n Chapter
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	2938 Dante Dr	
	l		
		Corpus Christi, TX 78415-2455	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	EXPENDITURE	Continuations/Bonations Made By	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
	l	Garialdato, Gillottiolati, Gilliotti Gorillitato	nual Hispanic Heritage Month
	l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	07/01/2024	Aristotle International, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$551.66	205 Pennsylvania Avenue SE	
	* <del>* * * -</del> ·	200 1 55,	
		Washington, DC 20003-1164	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	OF EXPENDITURE	/ Accounting/Banking	rif travel outside of Texas. Complete Schedule T. rif Austin, TX, officeholder living expense
	l	,	camp. rec. serv.
	I		ump. 166. 56. 1.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
-	Date	Payee name	
	07/24/2024	Aristotle International, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.65	205 Pennsylvania Avenue SE	
	Ψ103.03	200 Fellisylvania Avenue 3E	
		Washington, DC 20003-1164	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF EXPENDITURE	Accounting/Banking	x if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	I — I —	r if Austin, TX, officeholder living expense
	l	Sales to	ax
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 19/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/01/2024	Aristotle International, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$551.66	205 Pennsylvania Avenue SE
		Washington, DC 20003-1164
8	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  3 mo. camp. rec. serv.
		5 mo. camp. rec. serv.
_	Commiste ONII V if divest	Constitute (Office helds a name Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	Arpeggio
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.47	6619 Airport Blvd
		Austin, TX 78752-3601
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel dinner-DR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	09/05/2024	Asti Trattoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.16	408 E. 43rd St.
		Austin, TX 78751-3847
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel dinner-DR
	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 C

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/03/2024	Austin Cake Ball
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.30	5310 Burnet Rd
		Ste. 107
		Austin, TX 78756-2061
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.
		Cake for staff birthday
		Cake for stail billiliday
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
	Date	Payee name
	11/19/2024	Austin Habibi
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.95	817 W. 5th St.
		Austin, TX 78703-5467
	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  LJM/staff lunch mtg
		ESIVI/Stail fulforf filig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/31/2024	Bath & Body Works
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.08	7600 N. 10th St
	,=	#600 A1
		McAllen, TX 78504-9396
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Hand sanitizers for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	·
	08/31/2024	Best Buy Online	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$108.24	7601 Penn Ave. S	
		Minneapolis, MN 55423-8500	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Microsoft 365 campaign subsc.
			, ,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	11/19/2024	Best Buy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$974.24	1201 Barbara Jordan Blvd	
		Austin, TX 78723-3083	
H	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  TV for Austin unit-session
			TV 101 Austin unit-3e331011
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	08/28/2024	Big Lots	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.54	1289 US 181	
		Portland, TX 78374	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Containers/supplies for CCDO
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
-			

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/09/2024	Bonita Flowers & Gifts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$205.68	610 N. 10th St.
		McAllen, TX 78501-4514
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Funeral arrangement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2024	CCAUSE
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4855 S Alameda Street
	φ300.00	
		Suite 202
		Corpus Christi, TX 78412-2366
	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/fruit cups
	Operation ONLY if allowed	One districts (Office healths are seen
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2024	CORT Furniture
	Amount (\$)	Payee address; City; State; Zip Code
	\$542.76	14850 Conference Center Dr.
		Suite 110
		Chantilly, VA 20151-3844
	DUDD 0.05	I ma
	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
		Furniture rental for session-staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	07/29/2024	Cafe Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$107.69	340 E. 2nd St.	
		Austin, TX 78701	
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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Dinner Meeting
Ļ	0 1 0 0 1 1 1 1		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	09/11/2024	Cafe Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$128.39	340 E. 2nd St.	
		Austin, TX 78701	
	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
			Dinner Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	10/08/2024	Cafe Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.85	340 E. 2nd St.	
		Austin, TX 78701	
	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	r ood/Dovorago Exponed	Check if Austin, TX, officeholder living expense
			Dinner Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

#### 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		e Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 24/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 11/19/2024	5 Payee name Cafe Blue	•
6	Amount (\$) \$115.94	7 Payee address; City; State; Zip Code 340 E. 2nd St.  Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dinner Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 10/29/2024	Payee name Capable Kids Foundation	
	Amount (\$) \$520.00	Payee address; City; State; Zip Code 1223 E. Hackberry Ave  McAllen, TX 78501-5736	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date 11/21/2024	Payee name Capitol Cafe	
	Amount (\$) \$7.06	Payee address; City; State; Zip Code 1001 Congress Ave	
		Austin, TX 78701-5000	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consumables for meeting
	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 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: Sch: 25/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date 07/30/2024	5 Payee name Capitol Gift Shop
6	Amount (\$) \$19.49	7 Payee address; City; State; Zip Code 112 E. 11th St.  Austin, TX 78701-2403
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Tote gift
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/09/2024	Payee name Capitol Inside
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 684811  Austin, TX 78768-4811
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  1yr online subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/24/2024	Payee name Carrera Communications
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code  135 Paseo Del Prado Ave.
	PURPOSE OF EXPENDITURE	Edinburg, TX 78539-9614  (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 GOTV
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/204 Rpt:		Hinojosa, Juan (The Honorable)		00013805
4	Date	5	Payee name		•
	07/01/2024		Castillo, Jorge		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$335.00		1904 Heron Avenue		
			McAllen, TX 78504-3915		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Substitute
_	Complete ONLY if direct		Condidate/Officeholder name	uabt	t Office hold
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ougni	t Office held
		_			
	Date		Payee name		
	08/01/2024	┖	Castillo, Jorge		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$335.00		1904 Heron Avenue		
			McAllen, TX 78504-3915		
	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
					Substitute
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
	Date	Τ	Payee name		
	08/30/2024		Castillo, Jorge		
	Amount (\$)	H	Payee address; City; State; Zip C	Code	
	\$335.00		1904 Heron Avenue	Jouc	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			McAllen, TX 78504-3915		
	PURPOSE	10		(b)	A December
	OF	(a	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaties/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Substitute
_		L		$\perp$	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	H			

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/01/2024	Castillo, Jorge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$335.00	1904 Heron Avenue
		McAllen, TX 78504-3915
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Substitute
		Substitute
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/01/2024	Castillo, Jorge
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$335.00	1904 Heron Avenue
	φοσο.σσ	1004 Fiction / Wellac
		McAllen, TX 78504-3915
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Substitute
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
	11/29/2024	Castillo, Jorge
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.00	1904 Heron Avenue
L		McAllen, TX 78504-3915
	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  Substitute
		Substitute
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Gard i dyment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 28/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	12/16/2024	Castillo, Jorge	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,000.00	1904 Heron Avenue	
		McAllen, TX 78504-3915	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Galaries/ Wages/ Contract Easter	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		I — I — I	vear supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	12/31/2024	Castillo, Jorge	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$335.00	1904 Heron Avenue	
		McAllen, TX 78504-3915	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salanes/Wages/Contract Eabor	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		Substitut	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	12/31/2024	Castillo, Jorge	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.33	1904 Heron Avenue	
		McAllen, TX 78504-3915	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Travel In District	f travel outside of Texas. Complete Schedule T.
			f Austin, TX, officeholder living expense reimbursement
		Ivilleage	Tellibursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	

### SCHEDULE F1

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

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

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

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

	Credit Card r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	09/16/2024	Castro's Flower Shop	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.00	2101 Horne Rd	
		Corpus Christi, TX 78416-1205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	el outside of Texas. Complete Schedule T.
	EXPLINITIONS	I — I —	tin, TX, officeholder living expense
		In memory of	of S. J. Chavez
Ļ	0 1: 0 1: 0		055
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
_	·	T	
	Date	Payee name	
	09/16/2024	Castro's Flower Shop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$113.65	2101 Horne Rd	
	!		
		Corpus Christi, TX 78416-1205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Olit/ Wards/ McHorials Expense   I	el outside of Texas. Complete Schedule T.
	!	In memory of	of R Davila
	!	"""""""""""""""""""""""""""""""""""""	JI IV. Daviia
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinice Held
H	Date	Dougo nama	
	08/21/2024	Payee name Catholic Charities Of The Rio Grande Valley	
		·	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code	
	ΦΖΟΟ.ΟΟ	P.O. Box 1306	
		0 1 1 7 70500 4000	
		San Juan, TX 78589-1306	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made by	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		Hands of Ho	
			·
	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 comple	ete this form.
1	Total pages Schedule F1: Sch: 30/204 Rpt:	FILER NAME     Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 07/27/2024	5 Payee name Cava	00010000
6	Amount (\$) \$15.43	7 Payee address; City; State; Zip Code 515 Congress Ave	
8	PURPOSE OF EXPENDITURE	Austin, TX 78701-3504  (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  Lunch for Capitol staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 08/14/2024	Payee name Cava	
	Amount (\$) \$47.52	Payee address; City; State; Zip Code 515 Congress Ave  Austin, TX 78701-3504	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lunch for Capitol staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/18/2024	Payee name Cava	
	Amount (\$) \$32.10	Payee address; City; State; Zip Code 515 Congress Ave	
		Austin, TX 78701-3504	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lunch for staff
	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 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/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: 31/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/11/2024	Charter Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$305.43	PO Box 60074
		City Of Industry, CA 91716-0074
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
		Camp/EDO service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	07/15/2024	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.46	PO Box 60074
		City Of Industry, CA 91716-0074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CCDO Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	08/07/2024	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$306.11	PO Box 60074
		City Of Industry, CA 91716-0074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Camp/EDO service
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services  The Instruction Gui	Sala	-	s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
_	T-+-1 O-bb-1- E4.	a EUED MANA	The Instruction Gui	ue explains now	o compi		9 EllID	(Ethias Commission Filers)
1	Total pages Schedule F1:	l		1.1.3		ľ	3 Filer ID	(Ethics Commission Filers)
	Sch: 32/204 Rpt:	Hinojosa, J	luan (The Honora	bie)			00013805	
4	Date	5 Payee name	9					
	08/16/2024	Charter Co	mmunications					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zir	Code			
	\$145.46	PO Box 60						
	,_,,,,							
		City Of Ind	ustry, CA 91716-0	0074				
8	PURPOSE	(a) Category (S	See Categories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Over	rhead/Rental Exp	ense			utside of Texas. Com	
	EXI ENDITORE					_	TX, officeholder living	j expense
						CCDO service	!	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office	sought		Office he	eld
	Date	Payee name	<del></del>					
	09/11/2024	l	mmunications					
	Amount (\$)	Payee addre	ess; City;	State; Zir	Code			
	, ,	_	-	State, Zip	Coue			
	\$306.12	PO Box 60	074					
		City Of Indu	ustry, CA 91716-0	0074				
	PURPOSE	(a) Category (S	See Categories listed at the	e top of this schedule)	(b)	Description		
	OF		rhead/Rental Exp			_	utside of Texas. Com	plete Schedule T.
	EVDENDITUDE						TX, officeholder living	
	EXPENDITURE	000 0.10.				Check if Austin,	i A, officeriolaer liviriç	j expense
	EXPENDITURE	000 0.10.				Camp/EDO se		g expense
	EXPENDITURE	J				_		expense
	EXPENDITURE  Complete ONLY if direct		ficeholder name		sought	_		
		Candidate/Off	ficeholder name		sought	_	ervice	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Off			sought	_	ervice	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Off	2		sought	_	ervice	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Off		Office		_	ervice	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Off	e mmunications			_	ervice	
	Complete ONLY if direct expenditure to benefit C/OIDate 09/16/2024	Candidate/Off H Payee name Charter Co	emmunications ess; City;	Office		_	ervice	
	Complete ONLY if direct expenditure to benefit C/Ol  Date 09/16/2024  Amount (\$)	Candidate/Off  Payee name Charter Co Payee addre	emmunications ess; City;	Office		_	ervice	
_	Complete ONLY if direct expenditure to benefit C/Ol  Date 09/16/2024  Amount (\$)	Candidate/Off  Payee name Charter Co Payee addre PO Box 60	emmunications ess; City;	Office State; Zip		_	ervice	
	Complete ONLY if direct expenditure to benefit C/OI  Date 09/16/2024  Amount (\$)  \$145.47	Candidate/Off Payee name Charter Co Payee addre PO Box 600	emmunications ess; City; 074 ustry, CA 91716-0	Office State; Zip	) Code	Camp/EDO se	ervice	
	Complete ONLY if direct expenditure to benefit C/OI  Date 09/16/2024  Amount (\$)  PURPOSE OF	Candidate/Off Payee name Charter Co Payee addre PO Box 60 City Of Indu (a) Category (s)	emmunications ess; City; 074  ustry, CA 91716-0	Office State; Zip	) Code	Camp/EDO se	ervice	eld
	Complete ONLY if direct expenditure to benefit C/OI  Date 09/16/2024  Amount (\$)  PURPOSE	Candidate/Off Payee name Charter Co Payee addre PO Box 60 City Of Indu (a) Category (s)	emmunications ess; City; 074 ustry, CA 91716-0	Office State; Zip	) Code	Camp/EDO se	Office he	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OI  Date 09/16/2024  Amount (\$)  PURPOSE OF	Candidate/Off Payee name Charter Co Payee addre PO Box 60 City Of Indu (a) Category (s)	emmunications ess; City; 074  ustry, CA 91716-0	Office State; Zip	) Code	Camp/EDO se	Office he	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OI  Date 09/16/2024  Amount (\$)  PURPOSE OF	Candidate/Off Payee name Charter Co Payee addre PO Box 60 City Of Indu (a) Category (s)	emmunications ess; City; 074  ustry, CA 91716-0	Office State; Zip	) Code	Description Check if travel or	Office he	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Ol  Date 09/16/2024  Amount (\$)  PURPOSE OF EXPENDITURE	Candidate/Off  Payee name Charter Co Payee addre PO Box 60  City Of Indu  (a) Category (s) Office Over	emmunications ess; City; 074  ustry, CA 91716-C Gee Categories listed at the rhead/Rental Expe	State; Zip 0074 e top of this schedule) ense	) Code	Description Check if travel or	Office he of Texas. Com	plete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OI  Date 09/16/2024  Amount (\$)  PURPOSE OF	Candidate/Off  Payee name Charter Co Payee addre PO Box 60  City Of Indu  (a) Category (s) Office Over	emmunications ess; City; 074  ustry, CA 91716-0	State; Zip 0074 e top of this schedule) ense	) Code	Description Check if travel or	Office he	plete Schedule T.

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
L	Sch: 33/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/16/2024	Charter Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.47	PO Box 60074
	Ψ14.5.47	1 0 500 50014
		City Of Industry, CA 91716-0074
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		CCDO service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/11/2024	Charter Communications
_	Amount (\$)	Payee address; City; State; Zip Code
	\$306.12	PO Box 60074
	\$3U0.1Z	FO BUX 00074
		City Of Industry, CA 91716-0074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Camp/EDO service
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/21/2024	Charter Communications
<u> </u>	Amount (\$)	Payee address; City; State; Zip Code
	\$145.47	Po Box 60074
	Ф145.47	FO BUX 00074
		City Of Industry, CA 91716-0074
	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.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		CCDO service
	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

Charter Communications  6 Amount (\$) 7 Payee address; City; State; Zip Code  \$306.12 PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service	Sch: 34/204 Rpt: Hinojosa, Juan (The Honorable) 00013805  4 Date 11/13/2024 5 Payee name Charter Communications  6 Amount (\$) 7 Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (a) Category (see Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate/Office Overhead/Rental Expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code PO Box 60074	ion Filers)
4 Date 11/13/2024 5 Payee name Charter Communications  6 Amount (\$) 7 Payee address; City; State; Zip Code \$306.12 PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024 Charter Communications  Amount (\$) Payee name Charter Communications  Payee address; City; State; Zip Code PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. City Of Industry, CA 91716-0074	4 Date 11/13/2024 5 Payee name Charter Communications 6 Amount (\$) \$306.12 7 Payee address; City; State; Zip Code PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Amount (\$) Payee name Charter Communications  Payee address; City; State; Zip Code PO Box 60074	
11/13/2024 Charter Communications  7 Payee address; City; State; Zip Code \$306.12 PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Sought  Office Sought  Office held  Payee name 11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Sought  Office held  Office held  Office held  Office held  Date Charter Communications  Amount (\$) Payee address; City; State; Zip Code  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	11/13/2024 Charter Communications  6 Amount (\$)	
Samount (\$)   Po Box 60074   Samount (\$)   Po Box 60074   City Of Industry, CA 91716-0074	7 Payee address; City; State; Zip Code  \$306.12 PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  OF Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Amount (\$) Payee name Charter Communications  Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
\$306.12 PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if Austin, TX, officeholder Inving expense	\$306.12 PO Box 60074  City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	City Of Industry, CA 91716-0074  8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if Tauvel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Charter Communications  Amount (\$) Payee address; City; State; Zip Code \$145.47  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47  PO Box 60074	
8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	8 PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense Camp/EDO service  9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code PO Box 60074	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Sought  Office held  Camp/EDO Service  Camp/EDO Service  Office held  Date 11/13/2024  Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Verhead/Rental Expense  Office overhead/Rental Expense  Office Overhead/Rental Expense	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Camp/EDO service  Office held  Date 11/13/2024  Payee name Charter Communications  Amount (\$)  Payee address; City; State; Zip Code  \$145.47  PO Box 60074	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Camp/EDO service  Gendidate/Officeholder name Office sought  Office held  Date 11/13/2024  Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Camp/EDO service  Office held  Office held  Date 11/13/2024  Payee name Charter Communications  Amount (\$)  Payee address; City; State; Zip Code  PO Box 60074	
9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense    Camp/EDO service	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024  Amount (\$)  Payee address; City; State; Zip Code PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Charter Communications  Amount (\$) Payee address; City; State; Zip Code  PO Box 60074	
Date Payee name  11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	Date Payee name 11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
Date Payee name  11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	Date Payee name 11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
Amount (\$) Payee address; City; State; Zip Code PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	11/13/2024 Charter Communications  Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
Amount (\$)  Payee address; City; State; Zip Code  PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	Amount (\$) Payee address; City; State; Zip Code  \$145.47 PO Box 60074	
\$145.47 PO Box 60074  City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense	\$145.47 PO Box 60074	
City Of Industry, CA 91716-0074  PURPOSE OF EXPENDITURE  (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. Check if Austin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE  (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.  Check if Austin, TX, officeholder living expense	City Of Industry, CA 91716-0074	
PURPOSE OF EXPENDITURE  (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.  Check if Austin, TX, officeholder living expense	City Of Industry, CA 91716-0074	
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Oity Of inidustry, OA 31/10-00/4	
EXPENDITURE  Office Overnead/Rental Expense  Check if Austin, TX, officeholder living expense	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE   Office Overnead/Rental Expense   Light data of reads. Complete Schedule 1.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date Payee name	Date Payee name	
12/17/2024 Charter Communications		
Amount (\$) Payee address; City; State; Zip Code		
\$306.12 PO Box 60074		
4555.12	4555.12	
City Of Industry, CA 91716-0074	City Of Industry CA 91716-0074	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	OF	
	EXPENDITURE  Office Overhead/Reflial Expense  Check if Austin, TX, officeholder living expense	
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	Camp/EDO service	
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Camp/EDO service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Camp/EDO service	expenditure to benefit C/OH	
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Camp/EDO service  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	expenditure to benefit C/OH	

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total nagge Cab	
	Total pages Schedule F1:	
L	Sch: 35/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/17/2024	Charter Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$145.47	PO Box 60074
	Ψ14.5.47	1 0 500 50014
L		City Of Industry, CA 91716-0074
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CCDO service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	08/16/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.69	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
H	PURPOSE	1
	OF	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch for staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
L	09/18/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.07	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
	DUDD05-	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel sutside of Taxes Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch for staff
		Editori for Stan
	Complete ONU V & direct	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The strategy of the strategy 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: 36/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/09/2024	Chick-Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.74	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
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  Lunch for staff
		Euron for stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/20/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
	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
		Travel meal-DR
		Traver mean Bix
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D-t-	
	Date	Payee name
	12/12/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.94	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		LJM/staff lunch mtg
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

#### SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 T-1-1 01 11 51	
1 Total pages Schedule F1:	
Sch: 37/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
12/17/2024	Chick-Fil-A
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.74	503 W Martin Luther King Jr Boulevard
	Austin, TX 78701-1230
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense    Continuous Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	LJM/staff lunch mtg
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
12/20/2024	Chorizo de San Manuel, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	36080 U.S. 281 Bypass
\$2,000.00	
	Edinburg TV 79542
	Edinburg, TX 78542
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayon Complete Schedule T
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	12 Xmas gift boxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ÿ
Date	Payeo namo
08/23/2024	Payee name  Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$33.95	1003 Hwy 123 S
	Stockdale, TX 78160-6495
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  Fuel for rental-LJM
	Fuel Ioi Teritai-Laivi
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
•	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	
	Total pages Schedule F1:	
	Sch: 38/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/28/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$53.38	606 W. Slaughter Ln
	Ψ55.50	555 TH Gladyfilot En
		Austin, TX 78748-1662
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
		Fuel for rental-LJM
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<b>1</b>
	Date	Payee name
	09/26/2024	Circle K
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$21.80	3912 N. McColl Rd
	Ψ21.00	COLL IV. MOODII IVU
		McAllen, TX 78501-9160
	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.
	<del></del>	Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/Of	·
	Date	Payee name
	10/22/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.59	1098 IH 10
	Ψ-1.55	
		0 TV 70455 4500
		Seguin, TX 78155-1502
	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
		Fuel for rental-LJM
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/Of	•

#### SCHEDULE F1

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

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

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			Legal Services		Salaries/W		se s/Contract Labor		OTHER (enter a	category not listed above)	)
	Credit Card F dyment			The Instruction G	uide explains ho	w to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 39/204 Rpt:		Hinojosa, Ju	ıan (The Honor	able)					00013805		
4	Date	5	Payee name									
	11/13/2024		Cirlce K									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$50.18		3701 W. Bus									
			McAllen TX	78501-8307								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(۵)	Travel In Dis	e Categories listed at	the top of this sched	ule)	(5)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Havel III Di	SUICU				=		officeholder living		
								Prorated fuel	rei	mbursemen	t to JJH for leased	d
								vehicle trip no	ot ti	ed to state	voucher.	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/26/2024		City Of Aust	in								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$61.34		PO Box 226	7								
			Austin, TX 7	8783-0001								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sched	ule)	(b)	Description				
	OF			nead/Rental Ex		,		_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				•			_		officeholder living	g expense	
								JJH apt utilitie	es			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	ice sou	ght			Office h	eld	
	Date		Payee name									
	08/28/2024		City Of Aust	in								
	Amount (\$)		Payee addres	-	State;	Zip Co	de					
	\$60.63		PO Box 226	7								
			Austin, TX 7	8783-0001								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Ex	pense						plete Schedule T.	
								JJH apt utilitie		officeholder living	g expense	
								JJH api uliilili	5			
_	Complete ONLY if direct	Ц	Candidato/Offic	ceholder name	O#	ice sou	abt			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/UIII(	choluel Hallle	Oll	106 200(	yııl			Onice n	ziu -	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 40/204 Rpt:	
4	Date	5 Payee name
	10/01/2024	City Of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.87	PO Box 2267
		Austin, TX 78783-0001
8	PURPOSE	
ľ	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
		JJH apt utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	11/01/2024	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.36	PO Box 2267
		Austin, TX 78783-0001
$\vdash$	PURPOSE	
	OF	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		JJH apt utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marea
	Date	Payee name
	12/02/2024	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.94	PO Box 2267
		Austin, TX 78783-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		JJH apt utilities
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/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Legal Services						OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction G	uide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 41/204 Rpt:		Hinojosa, Ju	an (The Hono	rable)					00013805		
4	Date	5	Payee name									
	12/31/2024	ı	City Of Austi	in								
_		_	Payee addres		Ctat	e; Zip Co	do					
6	Amount (\$) \$76.14	1	PO Box 226		Slate	e, Zip Co	ue					
	Φ/0.14		FO BOX 220	1								
			Austin, TX 7	8783-0001								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Office Overh	iead/Rental Ex	pense			_			plete Schedule T.	
								JJH apt utilitie		officeholder living	g expense	
								oor rapt dimite	-			
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholdor namo		Office sou	aht			Office h	old	
9	expenditure to benefit C/OI		Januluale/Onic	enoluei name		Office Sou	gni			Office II	eiu	
_		_										
	Date	ı	Payee name									
	11/13/2024		City of Edinb	ourg								
	Amount (\$)	ı	Payee addres		State	e; Zip Co	de					
	\$250.00		415 W Unive	ersity Drive								
			Edinburg, TX	K 78539-4353								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			<b>=</b>			plete Schedule T.	
	ZA ZADITORZ		Candidate/C	officeholder/Po	litical Comr	mittee		<b>—</b>		officeholder living		
								2024 Employ	ee	Service Aw	aru Banquet	
_	Complete ONLY if direct	<u>_</u>	Candidata/Offic	oholder neme		Office cou	abt			Office h	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name		Office sou	gnı			Office h	eid	
		_										
	Date	1	Payee name									
	08/22/2024		Coastal Ben	d Council of G	overnment	S						
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$500.00		2910 Leopai	rd St.								
			Corpus Chris	sti, TX 78408-3	3614							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				므			plete Schedule T.	
	EXI ENDITORE		Candidate/C	fficeholder/Po	litical Comr	mittee				officeholder living		
								Hurricane Co	nie	rence spon	SOF	
_	Operation ONE VIII II	L	2	-11-1		O#:-				0,,,	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eriolaer name		Office sou	gnt			Office h	eiu	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	nmittee	Gift/Awards/Memorials Legal Services			ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)
Ļ		1.		The Instruction Gu	iue expiairis i	HOW TO COL	iibie	ic iiis iviiii.	-		(=u)
1	Total pages Schedule F1:	1							3	Filer ID	(Ethics Commission Filers)
	Sch: 42/204 Rpt:		Hınojosa, Jı	uan (The Honora	able)					00013805	
4	Date	5	Payee name					<u> </u>			
	09/16/2024		Coastal Ber	nd Heroes							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$250.00	1	14937 Dasr		•	-					
			Cornus Chri	isti, TX 78418-6	111						
<u>_</u>	DUDDOCE	-	•				(l-)	<b>B</b> 1.0			
8	PURPOSE OF			ee Categories listed at th		edule)	(D)	Description	outoi	do of Toyon Con	mploto Cohodulo T
	EXPENDITURE			ns/Donations Ma Officeholder/Poli		ittee		_		de of Texas. Cor , officeholder livin	mplete Schedule T.
		1	Candidate/C	Zincenoluel/POII	ucai Cullill	iiiice		BIG EVENT			9 - p
9	Complete ONLY if direct		andidate/Offi	ceholder name		Office soug	aht			Office h	eld
	expenditure to benefit C/OI		anulale/OIII	cendidei Haine	C	ville sou(	giil			Office II	iciu
_											
	Date	1	Payee name								
	07/24/2024	$oxed{oxed}$	Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$85.37		1601 Trape	elo Road							
			Waltham, M	A 02451-7333							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	EXPENDITURE		Fees					<u></u>			nplete Schedule T.
								email service		officeholder livin	ig expense
								email service	ъu	υ3.	
_	Complete ONU V if allows	<u> </u>	to a di da t - 10 m			)#inn	o lo t			Office 1	ald
	Complete ONLY if direct expenditure to benefit C/OI		anuluate/Offi	ceholder name	C	Office sou	yrıt			Office h	leiu
	Date	1	Payee name								
L	08/24/2024	L	Constant Co	ontact							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$85.37		1601 Trape	elo Road							
			Waltham, M	IA 02451-7333							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	1	Fees								mplete Schedule T.
								ш		officeholder livin	g expense
								email service	su	DS.	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	ceholder name	C	Office sou	ght			Office h	eld
	CAPETIGITUTE TO DETICITE C/OI	''							_		

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	lete this forr	m.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 43/204 Rpt:	Hinojosa, Juan (The Honorable)			00013805	
4	Date	5 Payee name				
	09/24/2024	Constant Contact				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$92.75	1601 Trapelo Road				
		W W				
		Waltham, MA 02451-7333				
8	PURPOSE OF	, ,	Description		do of Toyas Com	plete Schedule T.
	EXPENDITURE	Fees			officeholder living	
			email se	ervice sul	bs.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	İ		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	10/24/2024	Constant Contact				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$92.75	1601 Trapelo Road				
		Waltham, MA 02451-7333				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	EXPENDITURE	Fees			de of Texas. Com officeholder living	plete Schedule T.
			email se			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	:		Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/24/2024	Constant Contact				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$92.75	1601 Trapelo Road				
		Waltham, MA 02451-7333				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>Description</b>			
	OF EXPENDITURE	Fees			de of Texas. Com officeholder living	plete Schedule T.
			email se			y expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	:		Office he	eld
	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
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	l.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 44/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	12/24/2024	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.75	1601 Trapelo Road	
		Waltham, MA 02451-7333	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	1669	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		,	vice subs.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/20/2024	Cooper, Sarah	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$222.50	423 Quentin Dr.	
		San Antonio, TX 78201-3735	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		│ │ │ │ │ │ │ Ad design	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	4	
	Date	Payee name	
	12/31/2024	CopyPlus LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$298.77	4500 N 10th Street	
		Suite 240	
		McAllen, TX 78504-2963	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I finding Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		l — l —	n envelopes
	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 -

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 45/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/13/2024	Corpus Christi Funeral Home
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.97	2409 Baldwin Blvd
		Corpus Christi, TX 78405-2013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Funeral plant-In memory of L. Perez
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2024	Cotton Broadcasting
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	116 Mesa Drive
		Robstown, TX 78380-2004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Early vote radio ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	Cross Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6955 Blvd 26
		North Richland Hills, TX 76180-8807
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAI LINDITURE	Check if Austin, TX, officeholder living expense
		In memory of L. D. Hancock
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencies to benefit C/OI	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
Ŀ			
1	Total pages Schedule F1: Sch: 46/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 07/11/2024	Payee name Culligan Water of the RGV	
	Amount (\$) \$32.96	Payee address; City; State; Zip Code 1300 W. Bus. 77 P.O. Box 1029 San Benito, TX 78586-0010	
8	PURPOSE OF EXPENDITURE	1 dea/Beverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	08/02/2024	Culligan Water of the RGV	
	Amount (\$) \$32.96	Payee address; City; State; Zip Code 1300 W. Bus. 77 P.O. Box 1029 San Benito, TX 78586-0010	
	PURPOSE OF EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/27/2024	Payee name Culligan Water of the RGV	
	Amount (\$) \$32.96	Payee address; City; State; Zip Code 1300 W. Bus. 77 P.O. Box 1029 San Benito, TX 78586-0010	
	PURPOSE OF EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living 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

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/11/2024	Culligan Water of the RGV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.94	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
8	PURPOSE	I
ľ	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	Check if Austin, TX, officeholder living expense
		Water for EDO
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davisa warea
	10/25/2024	Payee name Culligan Water of the RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.98	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Water for EDO
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- cxportantaro to portoni e/o.	
	Date	Payee name
	11/22/2024	Culligan Water of the RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.47	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water for EDO
	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 -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/17/2024	Culligan Water of the RGV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.98	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
8	PURPOSE	1
١	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	Check if Austin, TX, officeholder living expense
		Water for EDO
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	07/09/2024	Dairy Queen
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.00	1224 W. University Dr.
	φ32.00	1224 W. Offiversity Dr.
		Edinburg, TX 78539-3194
	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  Consumables for EDO mtg
		Consumables for EDO mig
	Compulate ONII V if diseast	Candidata/Officahaldar paga
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	07/12/2024	De Correa, Yesenia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Janitorial services
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Frinting Expense Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction	Guide expl	lains how to co						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 49/204 Rpt:		Hinojosa, Ju	an (The Hond	orable)					00013805		
4	Date	5	Payee name									
	07/26/2024			esenia (Ms.)								
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	nde					
ľ	\$315.00	ı	5001 Jay Av			Julio, 2.p 00	uc					
	<del>+010.00</del>		555 <u>-</u> 50, 7.1	•								
			MaAllan TV	70504 6512								
Ļ		⊢	McAllen, TX									
8	PURPOSE OF			e Categories listed a		nis schedule)	(b)	Description		df.T O	Calcadula T	
	EXPENDITURE		Salaries/Wa	ges/Contract	Labor			<b>=</b>		officeholder living	nplete Schedule T. g expense	
								Janitorial serv				
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/09/2024	ı	-	/esenia (Ms.)								
	Amount (\$)	┞	Payee addres	. ,		State; Zip Co	nde					
	\$315.00	ı	5001 Jay Av			z						
	7020.00		000 <u>-</u> 00, 7.1	•								
			McAllen, TX	78504-6513								
_	DUDDOCE	├					(h)	Description				
	PURPOSE OF			e Categories listed a		nis schedule)	(D)	Description  Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Salalies/ Waj	ges/Contract	Laboi					officeholder livin		
								Janitorial serv	vice	es		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/23/2024		De Correa, \	∕esenia (Ms.)								
	Amount (\$)		Payee addres	s; City;	S	State; Zip Co	de					
	\$315.00		5001 Jay Av	e.								
			McAllen, TX	78504-6513								
	PURPOSE	(a)	Category (Ser	e Categories listed a	t the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract		,		ш			nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								Janitorial serv	VICE	es		
_	Complete ONLY if allower	Ļ	Condidate (Off.	obolder =		O#:	ماحد			Off: !	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name		Office sou	gnt			Office h	eiu	
	•											

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions Donations Made By Candidate/Officeholder/Political Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	
Sch: 50/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4 Date	5 Payee name
09/06/2024	De Correa, Yesenia (Ms.)
6 Amount (\$) \$315.00	7 Payee address; City; State; Zip Code 5001 Jay Ave. McAllen, TX 78504-6513
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Janitorial services
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	De Correa, Yesenia (Ms.)
Amount (\$) \$315.00	Payee address; City; State; Zip Code 5001 Jay Ave.
	McAllen, TX 78504-6513
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  Janitorial services
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/04/2024	De Correa, Yesenia (Ms.)
Amount (\$) \$315.00	Payee address; City; State; Zip Code 5001 Jay Ave.
	McAllen, TX 78504-6513
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  Janitorial Services
Complete ONLY if direct expenditure to benefit C/OF	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

	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: 51/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/21/2024	De Correa, Yesenia (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Janitorial services
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	11/01/2024	De Correa, Yesenia (Ms.)
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
	+520.00	
		McAllen, TX 78504-6513
	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 expanse.
		Check if Austin, TX, officeholder living expense  Janitorial services
		ounional services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	De Correa, Yesenia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	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  Janitorial services
		Janitonal Scivices
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	•	
L		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/27/2024	De Correa, Yesenia (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Janitorial services
		outilitatia services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/13/2024	De Correa, Yesenia (Ms.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	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
		Janitorial services
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/31/2024	De Correa, Yesenia (Ms.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	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  Janitorial services
		Samonal Screeces
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/01/2024	DeLaGarza Garcia, Roxanne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	605 E Acacia Avenue
		Alamo, TX 78516-4400
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Substitute
		Substitute
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Date	
		Payee name
L	08/01/2024	DeLaGarza Garcia, Roxanne
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	605 E Acacia Avenue
		Alamo, TX 78516-4400
	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
		Substitute
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/30/2024	DeLaGarza Garcia, Roxanne
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	605 E Acacia Avenue
	φου.υυ	ood E / loadia / Wellac
		Alamo, TX 78516-4400
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Substitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
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#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma 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			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed above)	)
	Credit Card Payment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 54/204 Rpt:		Hinojosa, Ju	ıan (The Honor	able)					00013805		
4	Date	5	Payee name									
	09/16/2024		DeLaGarza	Garcia, Roxan	ne							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$66.12		605 E Acad	ia Avenue								
			Alamo, TX 7	'8516-4400								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis								plete Schedule T.	
								Mileage reiml		officeholder livin	g expense	
								willeage reitii	Jui	Sement		
9	Complete ONLY if direct	<u> </u>		ceholder name		Office sou	aht			Office h	ald.	
ľ	expenditure to benefit C/O		Sandidate/Onic	cholder flame		mice 30u	grit			Office fi	Ciu	
_	Date	Т	Daves name									
	10/01/2024		Payee name	Garcia, Roxan	nα							
		┢	Payee address			Zip Co	do					
	Amount (\$) \$300.00		605 E Acac		Siale,	Zip Co	ue					
	φ300.00		005 E Acac	ia Averiue								
			Alama TV 7	70E16 4400								
	DURROSE	(-)	Alamo, TX 7				(1-)					
	PURPOSE OF	(a) 		e Categories listed at		edule)	(a)	Description  Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Salalies/wa	ges/Contract L	abui			<b>=</b>		officeholder livin		
								Substitute				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experialitire to beliefit C/O											
	Date		Payee name									
	11/01/2024		DeLaGarza	Garcia, Roxan	ne							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$300.00		605 E Acad	ia Avenue								
			Alamo, TX 7	'8516-4400								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	abor			<u></u>			plete Schedule T.	
								Substitute	, IX,	officeholder livin	g expense	
-	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						J					

### 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 (Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 55/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
11/29/2024	DeLaGarza Garcia, Roxanne
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	605 E Acacia Avenue
	Alamo, TX 78516-4400
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Substitute
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
<u> </u>	
Date	Payee name
12/16/2024	DeLaGarza Garcia, Roxanne
Amount (\$)	Payee address; City; State; Zip Code
\$12,000.00	605 E Acacia Avenue
	Alamo, TX 78516-4400
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	End of year supplement
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
·	
Date	Payee name
12/31/2024	DeLaGarza Garcia, Roxanne
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	605 E Acacia Avenue
	Alamo, TX 78516-4400
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Substitute
Computate ONUV # alling	Condidate/Office helder nove
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### 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: 56/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
12/02/2024	Del Mar College
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 101 Baldwin Blvd
	Corpus Christi, TX 78404-3805
8 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 Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  DMC Student Emergency Aid Fund
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Donn's BBQ
Amount (\$)	Payee address; City; State; Zip Code
\$41.16	2617 S I-35 Frontage Rd
	Austin, TX 78741
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 LJM/staff lunch mtg
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/30/2024	Doubletree Hotel
Amount (\$) \$161.83	Payee address; City; State; Zip Code 1617 IH 35
	Austin, TX 78702-1005
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lodging for Staff-DR
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 -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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 57/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/06/2024	Doubletree Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$567.09	1617 IH 35
		Austin, TX 78702-1005
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for Staff-DR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/24/2024	Downtown Austin-USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	823 Congress Ave
	•	Ste.150
		Austin, TX 78701-2545
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Postage for package to EDO
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/03/2024	Downtown Austin-USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	823 Congress Ave
		Ste.150
		Austin, TX 78701-2545
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage for package to EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

t/Reimbursement
/Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	·		ages.	/Contract Labor		Travel Out of D OTHER (enter	District a category not listed above)
_	Total pages Cabadula 51:	_							_	Filor ID	(Ethios Commission File)
	Total pages Schedule F1: Sch: 58/204 Rpt:	<b> </b>		<del>-</del> uan (The Honora	able)				3	Filer ID 00013805	(Ethics Commission Filers)
4	Date	5	Payee name								
•	10/16/2024		•	Austin-USPS							
6	Amount (\$)	7	Payee addre		State	; Zip Co	de				
	\$10.45		823 Congre	ess ave							
			Ste.150								
L		L	Austin, TX	78701-2545							
8	PURPOSE	(a)	Category (S	ee Categories listed at t	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>=</b>			mplete Schedule T.
	-							Postage for p		officeholder livir	
								i ustaye iui p	aci	raye IU ED	O
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office soud	aht			Office h	neld
J	expenditure to benefit C/OI		Carluidate/OIII	Cenoluei Hame		onice sou(	ynt			Office I	IGIU
	Date		Payee name								
	10/29/2024		Downtown .	Austin-USPS							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$10.75		823 Congre	ess Ave							
			Ste.150								
L			Austin, TX	78701-2545							
	PURPOSE	(a)	Category (S	ee Categories listed at t	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>-</b>			mplete Schedule T.
								Postage for p		officeholder living to FD	
								. ostago foi p	,uoi	mage to LD	~
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	(	] Office sou	ght			Office h	neld
	Date		Payee name								
	11/25/2024		•	Austin-USPS							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$10.45		823 Congre	ess Ave		-					
			Ste.150								
			Austin, TX	78701-2545							
$\vdash$	PURPOSE	(a)		ee Categories listed at t	ne ton of this sah	nedule)	(b)	Description			
	OF	`´´	Fees	ce Calegories ilsteu at t	ie top ui tills sch	icuuie)	ι-,		outsi	de of Texas. Co	mplete Schedule T.
	EXPENDITURE		<del>-</del>							officeholder livir	
								Postage for p	acl	kage to ED	0
	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name		Office soug	aht			Office h	neld
	expenditure to benefit C/OI		Januluale/OIII	CCHOIGEI HAIHE		onice sou(	giil			Office I	iciu

### 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

	Candidate/Officeholder/Politica Credit Card Payment		e L	Legal Services  The Instruction (			Vages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commission	on Filers)
-	Sch: 59/204 Rpt:			an (The Hond	rable)				ľ	00013805	(241105 001111115510	3111 11010)
4	Date	5 Pave	ee name									
	12/18/2024	,.		ustin-USPS								
6	Amount (\$)	<b>7</b> Paye	ee addres	s; City;	State	; Zip Co	de					
	\$10.45	823	Congres	ss Ave								
		Ste.	150									
		Aust	tin, TX 7	8701-2545								
8	PURPOSE	(a) Cate	gory (Ser	e Categories listed a	t the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE	Fees						ш		de of Texas. Com		
								_		officeholder living		
								Postage for p	acı	kage to EDC	)	
9	Complete ONLY if direct expenditure to benefit C/O		date/Offic	eholder name	C	Office sou	ght			Office he	eld	
	Date	Paye	ee name									
	12/17/2024	Dow	vntown C	orpus Christi-	USPS							
	Amount (\$)	Paye	ee addres	s; City;	State	; Zip Co	de					
	\$9.35	802	N. Tanca	ahua								
		Corp	pus Chris	sti, TX 78401								
	PURPOSE OF	(a) Cate	gory (See	e Categories listed a	t the top of this sch	iedule)	(b)	Description				
	EXPENDITURE	Fees	S					<b>=</b>		de of Texas. Com		
								Postage for c		officeholder living		
								1 ostage for c	aic	ilidais to La	Ciona ISD	
	Complete ONLY if direct		date/Offic	eholder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H 										
	Date	1 1	ee name									
	08/26/2024	Edin	าburg Ch	amber Of Coi	mmerce							
	Amount (\$)	Paye	ee addres	s; City;	State:	; Zip Co	de					
	\$195.00	POI	Box 85									
		Edin	ıburg, Tኦ	〈 78540-0085								
	PURPOSE	(a) Cate	gory (See	e Categories listed a	t the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE	Fees	S					ш		de of Texas. Com		
								ш		officeholder living	g expense	
								Membership	uut	55		
_	Complete ONLY 'C. "		det-100	a la a lal - ·· ·-		)46; e -	ا الم			Off. :	- I al	
	Complete ONLY if direct expenditure to benefit C/OH		uate/Offic	eholder name	(	Office sou	gnt			Office he	eid	

### 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: 60/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/11/2024	El Divino
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.33	5001 N 10th Street
		McAllen, TX 78504-2833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		☐ Check if Austin, TX, officeholder living expense Dinner Meeting with constituents
		Diffiel Meeting with constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/11/2024	El Veterano Conjunto Festival
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 4321
		Corpus Christi, TX 78469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		1/2 pg. program ad
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 07/24/2024	Payee name  Enterprise Pont A Cor
		Enterprise Rent A Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.21	1207 N. IH 35
		San Marcos, TX 78666-7101
	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  Car rental for LJM
		Cai renai ioi Low
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		above)
1	Total pages Cobadula F1		scion Filoro
1	Total pages Schedule F1: Sch: 61/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commit 00013805	ooiuii Fiieis)
4	Date	5 Payee name	
	08/24/2024	Enterprise Rent A Car	
6	Amount (\$) \$84.07	7 Payee address; City; State; Zip Code 500 W Court Street Seguin, TX 78155-5444	
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  Car rental-LJM	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	08/30/2024	Enterprise Rent A Car	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$217.21	500 W Court Street	
	DUPPOS	Seguin, TX 78155-5444	
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Car rental-LJM	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	10/24/2024	Enterprise Rent A Car	
	Amount (\$) \$296.19	Payee address; City; State; Zip Code 500 W Court Street	
		Seguin, TX 78155-5444	
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Car rental-LJM	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
		_		The Instruction	Guide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAMI						3	Filer ID	(Ethics Commissi	on Filers)
l	Sch: 62/204 Rpt:		Hinojosa, J	uan (The Hond	orable)					00013805		
4	Date	5	Payee name	!					_			
	12/20/2024		Enterprise									
Ļ		<del>                                     </del>			04-4-	. 7:- 0-	-1-					
l٥	Amount (\$)	'	Payee addre		State	; Zip Co	oae					
l	\$465.66		500 W Co	urt Street								
l												
l			Seguin, TX	78155-5444								
8	PURPOSE	(a)	Category	iee Categories listed a			(b)	Description				
ľ	OF	'"		head/Rental E		nedule)	(~)	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Office Over	neau/Nentai L	хрензе			<b>=</b>		officeholder livin		
								Car rental-LJ	М			
9	Complete ONLY if direct		^andidate/Off	iceholder name		Office sou	aht			Office h	eld.	
ľ	expenditure to benefit C/OI		Sarialaato/On	iceriolaer riame	`	omec sou	giit			Office fi	Ciu	
┡		_										
	Date		Payee name									
	08/06/2024		Enterprise	Rent-A-Car								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$138.76		823 N. Wat	er St.								
			Corpus Chi	risti, TX 78401	2010							
L		L	-									
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental E	xpense			_		de of Texas. Con officeholder livin	plete Schedule T.	
								Car rental/SR		, officeriolaer living	g expense	
								Cai Terriai/Six	`			
┡		<u> </u>				- "	<u> </u>			000 1		
l	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	(	Office sou	ignt			Office h	eia	
	experience to benefit eyes											
Г	Date		Payee name	!								
	10/25/2024		Falfurrias F	acts								
H	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode					
	\$55.00		PO Box 61	-		, _,,						
l	φοσ.σσ		1 O BOX OI	9								
			Falfurrias,	TX 78355-0619	)							
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description	_	·		
l	OF EXPENDITURE		Fees					브			plete Schedule T.	
l	EXI ENDITORE									officeholder living	g expense	
								1 yr subscript	tior	1		
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	H										
Г												
l												
ĺ												

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 63/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4	Date	5 Payee name
	08/02/2024	Family Counseling Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	3833 S. Staples St
		S203
		Corpus Christi, TX 78411-5200
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Monster Mash Cupcake Dash
_	0 1. 5	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/14/2024	Fed Ex Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.50	327 Congress Ave
		Austin, TX 78701-4058
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Shipping package to EDO
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2024	GKG.Net, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.04	302 N Bryan Avenue
		Bryan, TX 77803-3248
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Domain renewal
		20mail 19nowal
	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 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: 64/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/29/2024	GM Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,173.33	4001 Embarcadero
		Arlington, TX 76014-4106
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		☐ Check if Austin, TX, officeholder living expense  JJH vehicle lease
		33H Verilicie lease
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/20/2024	GM Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,173.33	4001 Embarcadero
		Arlington, TX 76014-4106
	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
		JJH vehicle lease
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/25/2024	GM Financial
	Amount (\$)	Payee address; City; State; Zip Code 4001 Embarcadero
	\$1,173.33	4001 Embarcadero
		Arlington, TX 76014-4106
	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
		JJH vehicle lease
		33.1.75.1.313.15433
	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 ex	xplains how to co	mple	ete this form.		
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 65/204 Rpt:	Hinojosa, Juan (	(The Honorable)				00013805	
4	Date	Payee name				-		
	10/22/2024	GM Financial						
6	Amount (\$)	Payee address;	City;	State; Zip Co	ode			
	\$1,173.33	4001 Embarcad	ero					
		Arlington, TX 76	014-4106					
8	PURPOSE	) Category (See Cate	egories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE		d/Rental Expense			ш	tside of Texas. Com	
	-					JJH vehicle lea	X, officeholder living	g expense
						oor vernole lee	.50	
9	Complete ONLY if direct	Candidate/Officeho	lder name	Office sou	Jaht		Office he	eld
	expenditure to benefit C/O			000 000	.9		J5	
_	Date	Payee name			—			
	11/19/2024	GM Financial						
_	Amount (\$)	Payee address;	City;	State; Zip Co	nde.			
	\$1,173.33	4001 Embarcad	•	State, Zip Ce	Juc			
	Ψ1,110.00	4001 Embarcaa	CIO					
		Arlington, TX 76	\$014_4106					
	PURPOSE				(h)	Description		
	OF	Category (See Cate	egories listed at the top o d/Rental Expense		(0)	Description Check if travel out	tside of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overflead	//Tental Expense	5		$\Box$	X, officeholder living	
						JJH vehicle lea	ise	
	Complete ONLY if direct	Candidate/Officeho	lder name	Office sou	ıght		Office he	eld
	expenditure to benefit C/O							
	Date	Payee name						
	12/27/2024	GM Financial						
	Amount (\$)	Payee address;	City;	State; Zip Co	ode			
	\$1,173.33	4001 Embarcad	ero					
		Arlington, TX 76	014-4106					
	PURPOSE	) Category (See Cate	egories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead	d/Rental Expense	е			tside of Texas. Com	
						JJH vehicle lea	X, officeholder living	g expense
						JJI I VEHICIE IEZ	is <del>c</del>	
_	Complete ONLY if direct	Candidate/Officeho	lder name	Office sou	ıaht		Office he	2ld
	expenditure to benefit C/O	candidate/Onicerio	idel fidific	Office 30t	igiit		Office in	olu .

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 66/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4 Date	5 Payee name	·
09/03/2024	Galaxy Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$118.65	1000 W Lynn Street	
	Austin, TX 78703-3949	
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  Lunch for staff
		26.10.110.130.1
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	aht Office held
expenditure to benefit C/O		,
Date	Payee name	
11/21/2024	Galaxy Cafe	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$70.64	1000 W Lynn Street	
*****		
	Austin, TX 78703-3949	
PURPOSE		(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Lunch for staff
Operation ONE Vitalian at	Oradidate/Office halden was a	Office heald
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ght Office held
Date	Payee name	
12/11/2024	Galaxy Cafe	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$77.34	1000 W Lynn Street	
	: =\( \) ================================	
	Austin, TX 78703-3949	
PURPOSE OF	, , ,	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Lunch for staff
		Office heald
Complete ONLY if direct	Candidate/Officeholder name Office soug	pht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		gnt Oπice neid
		gnt Oπice neid

### 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 explain	s how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 67/204 Rpt:		Hinojosa, Juan (The Honorable)			00013805
4	Date	5	Payee name			-
	10/21/2024		Garza, Norma			
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	de	
	\$250.00		978 S. Fannin St.			
			San Benito, TX 78586-2929			
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description
	OF EXPENDITURE		Contributions/Donations Made By	ŕ		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Candidate/Officeholder/Political Com	mittee		Check if Austin, TX, officeholder living expense
						Donation
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office sou	aht	Office held
9	expenditure to benefit C/O		Candidate/Officeriolder flame	Onice sou	ym	Office field
_	Data	_				
	Date 08/08/2024		Payee name			
		┞	Gonzalez, Cindie	7: 0	_	
	Amount (\$)		• • • • • • • • • • • • • • • • • • • •	e; Zip Co	de	
	\$27.26		3706 Castle Forest Circle			
		L	Corpus Christi, TX 78410-3602			
	PURPOSE OF	(a	Category (See Categories listed at the top of this se	chedule)	(b)	Description
	EXPENDITURE		Travel In District			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Mileage reimbursement
	Complete ONLY if direct	_	Candidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/O	Н				
	Date		Payee name			
	08/08/2024		Gonzalez, Cindie			
	Amount (\$)	H	Payee address; City; Stat	e; Zip Co	de	
	\$15.00		3706 Castle Forest Circle			
			Corpus Christi, TX 78410-3602			
	PURPOSE	(a	Category (See Categories listed at the top of this so	obodulo)	(b)	Description
	OF	("	Loan Repayment/Reimbursement	criedule)	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		200			Check if Austin, TX, officeholder living expense
						Reimb. for expense/food
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name	Office sou	ght	Office held
	experientare to benefit 6/01					

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 68/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/11/2024	Gonzalez, Cindie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.97	3706 Castle Forest Circle
		Corpus Christi, TX 78410-3602
8	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.
		Check if Austin, TX, officeholder living expense  Mileage reimbursement
		Will cage Tell industrient
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	
	Date	Payee name
	10/11/2024	Gonzalez, Cindie
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.25	3706 Castle Forest Circle
		Corpus Christi, TX 78410-3602
	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.
		Check if Austin, TX, officeholder living expense
		Mileage reimbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/07/2024	Gonzalez, Cindie
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.70	3706 Castle Forest Circle
		Corpus Christi, TX 78410-3602
	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.
		Check if Austin, TX, officeholder living expense  Mileage reimbursement
		willeage reimbursement
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense 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

Polling Expense Travel in District
Printing Expense Travel Out of D
Salaries/Wages/Contract Labor OTHER (enter

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 69/204 Rpt: Hinojosa, Juan (The Honorable) 00013805 4 Date Payee name 12/09/2024 Gonzalez, Cindie 6 Amount (\$) Payee address; State; Zip Code \$34.57 3706 Castle Forest Circle Corpus Christi, TX 78410-3602 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Mileage reimbursement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 Gonzalez, Cindie Amount (\$) Payee address; City; State; Zip Code \$3,000.00 3706 Castle Forest Circle Corpus Christi, TX 78410-3602 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense End of year supplement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/31/2024 Gonzalez, Cindie Amount (\$) Payee address: City; State; Zip Code \$56.55 3706 Castle Forest Circle Corpus Christi, TX 78410-3602 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Mileage reimbursement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 70/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		•
	10/23/2024	Guerra's Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$61.84	3787 Leopard St.		
		Corpus Christi, TX 78408-3207		
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.
	EXPENDITURE	<b>5</b> 1		Check if Austin, TX, officeholder living expense
				CCDO staff lunch mtg
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
· ·	experientare to benefit 6/61	'		
	Date	Payee name		
	07/01/2024	Gutierrez, Carlos		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$302.00	600 S Peking Street		
		McAllen, TX 78501-9044		
	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.
	EXPENDITURE	-		Check if Austin, TX, officeholder living expense
				Substitute
	0 1 0 0 1 1 1 1	0.51.40%	<u> </u>	000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held
	·			
	Date	Payee name		
	08/01/2024	Gutierrez, Carlos		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$302.00	600 S Peking Street		
		McAllen, TX 78501-9044		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Substitute
	Occupation ONE V. C. F.	Open district (Office health as a		O.E.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	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: 71/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/08/2024	Gutierrez, Carlos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.84	600 S Peking Street
		McAllen, TX 78501-9044
8	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.  Check if Austin, TX, officeholder living expense
		Mileage reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/30/2024	Gutierrez, Carlos
	Amount (\$)	Payee address; City; State; Zip Code
	\$302.00	600 S Peking Street
		McAllen, TX 78501-9044
	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  Substitute
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/17/2024	Gutierrez, Carlos
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.12	600 S Peking Street
		McAllen, TX 78501-9044
	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.
		Check if Austin, TX, officeholder living expense  Mileage reimbursement
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

### 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

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Co					
Sch: 72/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805				
4 Date	5 Payee name	·				
10/01/2024	Gutierrez, Carlos					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$302.00	600 S Peking Street					
	McAllen, TX 78501-9044					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Substitute				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held				
expenditure to benefit C/OI	H					
Date	Payee name					
10/18/2024	Gutierrez, Carlos					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$43.50	600 S Peking Street					
	McAllen, TX 78501-9044					
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.				
		Check if Austin, TX, officeholder living expense				
		Mileage reimbursement				
Complete ONLY if direct	Candidate/Officeholder name Office sou	  aht Office held				
expenditure to benefit C/OI		giit Office field				
Date	Payee name					
11/01/2024	Gutierrez, Carlos					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$302.00	600 S Peking Street					
	McAllen, TX 78501-9044					
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  Substitute				
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held				
expenditure to benefit C/OI						

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 73/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	_
	11/15/2024	Gutierrez, Carlos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$61.48	600 S Peking Street	
		McAllen, TX 78501-9044	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Mileage reimbursement	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experioritire to beriefft C/O		
	Date	Payee name	
	11/29/2024	Gutierrez, Carlos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$302.00	600 S Peking Street	
		McAllen, TX 78501-9044	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Substitute	
_	Complete ONLY if direct	Condidate/Office helder name Office pought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	12/16/2024	Gutierrez, Carlos	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,500.00	600 S Peking Street	
		McAllen, TX 78501-9044	
	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	
		End of year supplement	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	lls Expense		xpens Vages	e /Contract Labor		Travel in Distric Travel Out of D OTHER (enter		
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 74/204 Rpt:		Hinojosa, J	uan (The Hono	rable)					00013805		
4	Date	5	Payee name	<b>,</b>					<u> </u>			
	12/31/2024		Gutierrez,	Carlos								
6	Amount (\$)	7	Payee addre	ess; City;	State	e; Zip Co	de					
	\$302.00		600 S Pek	ing Street								
			McAllen, T	X 78501-9044								
8	PURPOSE	(a)	Category (S	See Categories listed a	t the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			ages/Contract		,			outsi	ide of Texas. Co	mplete Schedule T.	
	EXI ENDITORE							<b>—</b>	ı, TX,	, officeholder livir	ng expense	
								Substitute				
_	Complete ONLY if direct	<u> </u>	Candidata/Off	iocholder name		Office cou	aht			Office h	oold	
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Oii	iceholder name		Office sou	gnı			Office r	ieia	
	Date		Payee name	;								
	12/17/2024		H.A. Guerr	ero Carpet Clea	aners & Sale	es						
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	de					
	\$173.20		2313 S. 1s	t St.								
			Austin, TX	78704-5147								
	PURPOSE	(a)	Category (S	See Categories listed a	t the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Office Over	rhead/Rental E	xpense			=			mplete Schedule T.	
								JJH apt carp		, officeholder livir Leaning	ig expense	
								oor aproarp	0. 0	noarmig		
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н					•					
	Date		Payee name	<u> </u>								
	08/30/2024		HEB Fuel									
	Amount (\$)	H	Payee addre	ess; City;	State	e; Zip Co	de					
	\$20.00		1354 E Co			, ,						
			Seguin, TX	78155-5131								
	PURPOSE OF	(a)		See Categories listed a		hedule)	(b)	Description				
	EXPENDITURE		Office Over	rhead/Rental E	xpense					, officeholder livir	mplete Schedule T. na expense	
								Fuel for renta				
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										

### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimburgense Loan Reimburgense Loan

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

	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: 75/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	10/01/2024	HEB Fuel	
6	Amount (\$) \$36.91	7 Payee address; City; State; Zip Code 2700 Freddy Gonzalez	
		Edinburg, TX 78539-7312	
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	
		Prorated fuel reimbursement to JJH for leased	
		vehicle trip not tied to state voucher.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	10/22/2024	HEB Fuel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.26	1354 E Court St	
		Seguin, TX 78155-5131	
	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	
		Fuel for rental-LJM	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	_
	10/24/2024	HEB Fuel	
			_
	Amount (\$)	Payee address; City; State; Zip Code  1354 E Court St	
	\$33.02	1354 E Court St	
		Seguin, TX 78155-5131	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense  Fuel for rental-LJM	
		T del foi Terital-Esivi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_

### SCHEDULE F1

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

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

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

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

	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: 76/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/07/2024	HEB Fuel
6	Amount (\$) \$47.17	7 Payee address; City; State; Zip Code 911 Trenton Rd
		McAllen, TX 78504-7705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased
		vehicle trip not tied to state voucher.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.53	3500 Leopard St.
		Corpus Christi, TX 78408
	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
		Consumables for CCDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/22/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.32	3500 Leopard St.
		Corpus Christi, TX 78408
	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
		Consumables for CCDO
	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: 77/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	07/27/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$188.44	1000 E. 41st St.	
		Austin, TX 78751-4810	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ood/beverage Expense	vel outside of Texas. Complete Schedule T.
			stin, TX, officeholder living expense Diles for Cap. office
		Consumat	nes for Eap. Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		
_	Date	Payee name	
	07/30/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.16	1600 Wildcat Dr	
	400.10	1000 Wildow Di	
		Portland, TX 78374-2816	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if tra	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	stin, TX, officeholder living expense
		Supplies for	or CCDO
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to beliefit C/OI	1	
	Date	Payee name	
	08/21/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.56	3500 Leopard St.	
		Corpus Christi, TX 78408	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Beverage Expense	vel outside of Texas. Complete Schedule T.
		l — — — — — — — — — — — — — — — — — — —	stin, TX, officeholder living expense
		Consumat	iles for CCDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	Office field
l			

## SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete thi	s form.
1	Total pages Schedule F1: Sch: 78/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 08/27/2024	5 Payee name HEB	
6	Amount (\$) \$15.58	7 Payee address; City; State; Zip Code 1600 Wildcat Dr	
8	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense plies for CCDO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/02/2024	Payee name HEB	
	Amount (\$) \$74.60	Payee address; City; State; Zip Code 2965 IH 35 N  New Braunfels, TX 78130	
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense sumables for Cap. off.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/18/2024	Payee name HEB	
	Amount (\$) \$89.00	Payee address; City; State; Zip Code 2508 E. Riverside Dr.	
		Austin, TX 78741	
	PURPOSE OF EXPENDITURE		cription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense sumables for Cap off.
	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 Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 79/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805					
4	Date	5 Payee name					
	10/02/2024	HEB					
6 Amount (\$) 7 Payee address; City; State; Zip Code							
	\$50.89	3500 Leopard St.					
	400.00	2000 200pa. a oa					
		Corpus Christi, TX 78408					
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  Consumables for CCDO					
		Consumables for CCDO					
_	Opening the ONE Wife disease	Occasion to Control of the control o					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/08/2024	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$125.61	2508 E. Riverside Dr.					
		Austin, TX 78741					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Consumables for Cap off.					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held					
	experialitare to benefit 6/61	<u>'</u>					
	Date	Payee name					
	10/16/2024	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$33.20	901 Trenton Road					
		McAllen, TX 78504-7705					
	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					
		Consumables for EDO					
_	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 c	omplete this form.
1 Total pages Schedule F1: Sch: 80/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4 Date 10/20/2024	5 Payee name HEB	
6 Amount (\$) \$8.57	<ul><li>7 Payee address; City; State; Zip C</li><li>11100 Leopard St.</li><li>Corpus Christi, TX 78410-2612</li></ul>	ode
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  Consumables for CCDO
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held
Date 10/21/2024	Payee name HEB	
Amount (\$) \$14.78	Payee address; City; State; Zip C 1600 Wildcat Dr Portland, TX 78374-2816	ode
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  Supplies for CCDO
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held
Date 10/23/2024	Payee name HEB	
Amount (\$) \$23.63	Payee address; City; State; Zip C 1600 Wildcat Dr	ode
	Portland, TX 78374-2816	
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  Supplies for CCDO
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1			
	Sch: 81/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	11/06/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$10.26	1600 Wildcat Dr	
	<b>410.20</b>	1000 Wildow Si	
		Portland, TX 78374-2816	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Supplies for CCDO	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
<b>–</b>	Date	Payon nama	=
		Payee name	
	11/06/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.94	901 Trenton Road	
		McAllen, TX 78504-7705	
	PURROCE	· In.	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Consumables for EDO	
		Consumation for EBC	
_	Commission ONLL V if alice at	Condidate/Office helder no year	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/02/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.72	1000 E. 41st St.	
	Ψ20.1.2	1000 2.1.120.00.	
		A	
		Austin, TX 78751-4810	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Consumables for Senate office event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### 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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 82/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/09/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$290.20	1000 E. 41st St.
		Austin, TX 78751-4810
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
		Consumables for Cap. office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	· 	
	Date	Payee name
	12/10/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.78	1600 Wildcat Dr
		Portland, TX 78374-2816
	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  Consumables for CCDO
		Consumables for CCDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 07/31/2024	Payee name HP Instant Ink
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.72	1501 Page Mill Rd
		Palo Alto, CA 94304-1126
	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
		Ink for campaign printer
		55. 55
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed Credit Card Payment  The Instruction Guide explains how to complete this form.	above)
. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Comm	ssion Filers)
Sch: 83/204 Rpt: Hinojosa, Juan (The Honorable) 00013805	
Date 5 Payee name	
08/31/2024 HP Instant Ink	
Amount (\$) 7 Payee address; City; State; Zip Code	
\$22.72 1501 Page Mill Rd	
Palo Alto, CA 94304-1126	
(See Category (See Categories listed at the top of this schedule)	
EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Ink for campaign printer	
to Campaign prints	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
10/01/2024 HP Instant Ink	
Amount (\$) Payee address; City; State; Zip Code	
\$22.72 1501 Page Mill Rd	
Palo Alto, CA 94304-1126	
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, 1X, officeholder living expense	
Ink for campaign printer	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
10/31/2024 HP Instant Ink	
Amount (\$) Payee address; City; State; Zip Code	
\$22.72   1501 Page Mill Rd	
Palo Alto, CA 94304-1126	
PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) OF OF OF OF 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	
I Ink for campaign printer	
Ink for campaign printer	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment		
1	Total pages Schedule F1:	
	Sch: 84/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
L	12/14/2024	HP Instant Ink
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.72	1501 Page Mill Rd
		Palo Alto, CA 94304-1126
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  Ink for campaign printer
		init for Gampaign printer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/19/2024	HP.com Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.84	1501 Page Mills Rd
		Palo Alto, CA 94304-1126
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		New printer for campaign office
		The state of the s
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/18/2024	Haddassah Temple Emanuel
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	4300 N. Chai C St.
		MCAllen, TX 78504-2652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Condidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee
		Trains defication
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Ex Legal Services	Sala		Travel Out of District OTHER (enter a category not listed above)		
Ļ			The Instruction Guid	e expiains now	io com	piete tilis IOIIII.	1	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 85/204 Rpt:	Hinojo	osa, Juan (The Honorab	ole)			00013805	)
4	Date	<b>5</b> Payee	name					
	07/29/2024	Hi-Ho	Restaurant					
6	Amount (\$)	<b>7</b> Payee	address; City;	State; Zip	Code	9		
	\$47.90	3703	Morgan Avenue					
		Corpu	ıs Christi, TX 78405-312	18				
8	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this schedule)	(k	Description		
	OF EXPENDITURE	Food/	Beverage Expense				outside of Texas. Co	
	-					CCDO staff I	n, TX, officeholder livi	ing expense
						CCDO Stail I	anon mig	
	Complete ONLY if direct	Condida	ato/Officeholder neme	Office		<u></u>	Office	hold
9	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	OTTICE	sough	IL	Office	neiu
L								
	Date	Payee						
	09/13/2024	Hidal	go County Democratic F	arty				
	Amount (\$)	Payee	address; City;	State; Zip	Code	9		
	\$1,000.00	800 N	. Main St.					
		Suite	110					
		McAll	en, TX 78501-4973					
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this schedule)	(k	Description		
	OF EXPENDITURE	Contri	butions/Donations Mad	е Ву		<u> </u>	outside of Texas. Co	
		Candi	date/Officeholder/Politic	cal Committee	•	ш	n, TX, officeholder livi	ing expense
						Pct Chairs br	reakiast mtg	
<u> </u>	Computate ONU V if alice	Carrell 1	to /Office books	Ott.		••	Off.	hald
	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office	sough	IL	Office	neid
	Date	Payee						
L	10/01/2024	Hidal	go County Democratic F	arty				
	Amount (\$)	Payee	address; City;	State; Zip	Code	e		
	\$2,500.00	800 N	. Main St.					
		Suite	110					
		McAll	en, TX 78501-4973					
	PURPOSE	(a) Catego	Ory (See Categories listed at the	top of this schedule)	(k	Description		
	OF EXPENDITURE		butions/Donations Mad				outside of Texas. Co	omplete Schedule T.
	LAPENDITURE	Candi	date/Officeholder/Politic	cal Committee	•	ш	n, TX, officeholder livi	ing expense
						Donation		
		<u></u>						
	Complete ONLY if direct expenditure to benefit C/OH		ate/Officeholder name	Office	sough	nt	Office	held
	Superiord to belieff 0/01	•						

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 86/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4	Date	5 Payee name
	07/24/2024	Hidalgo County Tejano Democrats GPAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	612 W. Nolana Ave
		Ste. 250
		McAllen, TX 78504-3096
8	PURPOSE	
ľ	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	Candidate/Officeholder/Political Committee
		GOTV messaging
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.06	P.O. Box 2220
	Ψ01.00	1 .O. BOX 2220
		Manchaca, TX 78652
	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
		Water for Cap. off.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.74	P.O. Box 2220
		Manchaca, TX 78652
	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
		Water for Cap. off.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 87/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	_
	09/11/2024	Hill Country Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$8.66	P.O. Box 2220	
		Manchaca, TX 78652	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Water for Cap. off.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot	'	
	Date	Payee name	
	11/07/2024	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.29	P.O. Box 2220	
l		Manchaca, TX 78652	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense	
l		Check if Austin, TX, officeholder living expense  Water for Cap. off.	
l		Water for Cap. off.	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<b>o</b>	
-	D-4-		=
	Date 12/04/2024	Payee name	
		Hill Country Springs	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.15	P.O. Box 2220	
		Manchaca, TX 78652	
	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	
		Water for Cap. off.	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H			_
l			

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)		
Ļ	T.1 6111=	<u> </u>	EU EB:		. Juiut Expidifis	S HOW TO CO	···hie	oce una ivilli.	-	E11 15	(Ethio Occupit to Ethio
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 88/204 Rpt:		Hinojosa, J	uan (The Hor	iorable)					00013805	
4	Date	5	Payee name								
	12/31/2024		Hinojosa, J	uan							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de				
	\$1,269.59		1508 S. Lor	ne Star Way							
			Suite 5	•							
				X 78539-360	3						
8	PURPOSE	(2)				1	(h)	Description			
0	OF	(a)			at the top of this sc	chedule)	(D)	Description  Check if travel	nutei	ide of Teyes Cor	mplete Schedule T.
	EXPENDITURE		Loan кера <u>у</u>	/ment/Reimb	ursement			_		, officeholder livin	
											d fuel receipts not
								associated w			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	Office sou	ght			Office h	neld
	expenditure to benefit C/OI	Η					-				
	Date		Payee name								
	09/06/2024		Hobby Lobb	ру							
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	e; Zip Co	de				
	\$10.00		5425 S Pa	dre Island Dri	ve						
			Suite 13								
				isti, TX 7841:	I-5301						
_	DUDDOSE	(2)	<u> </u>			1	(h)	December:			
	PURPOSE OF	(a)	•	ee Categories listed	at the top of this so	chedule)	(n)	Description  Check if travel	nutci	ide of Texas Cor	mplete Schedule T.
	EXPENDITURE		Fees							, officeholder livin	
								Reframed pro			
								-			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	:	Office sou	ght			Office h	neld
L	CAPERIGITATE TO DETICITE C/OF	'									
	Date		Payee name								
	10/03/2024		Hobby Lobb	ру							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$121.51		7600 N 101	h Street							
			Suite 300								
			McAllen, TX	K 78504-7711							
	PURPOSE	(a)	Category (Si	ee Categories listed	at the top of this sc	chedule)	(b)	Description			
	OF EXPENDITURE		Fees	3230			-		outsi	ide of Texas. Cor	mplete Schedule T.
	EXPENDITURE							<b>—</b>		, officeholder livin	ng expense
								Framed resol	lutio	on	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	<b>!</b>	Office sou	ght			Office h	neld
	CAPETIGITUTE TO DETICITE C/OF										

### 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

	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: 89/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/20/2024	Holiday Inn Austin-Town Lake
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$310.11	20 N I H 35
		Austin, TX 78701-4325
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
		Lodging for Staff-DR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/13/2024	IHOP
		Payee address; City; State; Zip Code
	Amount (\$) \$49.60	2037 Padre Island Dr.
	Φ43.00	2037 Paure Island Dr.
		Corpus Christi, TX 78415
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		CCDO staff lunch mtg. P.C.
		CCDO staff lunch mtg-RG
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 08/02/2024	Payee name
		Instituto De Cultura Hispanica de Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1617 N Chaparral Street
		Corpus Christi, TX 78401-1107
	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
		Under the Stars Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		-	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 90/204 Rpt:	Hinojosa, Juan (The Honorable)				00013805	
4	Date	Payee name					
	07/28/2024	Intuit, Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip	Code				
	\$188.68	2800 E. Commerce Center Place					
		Tucson, AZ 85706					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Salaries/Wages/Contract Labor				ide of Texas. Com , officeholder living	
				Quickbooks s			
				Qu.05505			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	 ought			Office he	eld
_	Data						
	Date	Payee name					
	08/28/2024	Intuit, Inc.					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$194.01	2800 E. Commerce Center Place					
		Tucson, AZ 85706					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		<u> </u>		ide of Texas. Com	
	ZA ZHOHOKZ			ш		, officeholder living	
				Quickbooks s	sub	scription tee	!
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought			Office he	eld
	Date	Payee name					
	09/28/2024	Intuit, Inc.					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$194.01	2800 E. Commerce Center Place					
		Tucson, AZ 85706					
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		ш		ide of Texas. Com	
				ш		, officeholder living	
				Quickbooks s	งนม	ъсприон тее	!
	0 1: 0:::::::::::::::::::::::::::::::::	0 111 107 111	<u> </u>			- · ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought			Office he	eia
	onponditure to belieff 0/01						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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 Layment	The Instruction Guide explains how to co	emplete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)		
Sch: 91/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805			
4 Date	5 Payee name		1			
10/28/2024	Intuit, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$194.01	2800 E. Commerce Center Place					
	Tucson, AZ 85706					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF	Salaries/Wages/Contract Labor		outside of Texas. Com	plete Schedule T.		
EXPENDITURE	Calaires, rrages, cornider Lass.	. —	n, TX, officeholder living			
		Quickbooks	subscription fee			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld		
expenditure to benefit C/O	7					
Date	Payee name					
11/28/2024	Intuit, Inc.					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$194.01	2800 E. Commerce Center Place					
	Tucson, AZ 85706					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF	Salaries/Wages/Contract Labor		outside of Texas. Com	plete Schedule T.		
EXPENDITURE		. —	n, TX, officeholder living			
		Quickbooks	subscription fee			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
experience to benefit 6/61						
Date	Payee name					
12/28/2024	Intuit, Inc.					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$194.01	2800 E. Commerce Center Place					
	Tucson, AZ 85706					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF	Salaries/Wages/Contract Labor		outside of Texas. Com	plete Schedule T.		
EXPENDITURE	_		n, TX, officeholder living			
		Quickbooks	subscription fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office he	eld		
experience to beliefit 6/01						

### 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	
_	Tatal manage October 11 51	
1	Total pages Schedule F1:	
	Sch: 92/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/06/2024	Ironworks BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.63	100 Red River Street
		Austin, TX 78701-4127
<u>_</u>	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage 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
		LJM/staff lunch mtg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	07/22/2024	Jalisco Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.95	822 S. Port
		Corpus Christi, TX 78405
	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.
	-	Consumables for CCDO mosting
		Consumables for CCDO meeting
L	Operation Objects "	Out that 10th a half are seen as 10th and 10th a
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2024	Jalisco Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.25	822 S. Port
		Corpus Christi, TX 78405
	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
		Consumables for CCDO meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/OI	•

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Lega	al Services Instruction Guide explains		ages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schodule F1:						2	Filer ID	(Ethics Commission	on Eilore)
_	Total pages Schedule F1: Sch: 93/204 Rpt:		(The Honorable)				3	00013805	(Ethics Commission	on File(s)
	•		(The Honorable)					00013603		
4	Date	5 Payee name								
	08/23/2024	Jalisco Bakery								
6	Amount (\$)	<b>7</b> Payee address;	City; State	e; Zip Co	de					
	\$5.40	822 S. Port								
		Corpus Christi,	TX 78405							
8	PURPOSE	•			(h)	Description				
٠	OF	Food/Beverage	tegories listed at the top of this sci	hedule)	(6)	_ `	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	roou/beverage	: шхрепзе			<u> </u>		officeholder living		
						Consumables	s fo	r CCDO me	eting	
9	Complete ONLY if direct	Candidate/Officeh	older name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	I								
	Date	Payee name								
	08/29/2024	Jalisco Bakery								
	Amount (\$)	Payee address;	City; State	e; Zip Co	do					
	\$28.50	822 S. Port	Oity, State	, Zip Co	uc					
	φ20.50	622 3. PUIT								
		Corpus Christi,	TX 78405							
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sci	hedule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage	Expense			<b>=</b>		de of Texas. Com		
						Consumables		officeholder living		
						Consumables	5 10	i CCDO IIIe	eurig	
	Complete ONL V if direct	Candidata/Officah	older neme	Office cour	ab+			Office he	ıld	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeh	older name	Office sou	grit			Office fie	eiu	
	Date	Payee name								
	10/22/2024	Jalisco Bakery								
	Amount (\$)	Payee address;	City; State	e; Zip Co	de					
	\$12.50	822 S. Port								
		Corpus Christi,	TX 78405							
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this sci	hedule)	(b)	Description				
	OF	Food/Beverage		,			outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	-	•					officeholder living		
						Consumables	s fo	r CCDO me	eting	
	Complete ONLY if direct	Candidate/Officeh	older name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	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/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1	: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 94/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4 Date	5 Payee name	-
10/23/2024	Jalisco Bakery	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$18.00	822 S. Port	
	Corpus Christi, TX 78405	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Consumables for CCDO meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office s	sought Office held
experience to benefit of		
Date	Payee name	
12/16/2024	Jalisco Bakery	
Amount (\$)	Payee address; City; State; Zip	Code
\$16.00	822 S. Port	
	Corpus Christi, TX 78405	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Consumables for CCDO meeting
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/		Sought Office field
Date	Payee name	
07/17/2024	Jason's Deli	
Amount (\$)	Payee address; City; State; Zip	Code
\$15.02	2 4100 N 2nd Street	
	McAllen, TX 78504-2470	
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 Consumables for Lunch Meeting
		Consumables for Eurich Meeting
Complete ONLY if direct	Candidate/Officeholder name Office s	Sought Office held
expenditure to benefit C/		Sought Office field

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 95/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
Ļ	·	
4	Date	5 Payee name
	07/19/2024	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.57	4100 N 2nd Street
		Ma Allana TV 70504 0470
		McAllen, TX 78504-2470
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
		Consumables for Lunch Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/30/2024	Jason's Deli
	Amount (\$)	
	Amount (\$)	
	\$86.62	1000 E 41st Street
		Suite 940
		Austin, TX 78751-4856
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/07/2024	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	` '	, , , , ,
	\$17.62	4100 N 2nd Street
		McAllen, TX 78504-2470
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Consumables for Lunch Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 96/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		•
	08/26/2024	Jason's Deli		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$17.62	4100 N 2nd Street		
		McAllen, TX 78504-2470		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	` ´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Consumables for Lunch Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiantare to benefit Grot	'		
	Date	Payee name		
	09/04/2024	Jason's Deli		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$67.35	1000 E 41st Street		
		Suite 940		
		Austin, TX 78751-4856		
	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.
	ZAI ZABITORZ			Check if Austin, TX, officeholder living expense
				Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		ynt	Office field
	Data			
	Date	Payee name		
	09/12/2024	Jason's Deli		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$80.93	1000 E 41st Street		
		Suite 940		
		Austin, TX 78751-4856		
	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
				LJM/staff lunch mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9,11	Cindo Hold
_				

### 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

	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: 97/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/20/2024	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.94	1000 E 41st Street
		Suite 940
		Austin, TX 78751-4856
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  Lunch for Capitol staff
		Eurorior Capitor stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/05/2024	Jimmy Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.67	515 Congress Ave
		Austin, TX 78701-3504
	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
		LJM/staff lunch mtg
		Zonwotan tanon mig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	12/20/2024	KPSO FM Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	304 E Rice Street
	,	
		Falfurrias, TX 78355-3624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Holiday greetings radio ads
	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 Co

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

	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: 98/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/27/2024	Kiplinger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.00	P.O. Box 420308
	l	
		Palm Coast, FL 32142
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	1 yr subscription
	l	1 yi sabsonption
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/30/2024	Kiplinger
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.00	P.O. Box 420308
	l	
	l	Palm Coast, FL 32142
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
	· ·	3 yr subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	12/19/2024	L & L Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	618 N. Nueces St.
	l	
		Mathis, TX 78368-2045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
	l	Donation
	Operation ONLY if allowed	Our distance (Office health an agree Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### 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

	e)
The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
Sch: 99/204 Rpt: Hinojosa, Juan (The Honorable) 00013805	
4 Date 5 Payee name	
09/16/2024 LULAC Council No.4444	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$350.00 P.O. Box 10307	
Corpus Christi, TX 78460	
(See Categories listed at the top of this schedule)	
EXPENDITURE  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
2 tkts-Four Star Parents celcbration	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
08/08/2024 League Of Women Voters Of Texas	
Amount (\$) Payee address; City; State; Zip Code	
\$250.00   1212 Guadalupe St	
#107	
Austin, TX 78701-1801	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By	
Candidate/Officeholder/Political Committee	
Voicis Guide	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
07/24/2024 Legislative News Media Services	
Amount (\$) Payee address; City; State; Zip Code	
\$300.00 PO Box 774	
Edinburg, TX 78540-0774	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Crieck if Austin, 1A, oiliceriolider living expense	
ad icon/edinburgpolitics.com	
Occupation ONLY if allow the Constitute (Office health and one of the Constitute of	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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			_egal Services	us Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed a	bove)
	Credit Card Payment			The Instruction (	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 100/204 Rpt:		Hinojosa, Ju	an (The Hono	rable)					00013805		
4	Date	5	Payee name									
	08/19/2024		Legislative N	lews Media S	ervices							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$300.00	l	PO Box 774			•						
			Edinburg T	< 78540-0774								
8	PURPOSE	┝					(h)	Description				
ľ	OF		Advertising E	e Categories listed a	t the top of this sch	iedule)	(5)	·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Advertising L	_xpcrise				<b>=</b>		officeholder livin		
								ad icon/edinb	urg	politics.con	n	
9	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	09/20/2024		Legislative N	lews Media S	ervices							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$300.00		PO Box 774									
			Edinburg, T	< 78540-0774								
	PURPOSE	(a)	Category (Ser	e Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising E			,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	LAFENDITORE							<b>—</b>		officeholder livin		
								ad icon/edinb	urg	politics.con	n	
	0 1 0 0 1 1 1 1	<u> </u>				2.00				O.W. 1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	(	Office sou	gnt			Office h	eia	
		_										
	Date	ı	Payee name									
	10/24/2024		Legislative N	lews Media S	ervices							
	Amount (\$)	ı	Payee addres	s; City;	State	; Zip Co	de					
	\$300.00		PO Box 774									
			Edinburg, T	〈 78540-0774								
	PURPOSE OF			e Categories listed a	t the top of this sch	edule)	(b)	Description	_			
	EXPENDITURE		Advertising E	Expense				ш		de of Texas. Con officeholder livin	nplete Schedule T.	
								ad icon/edinb				
								ad loon/cullib	ai g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
-	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	aht			Office h	eld	
	expenditure to benefit C/O					Jo Jou	a			000 11		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 101/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
Ļ	11/18/2024	Legislative News Media Services
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code PO Box 774
	Φ300.00	PO 60X 774
		Edinburg, TX 78540-0774
8	PURPOSE	-
ľ	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
		ad icon/edinburgpolitics.com
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
H	Date	Payee name
	12/19/2024	Legislative News Media Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 774
		Edinburg, TX 78540-0774
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ad icon/edinburgpolitics.com
		da 1861// Cambargponaes.com
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/13/2024	Lonestar Travel Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.54	1200 E. Hwy 44
		D. L. (1) T. V. 70000 0400
		Robstown, TX 78380-6138
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage 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
		Travel consumables-RG
L		
	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 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/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: 102/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/16/2024	Lonestar Travel Stop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.03	1200 E. Hwy 44
		Robstown, TX 78380-6138
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
		Travel consumables-RG
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/08/2024	Longhorn 5431
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.61	7401 N. 10th Street
		McAllen, TX 78504-7731
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		EDO staff lunch mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	10/02/2024	Lopez, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 202
	4000.00	. 15. 26. 262
		Robstown, TX 78380-0202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
	0 1: 0:::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 103/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/28/2024	Lopez, Sara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 202
		Robstown, TX 78380-0202
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
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/02/2024	Luna-Saldana, Susie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4710 Hakel Drive
		Corpus Christi, TX 78415-2826
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign consultation
		Sampaig. For our autor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/02/2024	Luna-Saldana, Susie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4710 Hakel Drive
		Corpus Christi, TX 78415-2826
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense  Campaign consultation
		Campaign consultation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed at	oove)
	Credit Card Payment		,	The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 104/204 Rpt:		Hinojosa, Ju	an (The Honor	able)					00013805		
4	Date	5	Payee name					•	_			
	10/31/2024		Luna-Saldar	na, Susie (Ms.)								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$1,000.00		4710 Hakel I	Drive								
			Corpus Chris	sti, TX 78415-2	2826							
8	PURPOSE	├	•	e Categories listed at			(b)	Description				
	OF		Consulting E		tne top of this scr	iedule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livir	ng expense	
								Campaign co	ทรเ	ultation		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	(	Office sou	ght			Office h	neld	
	experialitate to beliefit C/OI											
	Date		Payee name									
	07/03/2024		Mail-Pak									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$68.00		5111 N 10th	Street								
			McAllen, TX	78504-2835								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					<b>=</b>			mplete Schedule T.	
								Roll of stamp		officeholder livir	ng expense	
								Troil of Starrip	3 10	DI LDO		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		a. ra. aaa. o, oo	onordor namo	·	J	9			000 .	.0.0	
-	Date	<u> </u>	Dayoo nama									
	10/17/2024	l	Payee name Mata, Jose									
	Amount (\$)		Payee addres	s; City;	Stato	; Zip Co	do					
	\$300.00	I	5727 S. 27th	•	Siale	, Ζιρ Cυ	ue					
	Ψ500.00		3121 3. 211	Lanc								
			McAllen, TX	79502 2504								
	DUDDOOF	_					(1-)					
	PURPOSE OF			e Categories listed at ges/Contract L		nedule)	(a)	Description  Check if travel of	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		Salanes/wa	ges/Contract L	abor					officeholder livir		
								Campaign wo	ork			
	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office h	neld	
L	expenditure to benefit C/O	H _							_			

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 105/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4	Date	5 Payee name
	07/31/2024	McAlister's Deli
6	Amount (\$) \$32.49	7 Payee address; City; State; Zip Code 3832 S. McColl
	<b>40</b> 2.10	
		Edinburg, TX 78539-9620
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		EDO staff lunch mtg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/05/2024	McAlister's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.86	3832 S. McColl
		Edinburg, TX 78539-9620
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch for EDO staff
		Eulich für Ebo stall
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/14/2024	McAlister's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.75	3832 S. McColl
		Edinburg, TX 78539-9620
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch for EDO staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed a	above)
	Credit Card Payment		,	The Instruction C	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 106/204 Rpt:		Hinojosa, Ju	an (The Hono	rable)					00013805		
4	Date	5	Payee name									
	08/21/2024		McAlister's E	Deli								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$50.16	ı	3832 S. McC			, _,						
	,,,,,											
			Edinburg T	< 78539-9620								
Ļ		-										
8	PURPOSE OF			e Categories listed at	the top of this sch	nedule)	(b)	Description	ata:	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE		Food/Bevera	age Expense				<b>=</b>		officeholder livin		
								Lunch for ED				
9	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
_	Date		Payee name									
	08/28/2024	ı	McAlister's D	Deli								
	Amount (\$)	┢	Payee addres	s; City;	State	; Zip Co	de					
	\$25.93	ı	3832 S. McC		June	, <u>_</u> .p 00						
	420.00		0002 01 11100									
			Edinburg T	< 78539-9620								
	DUDDOCE	├					(h)	5				
	PURPOSE OF			e Categories listed at	the top of this sch	nedule)	(D)	Description  Check if travel of	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Food/Bevera	ige Expense				<b>=</b>		officeholder livin		
								JJH/EDO stat	ff Iu	ınch mtg		
	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/23/2024		McAlister's D	Deli								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$63.98		3832 S. McC	Coll								
			Edinburg, T	< 78539-9620								
	PURPOSE	(a)	Category (See	e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera						outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							_		officeholder livin	g expense	
								Lunch for ED	O S	ειαπ		
_	Operation ONE V. C. P.	Ļ	Name	-11-1		Off:	1- *			O	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	enolder name	(	Office sou	gnt			Office h	eıa	

### SCHEDULE F1

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

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

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

orean oara'r dymeni	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 107/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805	
4 Date	5 Payee name		•	
09/26/2024	McAlister's Deli			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$68.08	3832 S. McColl			
	Edinburg, TX 78539-9620			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	_ `	outside of Texas. Com	plete Schedule T.
EXPENDITORE		_ <del>_</del>	n, TX, officeholder living	expense
		Lunch for ED	DO STATT	
		<u> </u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sor	ught	Office he	eld
'				
Date	Payee name			
10/04/2024	McAlister's Deli			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$54.42	3832 S. McColl			
	Edinburg, TX 78539-9620			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		outside of Texas. Com	
		JJH/EDO sta	n, TX, officeholder living aff lunch mta	expense
		001 11 22 3 3 18	an idilon mig	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> Jaht	Office he	eld
expenditure to benefit C/O		3		
Date	Payee name			
11/07/2024	McAlister's Deli			
Amount (\$)	Payee address; City; State; Zip Ci	nde		
\$67.76	3832 S. McColl	oue		
Φ01.10	COOL O. WICCOM			
	Edinburg, TX 78539-9620			
DUDDOGE	_	[a,		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel	outside of Texas. Com	plete Schedule T.
EXPENDITURE	Food/Beverage Expense		n, TX, officeholder living	
		Lunch for ED	OO staff	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O	Н			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 108/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name
	08/05/2024	Medrano, Selina (Ms.)
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1303 Pine Ave.
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		2024 Democratic Conv. delegate
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Michael's Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.02	8000 Bent Branch Dr
	,	
		Irving, TX 75063-6023
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  5 Flag shadow boxes
		3 May shauow boxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/24/2024	Mission 911
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	911 Park Ave
		Corpus Christi, TX 78401-3344
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Banquet donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 109/204 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)Hinojosa, Juan (The Honorable)00013805
4	Date	5 Payee name
	09/13/2024	Mission High School Drill Team Boosters
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1201 Bryce Dr  Mission, TX 78572-4311
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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  Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Moreno, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1300 Cordova Loop
		Seguin, TX 78155-1254
	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  Substitute
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2024	Moreno, Luis
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1300 Cordova Loop
	\$1,555.00	Seguin, TX 78155-1254
	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  Substitute
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 110/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/30/2024	Moreno, Luis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1300 Cordova Loop
		Seguin, TX 78155-1254
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Substitute
		Substitute
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	10/01/2024	Moreno, Luis
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1300 Cordova Loop
	, ,	
		Seguin, TX 78155-1254
	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  Substitute
		Gussilaio
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/01/2024	Moreno, Luis
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1300 Cordova Loop
	, ,	
		Seguin, TX 78155-1254
	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  Substitute
		Substitute
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 111/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/29/2024	Moreno, Luis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1300 Cordova Loop
		Seguin, TX 78155-1254
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Substitute
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/16/2024	Moreno, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,000.00	1300 Cordova Loop
		Seguin, TX 78155-1254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		End of year supplement
	Complete ONLY if direct	Condidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Moreno, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1300 Cordova Loop
		Seguin, TX 78155-1254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Substitute
	Operation Children	Openhildets (Office health are nown)
	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

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	
_	Total marca Cabadula E1.	9 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 112/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name
•	08/07/2024	Moreno, Luis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	1300 Cordova Loop
		cognin TV 701FF
		seguin, TX 78155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Supplemental Pay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	09/23/2024	Morgan Lamantia For State Senate Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1324 E. Madison
		Brownsville, TX 78520-5758
	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
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2024	Newspapers.com
_	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$74.90	1300 W. Traverse Pkwy
		Lehi, UT 84043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		online subscription renewal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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			_egal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 113/204 Rpt:		Hinojosa, Ju	an (The Hono	rable)					00013805		
4	Date	5	Payee name									
	10/03/2024		Nueces Cou	nty Democrati	c Party							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$2,500.00		6102 Ayers	St								
			Ste 107									
			Corpus Chris	sti, TX 78415-	5697							
8	PURPOSE	(a)	Category (see	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF			s/Donations M		icuuic)	` ´	_ :	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Candidate/O	fficeholder/Po	litical Comm	nittee		<b>—</b>	, TX,	officeholder living	g expense	
								GOTV				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	Date	ı	Payee name									
	10/22/2024		Office Depot	•								
	Amount (\$)	l	Payee addres		State	; Zip Co	de					
	\$58.44		1737 S. Stap	oles St.								
			Corpus Chris	sti, TX 78404-3	3047							
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees								plete Schedule T.	
	-							Office supplie		officeholder living	g expense	
								Оппос заррпо	,,,	or cobo		
_	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office h	əld	
	expenditure to benefit C/OI		zariaraato, Omo	onoldor name	·	J.1100 000	giit			01110011		
_	Date		Doves name									
	07/15/2024	ı	Payee name Olive Garder	n								
		_			Ctata	. 7in Co	ما م					
	Amount (\$) \$107.31	l	Payee addres	s;	State	; Zip Co	ue					
	φ107.31		3236 3 Faui	e isianu Diive								
			0	TV 70444	44.00							
		_		sti, TX 78411-4								
	PURPOSE OF			e Categories listed at	the top of this sch	nedule)	(b)	Description	outo:	do of Toyon Com	mlata Cabadula T	
	EXPENDITURE		Food/Bevera	age Expense						officeholder living	plete Schedule T. g expense	
								CCDO staff lu			,	
	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
1												

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 114/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/02/2024	PNC Bank
6	Amount (\$) \$291.20	7 Payee address; City; State; Zip Code PO Box 71335
		Philadelphia, PA 19176-1335
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Payment for Expenses Itemized in Schedule F4
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	PNC Bank
	Amount (\$) \$453.83	Payee address; City; State; Zip Code PO Box 71335
		Philadelphia, PA 19176-1335
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Payment for Expenses Itemized in Schedule F4
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	PNC Bank
	Amount (\$) \$289.14	Payee address; City; State; Zip Code PO Box 71335
		Philadelphia, PA 19176-1335
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Payment for Expenses Itemized in Schedule F4
	Complete ONLY if direct expenditure to benefit C/ON	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: 115/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805					
4	Date	5 Payee name					
	11/01/2024	PNC Bank					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$568.30	PO Box 71335					
		Philadelphia, PA 19176-1335					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description					
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Credit Card Payment for Expenses Itemized in					
		Schedule F4					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	12/31/2024	PNC Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,829.28	PO Box 71335					
		Philadelphia, PA 19176-1335					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Credit Card Payment for Expenses Itemized in					
		Schedule F4					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	12/02/2024	PNC Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$213.80	PO Box 71335					
		Philadelphia, PA 19176-1335					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Credit Card Payment for Expenses Itemized in					
		Schedule F4					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

#### SCHEDULE F1

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

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

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	d 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: 116/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/05/2024	Pacific Press Publishing Assoc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 5353
		Nampa, ID 83653-5353
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		1-year subscription
		T your subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
L	07/24/2024	Palacios, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5526 N. 10th St.
		McAllen, TX 78504-2713
	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
		2024 Democratic Conv. delegate
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
	Date	Payee name
	11/06/2024	Piryx, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.50	144 2nd Street
		San Francisco, CA 94105-3716
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Transaction fee
L	Complete ONLY !f allers !	Condidate/Officeholder name Office south
	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)** Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to com	-	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:		_	3 Filer ID (Ethics Commission Filers)
	Sch: 117/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		<u>'</u>
	11/06/2024	Piryx, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u>—</u>	
	\$107.50	144 2nd Street		
		San Francisco, CA 94105-3716		
8	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Transaction fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	11/06/2024	Piryx, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$86.00	144 2nd Street		
		San Francisco, CA 94105-3716		
	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.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				Transaction fee
	Complete ONLY if direct	Condidate/Officeholder name Office country		Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	π	Office held
	Date	Payee name		
	11/06/2024	Piryx, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$64.50	144 2nd Street		
		San Francisco, CA 94105-3716		
	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  Transaction fee
				Transaction Icc
	Complete ONI V if direct	Candidate/Officeholder name Office sough	nt.	Office held
	Complete ONLY if direct expenditure to benefit C/OI	•	IL	Office field

### 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 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this t	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 118/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	'
	11/06/2024	Piryx, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$129.00	144 2nd Street	
		San Francisco, CA 94105-3716	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ck if Austin, TX, officeholder living expense
		Irans	action fee
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	07/01/2024	Ramirez, Dariel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$384.00	3247 High Visa Dr.	
		Dallas, TX 75234	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	Salanes/Wages/Contract Labor   I	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		Subst	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	08/01/2024	Ramirez, Dariel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$384.00	3247 High Visa Dr.	
		Dallas, TX 75234	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF	, , , , , , , , , , , , , , , , , , ,	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ck if Austin, TX, officeholder living expense
		Subst	itute
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1		
	Sch: 119/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/30/2024	Ramirez, Dariel
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$384.00	
	Φ304.00	3247 High Visa Dr.
		Dallas, TX 75234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Substitute
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
L		
	Date	Payee name
	09/09/2024	Ramirez, Dariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.44	3247 High Visa Dr.
	<del></del>	
		Dallas, TX 75234
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Date	Payes name
		Payee name
	09/30/2024	Ramirez, Dariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.44	3247 High Visa Dr.
		Dallas, TX 75234
	DUDDOCT	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas, Complete Schedule Toyas, Comp
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mileage reimbursement
		Willeage Tellfibursement
	Complete <u>ONLY</u> 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 120/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/01/2024	Ramirez, Dariel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$384.00	3247 High Visa Dr.
		Dallas, TX 75234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Substitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	11/01/2024	Ramirez, Dariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$384.00	3247 High Visa Dr.
		Dallas, TX 75234
	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  Substitute
		Cussitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/26/2024	Ramirez, Dariel
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.44	3247 High Visa Dr.
	Ψ242.44	3247 High Visa Di.
		Dolloo TV 75224
		Dallas, TX 75234
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	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/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	in Repayment/Reir ce Overhead/Rent ing Expense iting Expense aries/Wages/Contr	al Expense act Labor		Travel in District Travel Out of Dist	quipment & Related Expense
_		·	to complete th		_		(=::
1	Total pages Schedule F1: Sch: 121/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)		3	3	Filer ID 00013805	(Ethics Commission Filers)
4	Date	5 Payee name		L			
	11/29/2024	Ramirez, Dariel					
6	Amount (\$) \$384.00	7 Payee address; City; State; Zi 3247 High Visa Dr.  Dallas, TX 75234	o Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor		Check if travel ou		de of Texas. Comp	
9	Complete ONLY if direct expenditure to benefit C/Oh		e sought			Office he	ld
	Date	Payee name					
	12/16/2024	Ramirez, Dariel					
	Amount (\$)	Payee address; City; State; Zi	o Code				
	\$9,000.00	3247 High Visa Dr.					
		Dallas, TX 75234					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor		Check if travel ou	TX,	de of Texas. Comp officeholder living plement	
	Complete ONLY if direct expenditure to benefit C/OF		sought			Office he	ld
	Date 12/31/2024	Payee name Ramirez, Dariel					
	Amount (\$) \$384.00	Payee address; City; State; Zi 3247 High Visa Dr.  Dallas, TX 75234	o Code				
	DUDDOCE		(h) D	!			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Salaries/Wages/Contract Labor		Check if travel ou		de of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/OF		e sought			Office he	ld

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 122/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name
-		
	07/01/2024	Ramirez, Sylvia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
		Doubland TV 70274 2024
		Portland, TX 78374-2924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Substitute
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
$\vdash$	D :	
	Date	Payee name
	08/01/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Portland, TX 78374-2924
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Substitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Data	
	Date	Payee name
	08/08/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.56	108 Timbertrail Circle
		Portland TV 70274 2024
		Portland, TX 78374-2924
	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.
		Check if Austin, TX, officeholder living expense
		Mileage reimbursement
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 -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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 123/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/30/2024	Ramirez, Sylvia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
		Portland, TX 78374-2924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Substitute
		Substitute
_	Commission ONII V if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/11/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.04	108 Timbertrail Circle
		Portland, TX 78374-2924
	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
		Mileage reimbursement
		Will cage Terriburgeriterit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 09/11/2024	Payee name
		Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.65	108 Timbertrail Circle
		Portland, TX 78374-2924
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimb. for CCDO supplies
	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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 124/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/01/2024	Ramirez, Sylvia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
		Portland, TX 78374-2924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Substitute
_	Occupation ONLY if alignent	Outside to Office health and a second to the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.20	108 Timbertrail Circle
		Portland, TX 78374-2924
	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.
		Check if Austin, TX, officeholder living expense  Mileage reimbursement
		Willedge Tellingarsement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2024	Ramirez, Sylvia
		Payee address; City; State; Zip Code
	Amount (\$) \$501.00	108 Timbertrail Circle
	Ψ501.00	100 Timbertian Girde
		Portland TV 70274 2024
		Portland, TX 78374-2924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Substitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 125/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/07/2024	Ramirez, Sylvia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.36	108 Timbertrail Circle
		Portland, TX 78374-2924
8	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.
		Check if Austin, TX, officeholder living expense
		Mileage reimbursement
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
	7552.55	
		Portland, TX 78374-2924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Substitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
_	Date	Davias nama
	12/09/2024	Payee name Ramirez, Sylvia
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.04	108 Timbertrail Circle
		Portland, TX 78374-2924
	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.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	Complete ONLY 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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 126/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/16/2024	Ramirez, Sylvia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	108 Timbertrail Circle
		Portland, TX 78374-2924
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		End of year supplement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.54	108 Timbertrail Circle
	Ψ04.04	100 Timbertain Oncie
		Portland, TX 78374-2924
	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.
		Check if Austin, TX, officeholder living expense  Mileage reimbursement
		whicage rembulsement
	Operation ONLY if allowed	Our History (Office health and the control of the c
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	12/31/2024	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
		Portland, TX 78374-2924
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Substitute
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

#### SCHEDULE F1

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

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

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 127/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/04/2024	Regina Compian Richardson Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3525 W Freddy Gonzalez Dr
		Edinburg, TX 78539-8544
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2024	Rio Grande Valley Diabetes Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	420 S. Closner Blvd.
	φ330.00	420 S. Clositer blvd.
		Edinburg, TX 78539-4563
	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
		2 tkis-Dariding with the Stars Gala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	•	
	Date	Payee name
	12/09/2024	Rivera, Julianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	426 Cape Cod Dr.
		Corpus Christi, TX 78412-2623
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Leg. Session Apt/staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 128/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	_
	12/27/2024	Rivera, Julianna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,500.00	426 Cape Cod Dr.	
		Corpus Christi, TX 78412-2623	
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  Leg. Session Apt/staff	
		Log. Ocosion / protein	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
_	D :		_
	Date	Payee name	
	07/01/2024	Rivera, Miguel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	426 Cape Cod Dr.	
		Corpus Christi, TX 78412-2623	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense Substitute	
		Substitute	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	D :	_	_
	Date	Payee name	
	08/01/2024	Rivera, Miguel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	426 Cape Cod Dr.	
		Corpus Christi, TX 78412-2623	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Substitute	
_	Operation ONE VIII II	Organistate (Office health a grant of the control o	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

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

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

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

Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:				
	Sch: 129/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805			
4	Date	5 Payee name			
	08/30/2024	Rivera, Miguel			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$300.00	426 Cape Cod Dr.			
		Corpus Christi, TX 78412-2623			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Substitute			
		Substitute			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
•	expenditure to benefit C/OI				
	Date	Davida marea			
	10/01/2024	Payee name Rivera, Miguel			
		-			
	Amount (\$) \$300.00	Payee address; City; State; Zip Code			
	Φ300.00	426 Cape Cod Dr.			
		O Ohristi TV 70410 0000			
		Corpus Christi, TX 78412-2623			
	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			
		Substitute			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	11/01/2024	Rivera, Miguel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	426 Cape Cod Dr.			
		Corpus Christi, TX 78412-2623			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Substitute			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 130/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805						
4	Date	5 Payee name						
	11/29/2024	Rivera, Miguel						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$300.00	426 Cape Cod Dr.						
		Corpus Christi, TX 78412-2623						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Salaries/Wages/Contract Labor						
		Substitute						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
⊨	Date	Davida nama						
	12/16/2024	Payee name Rivera, Miguel						
	Amount (\$)	Payee address; City; State; Zip Code						
\$4,000.00		426 Cape Cod Dr.						
		Corpus Christi, TX 78412-2623						
	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  End of year supplement						
		End of your supplement						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	12/31/2024	Rivera, Miguel						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$300.00	426 Cape Cod Dr.						
		Corpus Christi, TX 78412-2623						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense						
		Substitute						
	0 1: 0 1: 0							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		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: 131/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805					
4	Date	5 Payee name						
	07/24/2024	Rocha, Cecilia						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$150.00	6331 East Sunrise Circle						
		Edinburg, TX 78542-6503						
8	PURPOSE	<u> </u>						
Ū	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE	Gorian Battoria Portations Wade By	TX, officeholder living expense					
		Pony Colts W	orld Series-R. Rios					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	11/20/2024	Rodriguez, Jose						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$400.00	2001 Heathwood Circle						
		- 100.00						
		Round Rock, TX 78664-2237						
	PURPOSE	(a) a						
	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE	1 003	TX, officeholder living expense					
		Contract labor	r for apt-JJH					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
	Date	Payee name						
	09/25/2024	Ronald Mcdonald House Charities Of Corpus Christi						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	3402 Fort Worth St.						
		Corpus Christi, TX 78411-2459						
	PURPOSE	<u> </u>						
	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE	TX, officeholder living expense						
Candidate/Officeholder/Political Committee								
	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 132/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
L	09/25/2024	Ryan For ATX	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$450.00	3308 Gallop CV	
		Austin, TX 78745-4601	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	expenditure to benefit C/OI	H	
	Date	Payee name	
	07/09/2024	S. Klein Galleries	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$219.75	521 N Main Street	
		Mcallen, TX 78501-4636	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Framed proclamation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	=
	08/07/2024	S. Klein Galleries	
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$482.80	521 N Main Street	
		Mcallen, TX 78501-4636	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  2 Framed proclamations	
		2 Framed proclamations	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			+
			ļ

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 133/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/26/2024	S. Klein Galleries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.42	521 N Main Street
		Mcallen, TX 78501-4636
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reframed proclamation
		ronamoa produnation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	08/27/2024	S. Klein Galleries
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.43	521 N Main Street
		Mcallen, TX 78501-4636
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Reframed proclamation
	Operation ONLY if allowed	On didn't Office helder game
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	S. Klein Galleries
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.71	521 N Main Street
		Mcallen, TX 78501-4636
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Reframed proclamation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

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

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: 134/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805						
4	Date	5 Payee name						
	11/07/2024	S. Klein Galleries						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$48.71	521 N Main Street						
		Mcallen, TX 78501-4636						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense						
		Check if Austin, TX, officeholder living expense  Reframed proclamation						
		Relialileu proclamation						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	Complete ONLY if direct expenditure to benefit C/OI							
	Date	Payee name						
	11/12/2024	S. Klein Galleries						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$48.71	521 N Main Street						
		Mcallen, TX 78501-4636						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Reframed proclamation						
		remained produitation						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
-	Date	Payee name						
	11/15/2024	Payee name S. Klein Galleries						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$48.71	521 N Main Street						
		Mcallen, TX 78501-4636						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Reframed proclamation						
		Tonamoa produnation						
	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

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

	Candidate/Officeholder/Politica Credit Card Payment		tee Legal Services  The Instruction Guide	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	)
_	Total marca Cabadula F1.	<b>1</b>					_	Eilar ID	(Ethica Commission	Ciloro\
_	Total pages Schedule F1:	l						Filer ID	(Ethics Commission	riieis)
	Sch: 135/204 Rpt:	HII	nojosa, Juan (The Honorable	<del>)</del>				00013805		
4	Date	<b>5</b> Pa	yee name							
	12/05/2024	S.	Klein Galleries							
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State; Zip Co	nde					
٠	\$241.40	1	1 N Main Street	State, Zip Ce	Juc					
	Φ241.40	52	I N Main Street							
		Mo	callen, TX 78501-4636							
8	PURPOSE	(a) Ca	tegory (See Categories listed at the to	n of this schodule)	(b)	Description				
	OF	1	ft/Awards/Memorials Expens		( )	Check if travel ou	utsio	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE	0.	TO WAI GO MICHIONAIO EXPENS	C		Check if Austin,	TX,	officeholder living	expense	
						Framed procla	am	ation		
9	Complete ONLY if direct	<u>L</u> Can	didate/Officeholder name	Office sou	ıaht			Office he	ald	
•	expenditure to benefit C/O		didate/Officerolaer Harrie	Office 300	igiit			Office fic	Siu .	
	Date	Pa	yee name							
	10/08/2024	1	m's Club Online							
				Ctata: Zin Co	nd o					
	Amount (\$)	1	Payee address; City; State; Zip Code							
	\$119.94	60	8 SW 8th St.							
		Ве	ntonville, AR 72712-6207							
	PURPOSE	(a) Ca	tegory (See Categories listed at the to	n of this schodulo)	(b)	Description				
	OF	l .	od/Beverage Expense	) of this schedule)	<b>\</b>	_	utsio	le of Texas. Comp	olete Schedule T.	
	EXPENDITURE	'	Poou/Develage Expense			Check if Austin,	TX,	officeholder living	expense	
						Consumables	fo	r Capitol offi	ce	
	Complete ONLY if direct	Can	didate/Officeholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/OI				3					
		_								
	Date	1	yee name							
	11/15/2024	Sa	m's Club Online							
	Amount (\$)	Pa	yee address; City;	State; Zip Co	ode					
	\$9.50	60	8 SW 8th St.							
		Pontonvillo AD 70712 6207								
		Ве	entonville, AR 72712-6207							
	PURPOSE	<b>(a)</b> Ca	tegory (See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Fe	es			Check if travel or				
	EXI ENDITORE					Check if Austin,			expense	
						Office supplies	s fo	or CCDO		
					L					
	Complete ONLY if direct		didate/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OF	Н								

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
-	Sch: 136/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4	Date	5 Payee name
	10/14/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.53	4833 S Padre Island Drive
		Corpus Christi, TX 78411-4201
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
		Consumables for CCDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	10/29/2024	Payee name Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.09	4833 S Padre Island Drive
		Corpus Christi, TX 78411-4201
	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.
		Consumables for Robstown FD donation
		Consumation 10 Nobstown 1 D donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2024	San Antonio Express-News
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	PO Box 2171
		San Antonio, TX 78297-2171
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription
	Operation ONLY if allowed	Our stide to 10 ff as health are nown.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	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: 137/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/30/2024	San Antonio Express-News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	PO Box 2171
		San Antonio, TX 78297-2171
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/Ol	
	Date	Davisa nama
	09/27/2024	Payee name San Antonio Express-News
	Amount (\$) \$27.72	Payee address; City; State; Zip Code PO Box 2171
	Φ21.12	PO BOX 2171
		O A
		San Antonio, TX 78297-2171
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/22/2024	San Antonio Express-News
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
		San Antonio, TX 78297-2171
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Orange to bottom of or	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension and 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: 138/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805		
4	Date	5 Payee name		
	12/20/2024	San Antonio Express-News		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$27.72	PO Box 2171		
		San Antonio, TX 78297-2171		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Subscription		
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	07/25/2024	Scribd, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.98	460 Bryant St.		
		San Francisco, CA 94107-2594		
	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		
		Subscription		
	0 1: 0 11 1 1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	<u>'</u>			
	Date	Payee name		
	08/25/2024	Scribd, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.98	460 Bryant St.		
		San Francisco, CA 94107-2594		
	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		
		Subscription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	portation to bottom 0/01			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 139/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805		
4	Date	5 Payee name			
	09/25/2024	Scribd, Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$12.98	460 Bryant St.			
		San Francisco, CA 94107-2594			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 665	outside of Texas. Complete Schedule T.		
		Check if Austin, Subscription	, TX, officeholder living expense		
		Subscription			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI		Office field		
_	Data				
	Date 10/25/2024	Payee name			
		Scribd, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.98	460 Bryant St.			
		San Francisco, CA 94107-2594			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	1 663	outside of Texas. Complete Schedule T. , TX, officeholder living expense		
		Subscription	174, officerodict living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	<del>-</del>			
_	Date	Payee name			
	11/25/2024	Scribd, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$12.98	460 Bryant St.			
	¥==.00	100 21,4411 011			
		San Francisco, CA 94107-2594			
	DUDDOCE	(1)			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fees	outside of Texas. Complete Schedule T.		
	EXPENDITURE	' 663	TX, officeholder living expense		
		Subscription			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OH				

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
<u> </u>	Total manage Calmadala 54	<u>_</u>		
1	Total pages Schedule F1: Sch: 140/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00013805		
4	Date	5 Payee name		
	12/25/2024	Scribd, Inc.		
6	Amount (\$) \$12.98	7 Payee address; City; State; Zip Code 460 Bryant St.  San Francisco, CA 94107-2594		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Subscription		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	07/01/2024	Seargeant Wilson, Suzanna		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$300.00	8721 Belknap Rd.		
		Austin, TX 78747-2825		
	DUDDOGE	I		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Challet it travel outside of Taxes. Complete Schedule T		
EXPENDITURE		Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Substitute		
		Cabolitato		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	08/01/2024	Seargeant Wilson, Suzanna		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$300.00	8721 Belknap Rd.		
		Austin, TX 78747-2825		
	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  Substitute		
	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 Candidate/Officeholder/Political Co

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

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
OTHED (onter a category net listed above)

	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: 141/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805				
4	Date	5 Payee name				
	08/30/2024	Seargeant Wilson, Suzanna				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$300.00	8721 Belknap Rd.				
		Austin, TX 78747-2825				
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				
		Substitute				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
<b>—</b>	Date	Payee name				
	10/01/2024	Seargeant Wilson, Suzanna				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	8721 Belknap Rd.				
		Austin, TX 78747-2825				
	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  Substitute				
		Substitute				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O					
_	_					
	Date	Payee name				
	11/01/2024	Seargeant Wilson, Suzanna				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	8721 Belknap Rd.				
		Austin, TX 78747-2825				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Substitute				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Oriana.o to borioni O/Oi					

### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 142/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/29/2024	Seargeant Wilson, Suzanna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	8721 Belknap Rd.
		Austin, TX 78747-2825
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
		Substitute
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/16/2024	Seargeant Wilson, Suzanna
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,000.00	8721 Belknap Rd.
		Austin, TX 78747-2825
	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
		End of year supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/31/2024	Seargeant Wilson, Suzanna
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	8721 Belknap Rd.
		Austin, TX 78747-2825
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Substitute
		Substitute
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 143/204 Rpt:	Hinojosa, Juan (The Honorable)  O0013805
4	Date	5 Payee name
	12/16/2024	Senate Ladies Club
6	Amount (\$) \$2,200.00	7 Payee address; City; State; Zip Code PO Box 12068
	¥-,	
		Austin, TX 78711-2068
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  89th Session dinner tkts
		OSUI SESSIOII UIIIIEI IKIS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/15/2024	Sheriff Daniel Bueno Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	240 CR 466
		Alice, TX 78332-7700
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T
EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/27/2024	Shipley's
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.49	1501 N. 10th St.
		McAllen, TX 78501
	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
		Consumables for EDO staff mtg
		Consumation to EDO Stail Integ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		<u></u>				3	Filer ID	(Ethics Commission Filers)
L	Sch: 144/204 Rpt:		Hinojosa, Ju	uan (The Honor	able)					00013805	
4	Date	5	Payee name								
	07/30/2024		Silverado S	mokehouse							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$15.23		4522 Webe	r Rd							
			Corpus Chr	isti, TX 78411-3	502						
8	PURPOSE	(a)		ee Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				느		de of Texas. Comp officeholder living	
								CCDO staff/D			
											- <b>J</b>
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>ı</u> ıght			Office he	eld
	expenditure to benefit C/OI	Н					-				
	Date		Payee name								
	08/27/2024		Soccer.com								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$547.71		431 US 70-	A East							
			Hillsborougl	n, NC 27278							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Ma	ade By			ш		de of Texas. Com	
			Candidate/0	Officeholder/Poli	tical Comm	ittee		Check if Austin, McAllen youth		officeholder living	expense
								wo wen your	ı u		
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/OI						J				
H	Date		Payee name								
	11/30/2024		Southwest A	Airlines							
	Amount (\$)		Payee addres		State:	Zip Co	ode				
	\$60.00		P.O. Box 36	•	2.0.0,	.,- 00					
	752.30										
			Dallas, TX 7	75235							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees			,		Check if travel of		de of Texas. Com	•
	LAFLINDITORE							_		officeholder living	expense
								JJH boarding	up	grade	
	Complete ONLY if direct	<u> </u>	`andidate/∩ffi	ceholder name		Office sou	labt			Office he	ald
	expenditure to benefit C/O		on whate/OIII	condider Hairie	C	,,,,,ce 200	agrit			Office He	Jiu

### 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

	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: 145/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/05/2024	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 12068
		Austin, TX 78711-2068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		Bollovololios dell'alloli
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davide name
	07/01/2024	Payee name Sprouts
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.58	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	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
		Consumables for EDO
		Consumation for EDC
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David waren
	Date 07/08/2024	Payee name Sprouts
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.88	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	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.
		Consumables for EDO
		Consumation for EDC
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 146/204 Rpt: Hinojosa, Juan (The Honorable) 00013805 4 Date Payee name 07/09/2024 Sprouts 6 Amount (\$) Payee address; City; State; Zip Code \$9.88 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consumables for EDO Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/16/2024 Sprouts Amount (\$) Payee address; City; State; Zip Code \$12.08 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consumables for EDO Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2024 **Sprouts** Amount (\$) Payee address: City; State; Zip Code \$11.68 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consumables for EDO Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTEN (enter a category not used above)	
1	Total pages Schedule F1:			
	Sch: 147/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805		
4	Date	5 Payee name	•	
	07/25/2024	Sprouts		
6	Amount (\$) \$11.68	7 Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996		
8	PURPOSE OF EXPENDITURE	1 odarbeverage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense es for EDO	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	
	Date	Payee name		
	07/31/2024	Sprouts		
	Amount (\$) \$5.79	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996		
	PURPOSE OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense es for EDO	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	08/05/2024	Sprouts		
	Amount (\$) \$11.68	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996		
	PURPOSE OF EXPENDITURE	1 Toda/Beverage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense es for EDO	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:				
1	Sch: 148/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00013805			
4	Date	5 Payee name			
	08/12/2024	Sprouts			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$11.68	5800 N. 10th St.			
		Ste. 200			
		McAllen, TX 78504-3996			
8	PURPOSE	1			
ľ	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			
		Consumables for EDO			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/19/2024	Sprouts			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.89	5800 N. 10th St.			
	Ψ3.03				
		Ste. 200			
		McAllen, TX 78504-3996			
	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  Consumables for EDO			
		Consumables for EDO			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/22/2024	Sprouts			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.79	5800 N. 10th St.			
		Ste. 200			
		McAllen, TX 78504-3996			
	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			
		Consumables for EDO			
		Goriodinasios ioi EBG			
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Ser	ds/Memorials Expense vices truction Guide exp	Salaries/V	/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above	)
1	Total pages Schedule F1:	<b>2</b> F	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 149/204 Rpt:		Hinojosa, Juan (Th	e Honorable)					00013805		ŕ
4	Date	5 F	Payee name								
	08/27/2024		Sprouts								
6	Amount (\$)	<b>7</b> F	Payee address;	City;	State; Zip Co	de					
	\$11.68	Ę	5800 N. 10th St.								
			Ste. 200								
		ľ	McAllen, TX 78504	-3996							
8	PURPOSE	(a) (	Category (See Category	ies listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Ex		,		<b>=</b>		de of Texas. Com		
	EXI ENDITORE						_		officeholder living	expense	
							Consumables	5 10	LEDO		
_	Complete ONLY if direct		andidate/Officeholde	r nomo	Office cou	abt			Office he	uld	
9	expenditure to benefit C/O		andidate/Onicenoide	rname	Office sou	gnı			Office he	eid	
_	Data	_	<b></b>								
	Date 09/09/2024		Payee name								
			Sprouts	0	O						
	Amount (\$)			City;	State; Zip Co	ae					
	\$11.88		5800 N. 10th St.								
			Ste. 200								
		1	McAllen, TX 78504	l-3996 							
	PURPOSE OF		Category (See Categor		this schedule)	(b)	Description				
	EXPENDITURE	F	Food/Beverage Ex	pense			<u></u>		de of Texas. Comp officeholder living		
							Consumables			Схрепос	
	Complete ONLY if direct		andidate/Officeholde	r name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	<del>-</del>									
	Date	F	Payee name								
L	09/12/2024		Sprouts								
	Amount (\$)	F	Payee address;	City;	State; Zip Co	de					
	\$21.03	Ę	5800 N. 10th St.								
		9	Ste. 200								
		ľ	McAllen, TX 78504	-3996							
	PURPOSE	(a) (	Category (See Categor	ies listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	F	Food/Beverage Ex	pense			ш		de of Texas. Com		
							Consumables		officeholder living	expense	
							Consumasics	0			
	Complete ONLY if direct	LC	andidate/Officeholde	r name	Office sou	ght			Office he	eld	
	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:	
	Sch: 150/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/17/2024	Sprouts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.49	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Consumables for EDO
		Consumables for EDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	09/23/2024	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.79	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZABITORZ	Consumables for FDO
		Consumables for EDO
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/30/2024	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.29	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Consumables for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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

sement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

	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: 151/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/15/2024	Sprouts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.69	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
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.
		Consumables for EDO
		Consumation for EDC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/21/2024	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.90	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	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
		Consumables for EDO
		33.134.114.3133 131 23 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/31/2024	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.69	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	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.
		Consumables for EDO
		Consumables for EDO
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Legal Ser	ds/Memorials Expense vices truction Guide ex	Salaries/V	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abov	e)
1	Total pages Schedule F1:	<b>2</b> F	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 152/204 Rpt:		linojosa, Juan (Th	e Honorable)					00013805	`	,
4	Date	<b>5</b> P	Payee name								
	11/05/2024	S	Sprouts								
6	Amount (\$)	<b>7</b> P	Payee address;	City;	State; Zip Co	de					
	\$47.58	5	800 N. 10th St.								
		S	Ste. 200								
		N	AcAllen, TX 78504	I-3996							
8	PURPOSE	(a) (	Category (See Categor	ies listed at the top of	this schedule)	(b)	Description				
	OF		Food/Beverage Ex		tilis scriedule)	, ,		outsio	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		3	•			_		officeholder living	expense	
							Consumables	s fo	r EDO		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholde	r name	Office sou	ght			Office he	eld	
	Date	Р	ayee name								
	11/12/2024	S	Sprouts								
	Amount (\$)	Р	Payee address;	City;	State; Zip Co	de					
	\$5.60	5	800 N. 10th St.								
		S	Ste. 200								
		N	/IcAllen, TX 78504	I-3996							
	PURPOSE	(a) C	Category (See Categor	ies listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	F	ood/Beverage Ex	pense			<u></u>		de of Texas. Com		
	-						Consumables		officeholder living	expense	
							Consumables	, IO	ILDO		
	Complete ONLY if direct	Ca	andidate/Officeholde	r name	Office sou	aht			Office he	ald .	
	expenditure to benefit C/OI				000 000	9			000		
	Date	Р	Payee name								
	11/13/2024	S	Sprouts								
	Amount (\$)	Р	Payee address;	City;	State; Zip Co	de					
	\$11.69	5	800 N. 10th St.								
		S	Ste. 200								
		N	/IcAllen, TX 78504	I-3996							
	PURPOSE	(a) C	Category (See Categor	ries listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		ood/Beverage Ex		,		Check if travel of		de of Texas. Com		
	EXPENDITORE						ш		officeholder living	expense	
							Consumables	5 10	r EDO		
	Complete ONLY if alice of		andidate/Office held	r nome	Office	ah+			Office I-	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholde	паше	Office sou	ynı			Office he	au	

#### 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 153/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4 Date 11/18/2024	5 Payee name Sprouts
6 Amount (\$) \$11.69	7 Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996
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  Consumables for EDO
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 11/22/2024	Payee name Sprouts
Amount (\$) \$11.69	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996
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  Consumables for EDO
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 11/26/2024	Payee name Sprouts
Amount (\$) \$11.69	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996
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  Consumables for EDO
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 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

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

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
Total pages Schedule F1: Sch: 154/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4 Date 12/02/2024	5 Payee name Sprouts	
6 Amount (\$) \$11.69	7 Payee address; City; State; Zip Coo 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996	le
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  Consumables for EDO
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sout	ght Office held
Date 12/09/2024	Payee name Sprouts	
Amount (\$) \$5.79	Payee address; City; State; Zip Coo 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996	le
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 Consumables for EDO
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	oht Office held
Date 12/19/2024	Payee name Sprouts	
Amount (\$) \$5.90	Payee address; City; State; Zip Coo 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996	le
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  Consumables for EDO
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	pht Office held

### 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 155/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	•
	07/25/2024	Staples	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$130.75	405 N Jackson Road	
		Pharr, TX 78577-2112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	' 000	if travel outside of Texas. Complete Schedule T.
		l	if Austin, TX, officeholder living expense If resolution to Capitol off.
		Зпррес	resolution to Capitol on.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cinide Held
_	Date	Payee name	
	07/25/2024	Staples	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.02	405 N Jackson Road	
	Ψ00.02	400 14 04013011 11044	
		Dharr TV 70577 2112	
		Pharr, TX 78577-2112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check in Check in the control of the control	ON if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	if Austin, TX, officeholder living expense
		Office s	upplies for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/05/2024	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.75	500 E. 4th St.	
		Austin, TX 78701-3720	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
	OF EXPENDITURE	Food/Beverage Expense	if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	ı	if Austin, TX, officeholder living expense
		Consum	nables for Cap. office mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OH		Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 156/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/11/2024	Starbucks
6	Amount (\$) \$17.64	7 Payee address; City; State; Zip Code 501 W 15th Street
		Austin, TX 78701-1516
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  Consumables for Cap. office mtg
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	Starbucks
	Amount (\$) \$16.32	Payee address; City; State; Zip Code 501 W 15th Street
		Austin, TX 78701-1516
	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 Consumables for Cap. office mtg
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2024	Starbucks
	Amount (\$) \$20.05	Payee address; City; State; Zip Code 1920 E. Riverside
		Austin, TX 78741-1342
	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  LJM morning mtg
	Complete ONLY 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 157/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	<u> </u>	5 Payee name Stephen F. Austin Royal Sonesta Hotel
6	Amount (\$) \$1,478.56	7 Payee address; City; State; Zip Code 701 Congress Avenue
8	PURPOSE OF EXPENDITURE	Austin, TX 78701-3216  (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. Check if Austin, TX, officeholder living expense Banquet room/food fee for fundraiser
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/17/2024	Payee name Stephen F. Austin Royal Sonesta Hotel
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 701 Congress Avenue  Austin, TX 78701-3216
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banquet room deposit for fundraiser
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/05/2024	Payee name Stephen F. Austin Royal Sonesta Hotel
	Amount (\$) \$678.56	Payee address; City; State; Zip Code 701 Congress Avenue
		Austin, TX 78701-3216
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banquet room deposit for fundraiser
	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District 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: 158/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	10/12/2024	Stripes 2156	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.45	4218 S McColl Road	
		Edinburg, TX 78539-8260	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE	l	, TX, officeholder living expense
			reimbursement to JJH for leased
		venicle trip no	ot tied to state voucher.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	n	
	Date	Payee name	
	11/02/2024	Stripes 2240	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.71	1407 W. Nolana	
		Pharr, TX 78577-7635	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
			reimbursement to JJH for leased of tied to state voucher.
L	Complete ONLY if direct		Office held
	Complete ONLY if direct expenditure to benefit C/OI		Onice neid
$\vdash$	Data		
	Date	Payee name	
	07/06/2024	Stripes 9650	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.88	201 W Nolana Avenue	
		McAllen, TX 78504-2500	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Havelin District	outside of Texas. Complete Schedule T.
	EVI FIADITORE	·	, TX, officeholder living expense
			reimbursement to JJH for leased of tied to state voucher.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefft C/OI		

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
Ļ		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1: Sch: 159/204 Rpt:	2 FILER NAME  Hinojosa, Juan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00013805	
Ļ	·		_
4	Date	5 Payee name	
L	07/11/2024	Stripes 9650	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.93	201 W Nolana Avenue	
		McAllen, TX 78504-2500	
8	DUDDOCE		_
O	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Prorated fuel reimbursement to JJH for leased	
		vehicle trip not tied to state voucher.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
L			_
	Date	Payee name	
L	07/15/2024	Stripes 9650	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.19	201 W Nolana Avenue	
		McAllen, TX 78504-2500	
	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.	
		Check if Austin, TX, officeholder living expense	
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	07/21/2024	Stripes 9650	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.67	201 W Nolana Avenue	
		McAllen, TX 78504-2500	
	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.	
	_/, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Austin, TX, officeholder living expense	
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiorare to benefit C/OI	п 	

#### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		<u>_</u>
1	Total pages Schedule F1: Sch: 160/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
_	·	
4	Date	5 Payee name
	07/31/2024	Stripes 9650
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.19	201 W Nolana Avenue
		McAllen, TX 78504-2500
		WCAIICH, 1A 78304-2300
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
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
		verlicie trip not tieu to state voucher.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/05/2024	Stripes 9650
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.68	201 W Nolana Avenue
		McAllen, TX 78504-2500
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased
		vehicle trip not tied to state voucher.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/11/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.88	201 W Nolana Avenue
		McAllen, TX 78504-2500
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased
		vehicle trip not tied to state voucher.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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		tee Le	gal Services	•		/ages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 [	ER NAME		•		·		3	Filer ID	(Ethics Commission F	ilers)
-	Sch: 161/204 Rpt:			n (The Honora	ahla)				٦	00013805	(Lunes Commission )	11010)
L	•			TI (THE HOHOIS	<del></del>					00013003		
4	Date	1 1	yee name									
	08/17/2024	Str	ripes 9650									
6	Amount (\$)	<b>7</b> Pay	yee address;	City;	State;	Zip Co	de					
	\$51.07	202	1 W Nolan	a Avenue								
		Mc	Allen, TX 7	8504-2500								
8	PURPOSE	(a) Cat	tegory (see (	Categories listed at th	no ton of this coho	odulo)	(b)	Description				
	OF		avel In Distr		ie top of this scrie	edule)	( - ,	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	expense	
											t to JJH for leased	
								vehicle trip no	ot ti	ed to state v	oucher.	
9	Complete ONLY if direct		didate/Office	holder name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date	Pay	yee name									
	08/24/2024	Str	ripes 9650									
	Amount (\$)	Pay	yee address;	City;	State;	Zip Co	de					
	\$24.52	202	1 W Nolan	a Avenue								
		Мс	Allen, TX 7	8504-2500								
	PURPOSE	(a) Cat	tegory (See (	Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Tra	avel In Distr	ict				<b>=</b>		de of Texas. Com		
								<b>므</b>		officeholder living	t to JJH for leased	
								vehicle trip no				
	Complete ONLY if direct	l Cand	didate/Office	holder name	0	office sou	aht			Office he	eld	
	expenditure to benefit C/O	Н					•					
	Date	Pay	yee name									
	08/31/2024	1 1	ripes 9650									
	Amount (\$)		yee address;	City:	Ctata:	Zip Co	do					
	\$43.65	1 1	yee address, 1 W Nolan	•	Siale,	Zip Co	ue					
	φ43.03	20.	I W MUIAII	a Avenue								
			. All TV -	0504.0500								
			Allen, TX 7			1						
	PURPOSE OF			Categories listed at th	ne top of this sche	edule)	(b)	Description	outo:	de of Texas. Com	nloto Schodulo T	
	EXPENDITURE	l Tra	avel In Distr	ict				ш		officeholder living		
								ш			t to JJH for leased	
								vehicle trip no	ot ti	ed to state v	oucher.	
	Complete ONLY if direct	Cano	didate/Office	holder name	0	office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н										
I												

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 162/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/08/2024	Stripes 9650
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.41	201 W Nolana Avenue
		McAllen, TX 78504-2500
8	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
		·
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/22/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.61	201 W Nolana Avenue
	φ01.01	201 W Monara / Worldo
		McAllen, TX 78504-2500
	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/61	
	Date	Payee name
	10/12/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.58	201 W Nolana Avenue
		McAllen, TX 78504-2500
	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.
		Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
_	Complete ONU V if alice	·
	Complete ONLY 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·		ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
				The Instruction G	uide explains h	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 163/204 Rpt:		Hinojosa, Ju	an (The Hono	rable)					00013805		
4	Date	5	Payee name									
	10/18/2024		Stripes 9650	)								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$47.61		201 W Nola	ına Avenue								
			McAllen, TX	78504-2500								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis					브			plete Schedule T.	
	LXI ENDITORE							<b>—</b>		officeholder livin		
								vehicle trip no			it to JJH for leas	ea
								vernote trip ne	<i>)</i> ( ()			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	0	office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	10/21/2024		Stripes 9650	)								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$24.84		201 W Nola	ına Avenue								
			McAllen, TX	78504-2500								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				<u></u>			nplete Schedule T.	
								_		officeholder living	g expense It to JJH for leas	od
								vehicle trip no				eu
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	0	Office sou	aht			Office h	eld	
	expenditure to benefit C/O		zarialaate/Onic	cholder hame	O	mice sout	giit			Office fi	Ciu	
-	Data	_										
	Date 10/27/2024		Payee name Stripes 9650	<b>)</b>								
					04-4	7:- 0-	-1-					
	Amount (\$)		Payee addres	•	State;	Zip Co	ae					
	\$49.46		201 W Nola	ına Avenue								
			McAllen, TX	78504-2500								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In Dis	strict				ш		officeholder living	plete Schedule T.	
											it to JJH for leas	ed
								vehicle trip no				
$\vdash$	Complete ONLY if direct	Щ	 Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/O											
l												

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/Pol Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 164/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4	Date	5 Payee name
	11/08/2024	Stripes 9650
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.73	201 W Nolana Avenue
		McAllen, TX 78504-2500
8	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.
		Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	11/17/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.62	201 W Nolana Avenue
		McAllen, TX 78504-2500
	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.  Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased
		vehicle trip not tied to state voucher.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/25/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.82	201 W Nolana Avenue
		M-All-r, TV 70504 0500
		McAllen, TX 78504-2500
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
_	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
		(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased
_	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
_	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.  Candidate/Officeholder name  Office sought  Office held
_	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.  Candidate/Officeholder name  Office sought  Office held
_	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.  Candidate/Officeholder name  Office sought  Office held

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 165/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/02/2024	Stripes 9650
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.48	201 W Nolana Avenue
		McAllen, TX 78504-2500
8	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Prorated fuel reimbursement to JJH for leased vehicle trip not tied to state voucher.
		·
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.78	201 W Nolana Avenue
	Ψ-0.70	201 W World Avenue
		McAllen, TX 78504-2500
	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.
		Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased
		vehicle trip not tied to state voucher.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/21/2024	Stripes 9650
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.41	201 W Nolana Avenue
		McAllen, TX 78504-2500
	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.
		Check if Austin, TX, officeholder living expense  Prorated fuel reimbursement to JJH for leased
		vehicle trip not tied to state voucher.
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	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Subway  6 Amount (\$)  \$50.18  7 Payee address; City; State; Zip Code  711 N. Carancahua  Corpus Christi, TX 78475  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 CCDO staff lunch mtg-RG		Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
Date   O7/23/2024   Subway   Subway   Siate; Zip Code   Office held	1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Subway   7   Payee address: City; State; Zip Code   711 N. Carancahua   Corpus Christi, TX 78475   Sate; Zip Code   Conspired Schoolube T.   Con		Sch: 166/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
Topic   Purpose   Section   Topic   Section   Topic   Section   Topic   Topi	4	Date	5 Payee name		•
\$50.18 711 N. Carancahua  Corpus Christi, TX 78475  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if Austin, TX, officeholder Schedulie T. Check if Austin, TX, officeholder is in graphing proprints CCDO staff funch mtg-RG  9 Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 08/28/2024  Amount (s) Payee address: City; State; Zip Code T11 N. Carancahua Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description CCDO staff lunch mtg-LJM  (b) Description Check if austin, TX, officeholder is in graphing expense CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Payee name 10/22/2024  Amount (s) Payee name 10/22/2024  Subway  Amount (s) Payee address: City; State; Zip Code T11 N. Carancahua Corpus Christi, TX 78475  PURPOSE EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Code Reversion of the schedule of Texas. Complete Schedule T. Check if Austin, TX, officeholder is in graphing expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Food/Beverage Expense  (b) Description (c) Description (d) Description (d) Description (d) Description (d) Description (d) Description (d) Category (See Categories listed at the top of this schedule) (e) Description (d) Description (d) Description (d) Description (d) Category (See Categories listed at the top of this schedule) (d) Description (d) Description (d) Description (d) Description (d) Description (e) Code Reversion TX, officeholder Schedule TX, Officeholder Sched		07/23/2024	Subway		
Corpus Christi, TX 78475   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Category   Categories lated at the top of this schedule)   Categories lated at the	6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
Purpose of Expenditure   (a) Category (see Categories listed at the top of this schedule)   (b) Description	l	\$50.18	711 N. Carancahua		
Purpose of Expenditure   (a) Category (see Categories listed at the top of this schedule)   (b) Description					
Check if travel outside of Texas. Complete Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce properties Schedule T.   Check if Austin, Tx. officeholder Introduce Payee address; City; State; Zip Code   Tx.   Check if Austin, Tx. officeholder Introduce Payee address; City; State; Zip Code   Check if Austin, Tx. officeholder Introduce Payee properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Properties Schedule T.   Check if Austin, Tx. officeholder Introduce Pr			Corpus Christi, TX 78475		
### State:   Complete ONLY if direct expenditure to benefit C/OH	8			(b)	
9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/28/2024 Payee name Subway  Amount (\$) Payee address; City; State; Zip Code 7.11 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  Candidate/Officeholder name Office sought Office held  Payee name Subway  (a) Category (See Categories listed at the top of this schedule) CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Payee name Office sought Office held  Payee name Office sought Office held  Date 10/22/2024 Subway  Amount (\$) Payee address; City; State; Zip Code  7.11 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF OF OFFICE ONLY if direct Code of this schedule) Office held  Payee address; City; State; Zip Code  7.11 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF OFFICE ONLY if direct Code of this schedule) Office held  Complete ONLY if direct Code of this schedule) Office held  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Food/Beverage Expense		
Date					
Date					
Date 08/28/2024  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua Corpus Christi, TX 78475  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 Austlin, TX, officeholder inling expense CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Date 10/22/2024  Amount (\$) Payee name 10/22/2024  Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if Austlin, TX, officeholder inling expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9			ght	Office held
Amount (\$)   Payee address; City; State; Zip Code		expenditure to benefit C/OI	1		
Amount (\$)	Г	Date	Payee name		
\$58.34  T11 N. Carancahua  Corpus Christi, TX 78475  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  CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Date 10/22/2024  Amount (\$) Payee name Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  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  CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		08/28/2024	Subway		
Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description   Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Date 10/22/2024  Amount (\$) Payee name Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description   Description   Check if Austin. TX, officeholder Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Г	Amount (\$)	Payee address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Date 10/22/2024  Amount (\$) Payee name Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  CDO staff lunch mtg-LJM  (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$58.34	711 N. Carancahua		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if vauel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct expenditure to benefit C/OH  Date 10/22/2024  Amount (\$) Payee name Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  CDO staff lunch mtg-LJM  (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
Food/Beverage Expense    Complete ONLY if direct expenditure to benefit C/OH    Complete ONLY if direct expenditure to benefit C/OH    Date			Corpus Christi, TX 78475		
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 10/22/2024 Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  Complete ONLY if direct Candidate/Officeholder name Office sought Office held				(b)	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 10/22/2024 Subway  Amount (\$) Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Complete ONLY if direct  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held  Office held			Food/Beverage Expense		
Date					
Date					
Date 10/22/2024  Amount (\$)  Payee address; City; State; Zip Code  \$20.73  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. CCDO staff lunch mtg-LJM  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Г			ght	Office held
Amount (\$)  Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  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 CCDO staff lunch mtg-LJM  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		expenditure to benefit C/OI	1		
Amount (\$)  Payee address; City; State; Zip Code 711 N. Carancahua  Corpus Christi, TX 78475  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 CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Date	Payee name		
\$20.73  The complete ONLY if direct Candidate/Officeholder name  Corpus Christi, TX 78475  (a) Category (See Categories listed at the top of this schedule) Corpus Christing TX 78475  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		10/22/2024	Subway		
Corpus Christi, TX 78475  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 CCDO staff lunch mtg-LJM  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			•	de	
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 CCDO staff lunch mtg-LJM  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$20.73	711 N. Carancahua		
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 CCDO staff lunch mtg-LJM  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held					
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Corpus Christi, TX 78475		
EXPENDITURE  FOOd/Beverage Expense  Check if Austin, TX, officeholder living expense  CCDO staff lunch mtg-LJM  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				(b)	
CCDO staff lunch mtg-LJM  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	l		Food/Beverage Expense		
experioritire to berieff C/OH				ght	Office held
	L	expenditure to benefit C/OI	1		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

	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: 167/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	11/20/2024	Sweetwaters Coffee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.73	316 W. 12th St.
		Austin, TX 78701-1815
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  Consumables for Cap. office mtg
		Consumables for Cap. Office mig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/21/2024	Sweetwaters Coffee
H	Amount (\$)	Payee address; City; State; Zip Code
	\$24.41	316 W. 12th St.
	Ψ=11.12	
		Austin, TX 78701-1815
	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  Consumables for Cap. office mtg
		Consumables for Cap. Office mig
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/10/2024	T-Mobile Store
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$653.74	7300 N. 10th St.
	Ψ030.14	Ste. 10
L		McAllen, TX 78504-9509
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff phone upgrade/phone case RG
		1 12
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 168/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	12/18/2024	T-Mobile Store	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,169.07	614 E. Expwy 83	
		Ste. 100	
		McAllen, TX 78503-1600	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Tours Convolute Cabadula T
	EXPENDITURE	Onice overneda/Nerital Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Staff cell pho	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	07/18/2024	TDCJ Manufacturing and Logistics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,766.64	PO Box 4013	
		Huntsville, TX 77342-4013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Ont/ Wards/Memorials Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		4 Const. chai	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_	Date	Pavee name	
	10/07/2024	TDCJ Manufacturing and Logistics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,798.87	PO Box 4013	
	<del>+=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
		Huntsville, TX 77342-4013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel	puteido of Toyon, Completo Schodule T
	EXPENDITURE	T Citt/ Walas/McHonais Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		,	rs; 1 English Rocker
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete	this form.
1 Total pages Schedule F1:	2 FILER NAME	•	3 Filer ID (Ethics Commission Filers)
Sch: 169/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4 Date	5 Payee name		•
08/26/2024	TFIN LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$240.00	1455 Market St.		
	Ste. 600		
	San Francisco, CA 94103-1332		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
		v	eb host for senatorhinojosa.com
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	uaht	Office held
expenditure to benefit C/O		ugni	Office field
Date	Dove name		
10/01/2024	Payee name TIME USA LLC		
Amount (\$)	Payee address; City; State; Zip Ci	oae	
\$72.00	PO Box 37262		
	Boone, IA 50037-0262		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		1	yr subscription renewal
			,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O			
Date	Payee name		
10/04/2024	TWC Unemployment Tax Service		
Amount (\$)	Payee address; City; State; Zip City;	ode	
\$245.45	101 E. 15th St.	ouo	
72.00.00	202 2. 200. 00		
	Austin, TX 78701		
PURPOSE		(h) D	occrintion
OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	(b)   D	escription 7 Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Corniact Eabor		Check if Austin, TX, officeholder living expense
		Ū	nemployment taxes
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O	H		

#### SCHEDULE F1

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

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

	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: 170/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/05/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	3020 N 10th Street
		McAllen, TX 78501-1919
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
		Breakfast for EDO staff mtg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/12/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.51	3020 N 10th Street
		McAllen, TX 78501-1919
	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  Breakfast for EDO staff mtg
		Breaklast for EBO stail mig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/19/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.89	3020 N 10th Street
		McAllen, TX 78501-1919
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Breakfast for EDO staff mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	<b>o</b>

### 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 Salaries (Contract Labor

pursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
The Port of Post of Po

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 171/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/26/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.20	3020 N 10th Street
		McAllen, TX 78501-1919
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast for EDO staff mtg
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.49	3020 N 10th Street
		McAllen, TX 78501-1919
	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
		Breakfast for EDO staff mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	08/09/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.51	3020 N 10th Street
		McAllen, TX 78501-1919
	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
		Breakfast for EDO staff mtg
		S. Galillast 16: 25 6 dail mig
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

## 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	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 172/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	·
	08/16/2024	Taco Palenque	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.19	3020 N 10th Street	
		McAllen, TX 78501-1919	
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.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Breakfast for EDO staff mtg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
3	expenditure to benefit C/OI		Office field
	Data		
	Date 08/30/2024	Payee name Taco Palenque	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.20	3020 N 10th Street	
		McAllen, TX 78501-1919	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Breakfast for EDO staff mtg
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/13/2024	Taco Palenque	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.51	3020 N 10th Street	
		McAllen, TX 78501-1919	
	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Breakfast for EDO staff mtg
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 173/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805					
4	Date	5 Payee name					
	09/20/2024	Taco Palenque					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$19.20	3020 N 10th Street					
		McAllen, TX 78501-1919					
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.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Breakfast for EDO staff mtg					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/27/2024	Taco Palenque					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.20	0 3020 N 10th Street					
		McAllen, TX 78501-1919					
	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  Breakfast for EDO staff mtg					
		Dicariast for EDC stail fing					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	10/04/2024	Taco Palenque					
		<u> </u>					
	Amount (\$) \$19.20	Payee address; City; State; Zip Code 3020 N 10th Street					
	\$19.20	3020 N 10th Street					
		MoAllon, TV 70501 1010					
		McAllen, TX 78501-1919					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage 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					
		Breakfast for EDO staff mtg					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_							

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 174/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	10/11/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.20	3020 N 10th Street
		McAllon TV 79501 1010
Ļ		McAllen, TX 78501-1919
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
		Breakfast for EDO staff mtg
		Distantast is: LDO stail may
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/25/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.20	7805 N. 10th St.
		McAllen, TX 78504
_	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage 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
		Breakfast for EDO staff mtg
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	11/01/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.20	7805 N. 10th St.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Breakfast for EDO staff mtg
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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Pi Sa	Ü	nse es/Contract Labor	Trav	vel in District vel Out of Dis HER (enter a	trict category not listed above)		
1	Total pages Schedule F1:						I	er ID	(Ethics Commission Filers)		
	Sch: 175/204 Rpt:	Hinojosa, 、	Juan (The Honorab	le)			000	013805			
4	Date	5 Payee name									
L	11/08/2024	Taco Pale	nque								
6	Amount (\$)	7 Payee addr	ess; City;	State; Z	Zip Code						
	\$19.20	7805 N. 10	Oth St.								
		McAllen, T	X 78504								
8	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedul	<sub>ile)</sub> (b	<b>)</b> Description					
	OF EXPENDITURE	Food/Beve	erage Expense			Check if travel Check if Austin			olete Schedule T.		
						Breakfast for			слропас		
								-9			
9	Complete ONLY if direct		ficeholder name	Offic	ce sough	t		Office he	eld		
	expenditure to benefit C/OH	<del> </del>									
	Date	Payee name	<del></del>								
	11/15/2024	Taco Pale	nque								
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code						
	\$19.20	7805 N. 10th St.									
		McAllen, T	X 78504								
	PURPOSE	(a) Category	See Categories listed at the t	top of this schedul	ile) (b	<b>)</b> Description					
	OF EXPENDITURE		erage Expense			<u> </u>			plete Schedule T.		
						ш	ustin, TX, officeholder living expense  for EDO staff mtg				
						Di Caniast IOI		an my			
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	l ce sough	t		Office he	eld		
	expenditure to benefit C/O				- 3						
H	Date	Payee name									
	11/22/2024	Taco Pale									
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code						
	\$19.20	7805 N. 10		•							
		McAllen, T	X 78504								
	PURPOSE	(a) Category	See Categories listed at the t	top of this schedul	ile) (b	) Description					
	OF EXPENDITURE		erage Expense			Check if travel			plete Schedule T.		
						Check if Austin Breakfast for			expense		
						שובמגומטנ 101		sian miy			
	Complete ONLY if direct	Candidate/∩t	ficeholder name	Offic	ce sough	<u> </u>		Office he	eld		
	expenditure to benefit C/O			Oille	-0 00agii	-		J.1100 110	·· <del>· -</del>		

## 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	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 176/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	12/04/2024	Taco Palenque	
6	Amount (\$) \$8.42	7 Payee address; City; State; Zip Code 409 E. Trenton	
		Edinburg, TX 78539-9150	
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.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense  EDO staff lunch mtg
			LDO stan functi mig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	12/06/2024	Taco Palenque	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.20	7805 N. 10th St.	
		McAllen, TX 78504	
	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
			Breakfast for EDO staff mtg
			<b>.</b>
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/20/2024	Taco Palenque	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.31	7805 N. 10th St.	
		McAllen, TX 78504	
	PURPOSE OF	,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Breakfast for EDO staff mtg
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 177/204 Rpt:	FILER NAME     Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name	00013003
	11/18/2024	Target Online	
6	Amount (\$) \$88.92	7 Payee address; City; State; Zip Code 1000 Nicollet Mall	
_		Minneapolis, MN 55403	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consumables/supplies for EDO
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/03/2024	Target	
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 7400 N 10th Street	
		McAllen, TX 78504-7700	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consumables/supplies for EDO
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 07/30/2024	Payee name Target	
	Amount (\$) \$19.49	Payee address; City; State; Zip Code 7400 N 10th Street	
		McAllen, TX 78504-7700	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consumables for EDO
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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 t	this form.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 178/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	Payee name	•
	08/09/2024	Target	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.00	7400 N 10th Street	
		McAllen, TX 78504-7700	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			onsumables/supplies for EDO
_	Complete ONLY if direct	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/20/2024	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.27	7400 N 10th Street	
		McAllen, TX 78504-7700	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		C	onsumables for EDO
			0.100.110.000 10. 22 0
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	12/06/2024	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.84	7400 N 10th Street	
	700.0	. 100 11 2011 01 001	
		McAllen, TX 78504-7700	
	DUDDOCE		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	escription T Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees L	Check if Austin, TX, officeholder living expense
		Sı	upplies for EDO
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 179/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/18/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.80	7400 N 10th Street
		McAllen, TX 78504-7700
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Quinta Mazatlan gift drive for kids
		Quinta mazadan gili anvo for mao
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Date	Dougo nama
	08/22/2024	Payee name Texas A&M University Corpus Christi
		F :
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6300 Ocean Drive
		Corpus Christi, TX 78412-5503
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		2 tkts/State of the University
	Operation ONLY if allowed	Our didn't lotter had a marrie of the country of th
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/25/2024	Texas Democratic Alliance PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 181
		San Juan, TX 78589-0181
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		1/2 page ad/Noche de Unidad
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

## SCHEDULE F1

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

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

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	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 180/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805						
4	Date	5 Payee name						
	11/05/2024	Texas Department Of Public Safety Foundation						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	P.O. Box 830218						
		San Antonio, TX 78283-0218						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Candidate/Officeholder/Political Committee						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
_	Date	Payee name						
	07/19/2024	Texas Monthly						
		r						
	Amount (\$)	Payee address; City; State; Zip Code PO Box 1569						
	\$15.00							
		Austin, TX 78767-1569						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Digital Subscription						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	<b>y</b>						
_	Date	Payee name						
	08/02/2024	Texas Senate Democratic Caucus						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5,000.00	P.O. Box 1042						
		Austin, TX 78767-1042						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Caucus dues						
	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 -

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 181/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/02/2024	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	PO Box 12068
		Austin, TX 78711-2068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		3 gavels
		o garolo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	12/16/2024	Payee name Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code PO Box 12068
	\$700.00	PO B0X 12008
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		2025 Senate calendars
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
-	Date	Payee name
	12/23/2024	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 12068
	φ40.00	FO BOX 12000
		A
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gavel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee									Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 182/204 Rpt:	⊦	Hinojosa, Jua	an (The Honor	able)					00013805		
4	Date	5 P	Payee name									
	07/01/2024	т	he Affordab	le Attic II								
6	Amount (\$)	<b>7</b> P	Payee address; City; State; Zip Code									
	\$534.00	6	6304 N 10th Street									
		lκ	McAllen, TX	78504-3233								
8	PURPOSE	<u> </u>				1	(b)	Description				
ľ	OF	ı		Categories listed at ead/Rental Ex		nedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	`	J.1100 G VOITI	oaan tomai En	ропос			Check if Austin,	, TX,	officeholder living	g expense	
								3 mo. a/c stor	rag	е		
9	Complete ONLY if direct expenditure to benefit C/OH		andidate/Office	eholder name		Office sou	ght			Office h	eld	
	experiulture to beliefit C/Or	1										
	Date	Р	Payee name									
	10/01/2024	Т	he Affordab	le Attic II								
	Amount (\$)	Р	ayee address	s; City;	State	e; Zip Co	de					
	\$534.00	6	304 N 10th	Street								
		N	McAllen, TX	78504-3233								
	PURPOSE	(a) C	Category (See	Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE	ı		ead/Rental Ex				<u></u>			plete Schedule T.	
							<b>—</b>	Check if Austin, TX, officeholder living expense mo. a/c storage				
								3 1110. a/c 3101	ay	C		
_	Complete ONLY if direct	l Ca	andidate/Office	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O					<b>-</b>	9			000	0.0	
	Date		Dayoo nama									
	09/16/2024	l	Payee name The Ark									
	Amount (\$)		Payee address	s; City;	State	; Zip Co	do					
	\$120.00	l	.2960 Leopa	•	State	ε, <b>Σ</b> ιρ C0	ue					
	Ψ120.00	-	.2300 Lcopa	iu ot.								
		ے ا	Corpus Chris	ti, TX 78410-4	1510							
	DUDDOCE						(ls)	5				
	PURPOSE OF			Categories listed at // Donations M		hedule)	(D)	Description  Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE			ficeholder/Po		nittee		므		officeholder living		
								2 tkts Ark Gal	la			
L												
	Complete ONLY if direct		andidate/Office	eholder name		Office sou	ght			Office h	eld	
	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 Credit Card Payment			Fees Ol Food/Beverage Expense Pr Gift/Awards/Memorials Expense Pr Legal Services Sa	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Firiting Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 183/204 Rpt:	ı	Hinojosa, Juan (The Honorable)				00013805			
4	Date	5	Payee name							
L	11/27/2024	L	The Capital Grille							
6	Amount (\$) \$334.02		7 Payee address; City; State; Zip Code 117 W 4th Street  Austin, TX 78701-3914							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Food/Beverage Expense	(b)	_	TX,	de of Texas. Complete Schedule T. officeholder living expense JM			
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office	ce sought			Office held			
	Date		Payee name							
	08/05/2024		The Clay Pit							
	Amount (\$)	T	Payee address; City; State; Z	Zip Code						
	\$111.59		1601 Guadalupe Street							
			Austin, TX 78701-1212							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Food/Beverage Expense	le) (b)	<u> </u>	TX,	de of Texas. Complete Schedule T. officeholder living expense I staff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office	ce sough	: 	_	Office held			
	Date		Payee name							
	10/16/2024		The Clay Pit							
	Amount (\$) \$74.38		Payee address; City; State; Z 1601 Guadalupe Street	Zip Code						
			Austin, TX 78701-1212			_				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Food/Beverage Expense	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense I staff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office	ce sough			Office held			

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 184/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	11/22/2024	The Clay Pit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.29	1601 Guadalupe Street	
		Austin, TX 78701-1212	
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	
		LJM/staff lunch mtg	
		Low star tanon may	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/Ol		
	Date	Payee name	
	07/17/2024	The Dallas Morning News	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.06	1954 Commerce St	
	,,		
		Dallas, TX 75201-5205	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
Subscription			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/Ol		
L			
	Date	Payee name	
L	08/17/2024	The Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.06	1954 Commerce St	
		Dallas, TX 75201-5205	
	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.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Subscription	
L	Operation ON V. V. V.	Open Highest (Office health and an	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
ldash			

### 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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 185/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	09/17/2024	The Dallas Morning News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
		Dallas, TX 75201-5205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Cabsonption
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/17/2024	The Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
	Ψ02.00	1354 Commerce of
		Dallas, TX 75201-5205
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit eroi	
	Date	Payee name
	11/17/2024	The Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
		Dallas, TX 75201-5205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
1	Sch: 186/204 Rpt:	Hinojosa, Juan (The Honorable)  00013805
4	Date	5 Payee name
	12/17/2024	The Dallas Morning News
6	Amount (\$) \$32.06	7 Payee address; City; State; Zip Code 1954 Commerce St  Dallas, TX 75201-5205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	The Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1400 E Nolana Avenue
		McAllen, TX 78504-6111
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		1/4 page ad; early vote
		1. I page au, outly vote
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/26/2024	The Monitor
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1400 E Nolana Avenue
	25	
		McAllen, TX 78504-6111
	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 Check if Austin, TX, officeholder living expense  N.I.E. sponsorship-Pearson Elem.
		W.I.E. Sponsorship Carson Elem.
	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 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: 187/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/09/2024	The New York Times Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.28	620 8th Avenue
		New York, NY 10018-1618
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	08/06/2024	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.28	620 8th Avenue
		New York, NY 10018-1618
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name The New York Times Company
	09/04/2024	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.28	620 8th Avenue
		New York, NY 10018-1618
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Subscription
$\vdash$	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 188/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805					
4	Date	5 Payee name					
	09/29/2024	The New York Times Company					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$71.28	620 8th Avenue					
		New York, NY 10018-1618					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Subscription					
		Subscription					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
3	expenditure to benefit C/Ol						
	Date	Power name					
	10/27/2024	Payee name The New York Times Company					
	Amount (\$) \$71.28	Payee address; City; State; Zip Code 620 8th Avenue					
	Φ/1.20	020 oth Avenue					
		No. 70 L NV 40040 4040					
		New York, NY 10018-1618					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Subscription					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	11/26/2024	The New York Times Company					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$71.28	620 8th Avenue					
		New York, NY 10018-1618					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Subscription					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Orange to bottom of or						

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to com	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 189/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4 Date	5 Payee name	•
12/24/2024	The New York Times Company	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$71.28	620 8th Avenue	
	New York, NY 10018-1618	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		·
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	<sup>t</sup> H	
Date	Payee name	
10/01/2024	The New Yorker	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$179.99	P.O. Box 37653	
	Boone, IA 50037-0653	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		1yr. subsc. renewal
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	·H	
Date	Payee name	
07/01/2024	The Roaring Fork	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$48.97	701 Congress Avenue	
	Austin, TX 78701-3216	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description

Food/Beverage Expense

Candidate/Officeholder name

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Lunch Meeting/staff

### 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
Legal Services

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 190/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/10/2024	The Roaring Fork
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.64	701 Congress Avenue
		Austin, TX 78701-3216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch Meeting/staff
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorure to beriefit C/Of	
	Date	Payee name
	07/17/2024	The Roaring Fork
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.13	701 Congress Avenue
		Austin, TX 78701-3216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch Meeting/staff
		Lunch Weeting/Stan
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	David and the second se
	Date	Payee name The Voices Of The Colonies
	12/17/2024	The Voices Of The Colonias
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1330 S. 6th St.
L		Kingsville, TX 78363-6252
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

## 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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 191/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	08/27/2024	ThunderCloud
6	Amount (\$) \$21.94	7 Payee address; City; State; Zip Code 5401 Burnet Rd
	7==.0	5 10 <u>2 2 4 11 5 1 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 </u>
		Austin, TX 78756-1601
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
		Lunch for Capitol staff
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	ToGive International
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2500 Dicker Rd
		Hidalgo, TX 78557-3884
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	12/04/2024	Tributecenterstore.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.93	251 Progress Way
		Ste.100
		Waunakee, WI 53597-2520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Funeral plant-In mem. of J. Barros
	Complete ONLY if divert	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 192/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	12/10/2024	Tributecenterstore.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.93	251 Progress Way
		Ste.100
		Waunakee, WI 53597-2520
Ļ	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Funeral plant-In mem. of H.Garrett
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Š	expenditure to benefit C/O	
	Date	Payee name
	07/24/2024	Tuloso-Midway ISD Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	9760 LaBranch
		Corpus Christi, TX 78410-1538
	D. I.D. 205	· ·
	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
		2 tkts Foundation Luncheon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	10/17/2024	USLege, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1620 E. Riverside Dr
		#4069
		Austin, TX 78741-1028
	PURPOSE	(4) 2
	OF	(a) Category (See Categories listed at the top of this schedule)    Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 193/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		
	11/17/2024	USLege, Inc		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$1,000.00	1620 E. Riverside Dr		
		#4069		
		Austin, TX 78741-1028		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l abt	Office held
9	expenditure to benefit C/OI		ignt	Office field
	Data			
	Date	Payee name		
	12/17/2024	USLege, Inc		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,000.00	1620 E. Riverside Dr		
		#4069		
		Austin, TX 78741-1028		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Subscription
				·
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/02/2024	UTRGV Athletics		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,370.00	1201 W. Universtiy Dr		
		-		
		Edinburg, TX 78539-2909		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description
	OF	Fees	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. 555		Check if Austin, TX, officeholder living expense
				State Legislative Ste. season FB tkts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	experientale to belieff C/OI	'		

## SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 194/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	07/24/2024	United Corpus Christi Chamber of Commerce Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.00	602 N. Staples St.
		Ste.150
		Corpus Christi, TX 78401
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
		2 this state of the City
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantiale to belieff 6/01	
	Date	Payee name
	08/02/2024	United Corpus Christi Chamber of Commerce Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	602 N. Staples St.
		Ste.150
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		24 Fiornoxiii & Fondoxiii Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	08/02/2024	United Corpus Christi Chamber of Commerce Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.00	602 N. Staples St.
		Ste.150
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		2 tkts State of the Port
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Nages/	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 195/204 Rpt:	Hinojosa, Juan (The Hon	orable)				00013805		·
4	Date	Payee name							
	08/26/2024	United Corpus Christi Ch	amber of Commerce	Four	ıdation				
6	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$300.00	602 N. Staples St.							
		Ste.150							
		Corpus Christi, TX 78401							
8	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees					de of Texas. Comp		
					Membership (		officeholder living	expense	
					wembersiip (	uuc	.3		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	07/05/2024	United States Departmer	t of the Treasury						
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$893.39	PO Box 37941							
		Hartford, CT 06176							
	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
					Payroll tax py			expense	
	Payroll tax pyriit								
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	08/06/2024	United States Departmer	t of the Treasury						
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$893.39	PO Box 37941							
		Hartford, CT 06176							
	PURPOSE OF	a) Category (See Categories listed		(b)	Description				
	EXPENDITURE	Salaries/Wages/Contract	Labor		<b>-</b>		de of Texas. Comp officeholder living		
					Payroll tax py			expense	
					r dyron tax py				
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI			-					

## SCHEDULE F1

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

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

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

Credit Ca	ard Payment	The Instruction Guide explai	ns how to comp	lete this form.				
1 Total pag	ges Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission						
Sch:	196/204 Rpt:	Hinojosa, Juan (The Honorable)			00013805			
4 Date		5 Payee name						
08/13/2	.024	United States Department of the Tre	easury					
6 Amount	(\$)	7 Payee address; City; Sta	ate; Zip Code					
	\$1,199.67	PO Box 37941						
		Hartford, CT 06176						
8 PUR	POSE	(a) Category (See Categories listed at the top of this	schedule) (b)	Description				
	OF IDITURE	Salaries/Wages/Contract Labor	,	Check if travel outsi				
EXI EI	DITORL			Check if Austin, TX		j expense		
				Payroll tax pymt				
9 Complet	te ONLY if direct	Candidate/Officeholder name	Office sought		Office he			
	ture to benefit C/O		Office Sough		Office file	au .		
Doto								
Date 09/04/2	1024	Payee name United States Department of the Tre	ocur.					
		·						
Amount	• •		ate; Zip Code					
	\$893.39	PO Box 37941						
		Hartford, CT 06176						
	POSE OF	(a) Category (See Categories listed at the top of this	schedule) (b)	Description				
	IDITURE	Salaries/Wages/Contract Labor		Check if travel outsi				
				Payroll tax pymt		, - , -		
	te ONLY if direct	Candidate/Officeholder name	Office sought		Office he	əld		
expendit	ture to benefit C/O	4						
Date		Payee name						
10/03/2	2024	United States Department of the Tre	easury					
Amount	(\$)	Payee address; City; Sta	ate; Zip Code					
	\$1,152.75	PO Box 37941						
		Hartford, CT 06176						
PUR	POSE	(a) Category (See Categories listed at the top of this	schedule) (b	Description				
	OF IDITUDE	Salaries/Wages/Contract Labor	scriedule)	Check if travel outsi	ide of Texas. Com	plete Schedule T.		
EXPEN	IDITURE	, and the second		Check if Austin, TX		j expense		
				Payroll tax pymt				
0- 1:	- ONLY " "	Open distance (Office In al.)	045		0,,,	-1.1		
	te <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name	Office sought		Office he	∌iū		
Į								

## 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	omplete this form.
1 Total pages Schedule F	1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 197/204 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4 Date	5 Payee name	<u> </u>
11/05/2024	United States Department of the Treasury	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,152.7	75 PO Box 37941	
	Hartford, CT 06176	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Payroll tax pymt
9 Complete ONLY if direc	t Candidate/Officeholder name Office so	ught Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C		ugnt Onice neid
	T	
Date	Payee name	
12/03/2024	United States Department of the Treasury	<del>-</del>
Amount (\$)	Payee address; City; State; Zip C	ode
\$893.3	PO Box 37941	
	Hartford, CT 06176	
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
		Payroll tax pymt
Complete ONLY if direct	t Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C		
Date	Payee name	
12/20/2024	United States Department of the Treasury	
Amount (\$)	Payee address; City; State; Zip C	ode
\$15,979.5		
¥==,=:		
	Hartford, CT 06176	
DUDDOCE		(h) Description
PURPOSE OF	(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.
EXPENDITURE	Salaties/wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Payroll tax pymt
Complete ONLY if direct		ught Office held
expenditure to benefit C	JOH	

#### 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	
_	Total marca Cabadula E1.	2 Files ID (Ethics Commission Files)
1	Total pages Schedule F1: Sch: 198/204 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name
	10/21/2024	Ureste, Selma
6	Amount (\$) \$250.00	<ul><li>7 Payee address; City; State; Zip Code</li><li>1112 Vista Hermosa</li></ul>
		Edinburg, TX 78539-6526
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  Check if Austin, TX, officeholder living expense  Donation-BBQ cook-off
		Bolliation BBQ cook on
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/02/2024	Valley International Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	3002 Heritage Way
		Harlingen, TX 78550-3623
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Airport parking-JJH
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2024	Walgreens Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	200 Wilmot Rd
		Deerfield, IL 60015-4620
	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
		Consumables for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 199/204 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	09/04/2024	Walgreens	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.27	1920 E. Riverside Dr	
		Austin, TX 78741-1342	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Consumables for Cap. office	
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	09/13/2024	Walgreens	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.61	1520 S Mccoll Road	
		Edinburg, TX 78539-8832	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Consumables for EDO	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Dete		—
	Date	Payee name Walmart Online	
	07/30/2024		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$183.35	702 SW 8th St.	
		Bentonville, AR 72716-6209	
	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	Check if Austin, TX, officeholder living expense	
		Consumables/supplies for EDO	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

## SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 200/204 Rpt:	FILER NAME     Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 08/12/2024	5 Payee name Walmart Online	<u> </u>
6	Amount (\$) \$12.06	7 Payee address; City; State; Zip Code 702 SW 8th St.	
8	PURPOSE OF EXPENDITURE	Bentonville, AR 72716-6209  (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  Supplies for EDO
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/21/2024	Payee name Walmart Online	
	Amount (\$) \$67.74	Payee address; City; State; Zip Code 702 SW 8th St.  Bentonville, AR 72716-6209	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consumables/supplies for EDO
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/10/2024	Payee name Walmart Online	
	Amount (\$) \$138.98	Payee address; City; State; Zip Code 702 SW 8th St.	
		Bentonville, AR 72716-6209	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Consumables/supplies for EDO
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 201/204 Rpt: Hinojosa, Juan (The Honorable) 00013805 4 Date Payee name 10/15/2024 Walmart Online 6 Amount (\$) Payee address; City; State; Zip Code \$130.36 702 SW 8th St. Bentonville, AR 72716-6209 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consumables for EDO Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2024 West Oso ISD Foundation Amount (\$) Payee address; City; State; Zip Code \$150.00 5350 Bear Ln Corpus Christi, TX 78405-4101 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee 2 tkts-State of the District luncheon Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2024 Wicho's Tacos Amount (\$) Payee address: City: State; Zip Code \$39.36 105 US 77 Robstown, TX 78380 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CCDO staff lunch mtg w/constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 202/204 Rpt:	Hinojosa, J	luan (The Honorable)					00013805	
4	Date	5 Payee name	)						
	07/22/2024	Williams, R	RD						
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	State; Zip Co	ode				
	\$2,600.00	8373 Distin	nctive Dr						
		San Diego,	CA 92108-2600						
8	PURPOSE OF	(a) Category (S	See Categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE	Office Over	rhead/Rental Expense			=		de of Texas. Comp	
						X Check if Austin,  JJH apt	, ιλ,	officeholder living	слреное
						- 3 wp t			
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	l Jaht			Office hel	d
Ĺ	expenditure to benefit C/OI				-9·11				
	Date	Payee name							
	08/22/2024	Williams, R	RD						
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode				
	\$2,600.00	8373 Distin	nctive Dr						
		San Diego,	CA 92108-2600						
	PURPOSE OF		See Categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE	Office Over	rhead/Rental Expense			<b>-</b>		de of Texas. Comp officeholder living	
						JJH apt	, ./		
						- 17.			
H	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	<u>I</u> ight			Office hel	d
	expenditure to benefit C/OI				_				
$\vdash$	Date	Payee name	1						
	09/20/2024	Williams, R							
		Payee addre		State; Zip Co	nde				
	Amount (\$) \$2,600.00	8373 Distin		oiaie, ZIP C(	Jue				
	\$∠,000.00	osis distili	icuve Di						
		San Diego,	CA 92108-2600						
	PURPOSE	(a) Category (s	See Categories listed at the top of the	nis schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense	,		Check if travel of		de of Texas. Comp	
	LAFENDITURE		·			_	, TX,	officeholder living	expense
						JJH apt			
					Ļ				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office hel	d
	onponditure to beliefft G/Of	•							

## 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	Committee Legal Services Salaries/Wages/Contrac  The Instruction Guide explains how to complete this		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID	(Ethics Commission Filers)
	Sch: 203/204 Rpt:	Hinojosa, Juan (The Honorable)		00013805	
4	Date	5 Payee name			
	10/21/2024	Williams, RD			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,600.00	8373 Distinctive Dr			
		San Diego, CA 92108-2600			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription		
	OF EXPENDITURE	onice overnedd/Nerida Experide		itside of Texas. Com	
		<u> x </u> <sup>Che</sup>   JJH a		ΓX, officeholder living	expense
		33116	αρι		
_	Operation ONLY if allowed	Out distant 10ff on held out on the		06:	.1.1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	11/20/2024	Williams, RD			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,600.00	8373 Distinctive Dr			
	Ψ2,000.00	oor o Bistiliotive Bi			
		San Diego, CA 92108-2600			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription		
	OF EXPENDITURE	Office Overficad/Nertial Expense		itside of Texas. Com	
		X Chi   JJH a		ΓX, officeholder living	expense
		33116	αρι		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
	expenditure to benefit C/O			Office fic	, iu
_	Data				
	Date	Payee name			
	12/13/2024	Williams, RD			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,600.00	8373 Distinctive Dr			
		San Diego, CA 92108-2600			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription		
	OF EXPENDITURE	Office Overficacintental Expense		itside of Texas. Com	
				ΓX, officeholder living	expense
		JJH a	αμι		
_	Commission ONU V If allows	Candidate/Officeholder name		Office	.la
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office he	eiu

## SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	nmittee	Legal Servic	Memorials Expe			kpense /ages/	Contract Labor		Travel in Distric Travel Out of Di OTHER (enter a		·)
1	Total pages Schedule F1:									3	Filer ID	(Ethics Commission	Filers)
L	Sch: 204/204 Rpt:		Hinojosa, J		Honorable	e) 					00013805		
4	Date		Payee name										
L	09/03/2024		Zara On Th				_						
6	Amount (\$)	ı	Payee addre		ty;	State;	Zip Co	de					
	\$14.93		601 N. IH 3	55									
			Austin, TX	78702-32	02								
8	PURPOSE OF		Category (S			p of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beve	rage Expe	ense						de of Texas. Con officeholder livin	plete Schedule T.	
									Travel dinne			у схрензе	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	ficeholder r	name	0	Office sou	ght			Office h	eld	

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)								
Sch: 1/25 Rpt:	Hinojosa, Juan (Th	00013805							
4 CREDIT CARD ISSUER		ncial institution NC	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$299.74	(b) Date of Charge 12/22/2024	(c) Date(s) Credit Card Issue 12/31/2024	r Paid					
7 PAYEE	(a) Payee name Sam's Club		(b) Payee address; 7601 N. 10th	City,	State,	Zip Code			
	( ) 2 :		McAllen, TX 78504						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Consumables for Quinta I	Mazatlan event					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 07/05/2024	(c) Date(s) Credit Card Issue 08/02/2024	r Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	The Washington Po	ost	1301 K. Street NW						
			Washington, DC 20071-0004						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Subscription						
X Political Non-Political	( ) T		<u> </u>						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  De sought  Office held						
Complete ONLY if direct expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Issue 12/31/2024	r Paid					
PAYEE	(a) Payee name  The Dallas Morning News		(b) Payee address; 1954 Commerce St Dallas, TX 75201-5205	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Subscription						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission F					
Sch: 2/25 Rpt:	Hinojosa, Juan (The	e Honorable)	00013805					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD	\$				
6 PAYMENT	(a) Amount Charged \$402.97	(b) Date of Charge 12/06/2024	(c) Date(s) Credit Card 12/31/2024	I Issuer Paid				
7 PAYEE	(a) Payee name  South Texas Buick	GMC	(b) Payee address; City, State, Zip Code 4220 W. Expy 83  McAllen, TX 78501-3033					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Transmission work (	on lease vehicle				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder living e	xpense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 12/11/2024	(c) Date(s) Credit Card 12/31/2024	l Issuer Paid				
PAYEE	PAYEE (a) Payee name  Google			(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Gmail storage					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 12/18/2024	(c) Date(s) Credit Card 12/31/2024	l Issuer Paid				
PAYEE	E (a) Payee name  Foreign Policy Magazine			(b) Payee address; City, State, Zip Code 1750 Pennsylvania Ave., NW Suite 200 Washington, DC 20006-4508				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Subscription					
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Au e sought	ıstin, TX, officeholder living e Office held	xpense			

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 3/25 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 12/22/2024	(c) Date(s) Credit Card Issue 12/31/2024	er Paid
7 PAYEE	(a) Payee name  The Washington Po	ost	(b) Payee address; 1301 K. Street NW Washington, DC 20071-0	City, State, Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 07/04/2024	(c) Date(s) Credit Card Issue 08/02/2024	er Paid
PAYEE	PAYEE (a) Payee name  The Dallas Morning News			City, State, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Dallas, TX 75201 (b) Description Subscription	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
PAYMENT	(a) Amount Charged \$54.00	(b) Date of Charge 07/16/2024	(c) Date(s) Credit Card Issue 08/02/2024	er Paid
PAYEE	(a) Payee name  National Geographi	ic Magazine	(b) Payee address; PO Box 63002 Tampa, FL 33663-3002	City, State, Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription	
Non-Political  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, TX e sought	(, officeholder living expense Office held

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)			
	Sch: 4/25 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s	\$					
6	PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 07/18/2024	(c) Date(s) Credit C 08/02/2024	ard Issuer	Paid					
7	PAYEE	(a) Payee name  Foreign Policy Mag	azine	(b) Payee address; 1750 Pennsylvar Suite 200 Washington, DC	nia Ave., N		State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, o	fficeholder living exp	ense				
	Complete ONLY if direct candidate/Officeholder name Officeholder of the expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 07/20/2024	(c) Date(s) Credit C 08/02/2024	ard Issuer	Paid					
	PAYEE	(a) Payee name  The New York Time	es Company	(b) Payee address; 620 8th Avenue New York, NY 10		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Subscription							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, o	fficeholder living exp	ense				
ε	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$38.41	(b) Date of Charge 08/17/2024	(c) Date(s) Credit C 09/03/2024	ard Issuer	Paid					
	PAYEE	Marine Corps League-RGV		(b) Payee address; P.O. Box 532620 Harlingen, TX 78	)	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense			(b) Description Membership due	s						
L	Non-Political	of Texas. Complete Schedule T.		if Austin, TX, o	officeholder living exp	ense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 5/25 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$							
6 PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 08/20/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid							
7 PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City, State, Zip Code							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description New York Times subscrip	ition							
Non-Political	`	of Texas. Complete Schedule T.		officeholder living expense							
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss			Office held							
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 08/25/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid							
PAYEE	Apple		(b) Payee address; City, State, Zip of 1 Infinite Loop  Cupertino, CA 95014-2083								
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description AppleNews+ subscription								
Non-Political	· · · —	of Texas. Complete Schedule T.	<u></u>								
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 08/25/2024	(c) Date(s) Credit Card Issue 09/03/2024	r Paid							
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City, State, Zip Code							
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description  JJH iPad storage								
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held							
	<b>'</b>										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)				
Sch: 6/25 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 09/04/2024	(c) Date(s) 10/02/202	Credit Card Issuel 24	r Paid						
7 PAYEE	(a) Payee name  The Dallas Morning	j News	(b) Payee a 1954 Con Dallas, TX		City,	State,	Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descripti	tion							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D (1 (10)	1() 5 ( ()	0 1: 0 11	5 : 1						
PAYMENT	(a) Amount Charged \$64.94	(b) Date of Charge 09/20/2024	(c) Date(s) 10/02/202	Credit Card Issue 24	r Paid						
PAYEE	Apple 1 Infinite Loo				City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description San Antonio Express News subscription								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						
PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 09/25/2024	(c) Date(s) 10/02/202	Credit Card Issuei 24	r Paid						
PAYEE	(a) Payee name Apple		(b) Payee a 1 Infinite I Cupertino		City,	State,	Zip Code				
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE  (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Wall St. Journal subsc			ournal subscripti							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						
I											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 7/25 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$2.99	09/25/2024	10/02/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Apple		1 Infinite Loop								
			Cupertino, CA 95014-2	083							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
X Political	Office Overhead/Ren	· ·	iPad storage								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held							
expenditure to benefit C/OH											
			(c) Date(s) Credit Card Iss	uer Paid							
	\$142.37	10/05/2024	11/01/2024								
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Grease Monkey #7	51	4515 N. 10th St.								
	Grease Morney #1	31	McAllen, TX 78504-290	09							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Maintenance on JJH lease vehicle								
X Political		tai Experied									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid							
	\$78.72	10/07/2024	11/01/2024								
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code					
			2316 N. 10th St.								
	Green Beret, LLC										
			McAllen, TX 78501								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top	,	Veteran patches and st	ickers for constitu	uents						
X Political	X Political Gift/Awards/Memorials Expense										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held							
expenditure to benefit C/OH	<u> </u>										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 8/25 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 10/11/2024	(c) Date(s) C 11/01/2024	Credit Card Issuer 4	Paid					
7	PAYEE	(a) Payee name  Google			hitheatre Parkw		State,	Zip Code			
Ļ	DUDDOOF OF	(a) Catagon			/iew, CA 94043	·					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti Gmail stora							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	osimpioto <u>orizi</u> ii umost			e sought		Office held					
Ŀ	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 10/20/2024	(c) Date(s) 0 11/01/2024	Credit Card Issuer 4	Paid					
	PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code			
		Apple		1 Infinite L	оор						
L				1	CA 95014-208	3					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descripti New York	on Times subscript	tion					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TX	officeholder living exp	nense				
H	Complete ONLY if direct	Candidate/Officeholder		e sought	_ check in 7 tacking 175,	Office held					
6	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 10/25/2024	(c) Date(s) C 11/01/2024	Credit Card Issuer 4	Paid					
Г	PAYEE	(a) Payee name	ı	(b) Payee ad	ddress;	City,	State,	Zip Code			
		Apple		1 Infinite L	oop						
1				Cupertino,	CA 95014-208	3					
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Descripti iPad storaç							
	Non-Political	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)					
Sch: 9/25 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$19.99	10/21/2024	12/02/2024							
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, St	ate, Zip Code					
	Foreign Policy Mag	azine	1750 Pennsylvania Ave., Suite 200 Washington, DC 20006-4							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Subscription							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$166.61	12/27/2024	12/31/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City, St	ate, Zip Code					
	Marshall's		1201 Barbara Jordan Blvd	d						
			Austin, TX 78723							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Supplies for JJH apt							
X Political	Office Overhead/Rent	iai Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. X Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$2,705.16	(b) Date of Charge 12/27/2024	(c) Date(s) Credit Card Issue 12/31/2024	r Paid						
PAYEE	(a) Payee name	I	(b) Payee address;	City, St	ate, Zip Code					
			5403 N. IH 35	<b>3</b> /	•					
	Mattress Firm		Capital Plaza							
			Austin, TX 78723							
PURPOSE OF	(a) Category		(b) Description		-					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Mattress for JJH Austin a	pt						
X Political	Office Overfiead/Nerii	tai Experise								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule			officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
•										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete th	nis form.		,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 10/25 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 07/11/2024	(c) Date(s) 0 08/02/202	Credit Card Issuer 24	Paid		
7	PAYEE	(a) Payee name Google			ddress; bhitheatre Parkw View, CA 94043		State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Gmail stor	rage			
	Non-Political	(c) Silver in the vertical configuration of the vertical configura				officeholder living exp	ense	
<b>9</b> e	Complete ONLY if direct expenditure to benefit C/OH	name Office	sought		Office held			
	PAYMENT	(a) Amount Charged \$60.42	(b) Date of Charge 07/18/2024	(c) Date(s) ( 08/02/202	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
		Barrel House Kitchen & Bar		1927 S. To	ourist Dr.			
				Edinburg,	TX 78539-6190			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description  JJH lunch meeting with constituents.				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder		sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 07/24/2024	(c) Date(s) 0 08/02/202	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Apple		1 Infinite L	∟оор			
L				Cupertino	, CA 95014-208	3		
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Descript The Wall S	tion St. Journal subs	cription		
X Political Since Overhead/Kental Expense								
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi				officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	fice sought Office held				

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 11/25 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$						
6 PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 07/25/2024	(c) Date(s) Cred 08/02/2024	dit Card Issuer	Paid						
7 PAYEE	(a) Payee name Apple		(b) Payee addre 1 Infinite Loop Cupertino, CA	0	City,	State,	Zip Code				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description AppleNews+								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX, o	officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	e to benefit C/OH				Office held						
PAYMENT	\$2.99 07/25/2024			dit Card Issuer	Paid						
PAYEE	(a) Payee name Apple		(b) Payee addro	0	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description iPad storage	1000112000							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 08/04/2024	(c) Date(s) Cred 09/03/2024	dit Card Issuer	Paid						
PAYEE	(a) Payee name  The Dallas Morning	j News	(b) Payee addre 1954 Comme Dallas, TX 75	rce St	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE    X   Political	EXPENDITURE (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense										
Non-Political	`	of Texas. Complete Schedule T.		heck if Austin, TX, o	officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)			
	Sch: 12/25 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$177.94	(b) Date of Charge 08/28/2024	(c) Date(s 09/03/20	) Credit Card Issue 124	r Paid					
7	PAYEE	(a) Payee name  Costa Messa			address; 10th Street TX 78504-2702	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descri		constituents.					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living ex	pense				
	9 Complete ONLY if direct expenditure to benefit C/OH  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Ca				Office held						
	PAYMENT	(a) Amount Charged \$97.41	(b) Date of Charge 09/07/2024	(c) Date(s 10/02/20	) Credit Card Issue 124	r Paid					
	PAYEE	Apple 1 Infinite Loop			City,	State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Cupertino, CA 95014-2083  (b) Description  The Week online subscription							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	, officeholder living ex	pense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 09/11/2024	(c) Date(s 10/02/20	) Credit Card Issue )24	r Paid					
	PAYEE	(a) Payee name Google	•		address; aphitheatre Parkv a View, CA 94043		State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Descri Gmail st	orage						
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political (c) Check if travel outside of Texas. Complete Schedule T				Check if Austin, TX,	officeholder living ex	pense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
ı											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
l	Sch: 13/25 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$					
6	PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 09/25/2024	(c) Date(s) Cri 10/02/2024	edit Card Issuer	Paid					
7	PAYEE	(a) Payee name Apple		(b) Payee add	op	City,	State,	Zip Code			
Ļ		( ) 0 :		<u> </u>	CA 95014-2083	3					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description AppleNews	n - subscription						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
	9 Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  (a) Amount Charged (b) Date of (c)			e sought		Office held					
	PAYMENT	(a) Amount Charged \$41.73	(b) Date of Charge 10/01/2024	(c) Date(s) Cr 11/01/2024	edit Card Issuer	Paid					
	PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code			
		Lowe's		5700 N 10th	n Street						
L				McAllen, TX 78504-2666							
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Supplies for	n poll workers						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense							
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oncok ii 7 tastiii, 174,	Office held					
€	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 10/04/2024	(c) Date(s) Cro 11/01/2024	edit Card Issuer	Paid					
Г	PAYEE	(a) Payee name	•	(b) Payee add	lress;	City,	State,	Zip Code			
		The Dallas Morning	g News	1954 Comm	erce St						
L				Dallas, TX 7	5201-5205						
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		*	(b) Description Subscription							
	District Deliving				Chock if Augstin TV	officeholder living access	oneo				
_ e	Complete ONLY if direct expenditure to benefit C/OH	(c) L Check if travel outside Candidate/Officeholder	<u> </u>	e sought	Check II Austin, TX, (	officeholder living expe	ense				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

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

Candidate/Officeholder/Politica	ŭ			THER (enter a catego	ry not listed at	oove)
		ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 14/25 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	\$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$12.79	10/25/2024	12/02/2024			
	Ψ12.73	10/23/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(a) i ay so mame		1301 K. Street NW	C.1.),	Otato,	p
	The Washington Po	ost	1501 K. Street WV			
			Washington, DC 20071-00	004		
8 PURPOSE OF	(a) Category		(b) Description	004		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Subscription			
X Political	Office Overhead/Ren	tal Expense	Cabonipuon			
			<u> </u>			
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$21.64	11/20/2024	12/02/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	A I .		1 Infinite Loop			
	Apple					
			Cupertino, CA 95014-208	3		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		New York Times subscrip	tion		
X Political	Office Overflead/Neth	lai Experise				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	oense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		. ,	12/02/2024			
	\$35.71	11/25/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
.,	(a) Fayee name		1 Infinite Loop	City,	State,	Zip Code
	Apple		I millille Loop			
			Cupartina CA 05014 200	2		
DUDDOCE OF	(a) Category		Cupertino, CA 95014-208 (b) Description	<u>ა</u>		
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Wall St. Journal subscript	ion		
l <u> </u>	Office Overhead/Ren		vvan St. Sournai Subscripti	1011		
X Political						
Non-Political	` <b>_</b>	of Texas. Complete Schedule T.	<b>—</b>	officeholder living exp	oense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME			;	3 Filer ID (Ethics	s Commiss	sion Filers)			
	Sch: 15/25 Rpt:	Hinojosa, Juan (Th	e Honorable)		ŀ	00013805					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURE CHARGED TO A CARD	:S	\$					
6	PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 11/25/2024	(c) Date(s) Credit C 12/02/2024	Card Issuer	Paid					
7	PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop  Cupertino, CA 95		City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description AppleNews+ sub							
	X Political	Office Overhead/Ren	lai Experise								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	t if Austin, TX, o	fficeholder living expe	nse				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	name Office	e sought		Office held						
	PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 11/25/2024	(c) Date(s) Credit C 12/02/2024	Card Issuer I	Paid					
	PAYEE	E (a) Payee name Apple			5014-2083	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Cupertino, CA 95 (b) Description iPad storage	3014-2003						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	if Austin, TX, of	fficeholder living expe	nse				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 12/20/2024	(c) Date(s) Credit ( 12/31/2024	Card Issuer I	Paid					
	PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95		City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	TURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			subscripti	on					
L	Non-Political	of Texas. Complete Schedule T.		if Austin, TX, of	fficeholder living expe	nse					
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics C	Commiss	ion Filers)	
Sch: 16/25 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 12/24/2024	(c) Date(s) Credit Card Issuel 12/31/2024	Paid			
7 PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop			Zip Code	
	(a) Catamani		Cupertino, CA 95014-208	3			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Wall St. Journal subscripti	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 12/25/2024	(c) Date(s) Credit Card Issuel 12/31/2024	<sup>r</sup> Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Apple		1 Infinite Loop				
			Cupertino, CA 95014-2083				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description AppleNews+ subscription				
X Political Non-Political	() <b>—</b>						
	`	of Texas. Complete Schedule T.		officeholder living expens	е		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held			
PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 12/25/2024	(c) Date(s) Credit Card Issuer 12/31/2024	<sup>-</sup> Paid			
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	<b>,</b>	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description iPad storage				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 17/25 Rpt:	Hinojosa, Juan (The Honorable)			00013805			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$75.24	(b) Date of Charge 12/29/2024	(c) Date(s) 12/31/20	Credit Card Issuer 24	r Paid		
7 PAYEE	(a) Payee name  Grease Monkey #7	51	(b) Payee 4515 N. 2	10th St.	City,	State,	Zip Code
0. PURPOSE OF	(a) Category		(b) Descrip	TX 78504-2909			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Reni		1 ` ′ '	ince on lease veh	nicle		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	(a) A	(h) Data at Obania	(-) D-+-(-)	One dis One di Innere	- D-1-1		
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 07/30/2024	08/02/20	Credit Card Issuer 24	r Pala		
PAYEE	(a) Payee name  Republic Parking System			entennial Blvd	City,	State,	Zip Code
DUDDOOF OF	(a) Catagoni			TX 78503-3184			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip	arking for JJH			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held		
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 08/02/2024	(c) Date(s) 09/03/20	Credit Card Issuer 24	r Paid		
PAYEE	(a) Payee name  The Washington Po	ost		address; Street NW ton, DC 20071-00	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Descrip				
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 18/25 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 08/02/2024	(c) Date(s 09/03/20	) Credit Card Issue )24	r Paid		
7	PAYEE	(a) Payee name Apple		(b) Payee 1 Infinite Cupertin		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 08/11/2024	(c) Date(s 09/03/20	) Credit Card Issue )24	r Paid		
	PAYEE	Google		address; nphitheatre Parkw n View, CA 94043	-	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri		<b>)</b>		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 08/18/2024	(c) Date(s 09/03/20	) Credit Card Issue )24	r Paid		
	PAYEE	(a) Payee name  Foreign Policy Mag	azine	(b) Payee address; 1750 Pennsylvania Ave., N Suite 200 Washington, DC 20006-45			State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri Subscrip				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
Sch: 19/25 Rpt:	Hinojosa, Juan (The Honorable)			00013805						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/03/2024	r Paid						
	\$35.71	08/24/2024	09/03/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
	Apple		1 Infinite Loop							
	(a) Catagoni		Cupertino, CA 95014-208	3						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Wall St. Journal subscript	ion						
X Political	Office Overhead/Rent	tal Expense	wall St. Journal subscript	IOH						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 09/03/2024	r Paid						
	\$69.06	08/21/2024	09/03/2024							
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code						
	El Divino		5001 N 10th Street							
			McAllen, TX 78504-2833							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		JJH dinner meeting							
X Political	Food/Beverage Expe	iise								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D (1 (10)	1() 5 : () 6 : 11 6 : 11	D.:1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 10/02/2024	r Paid						
	\$12.79	08/30/2024								
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code						
	The Washington Po	ost	1301 K. Street NW							
			Washington, DC 20071-0	004						
PURPOSE OF	(a) Category	(1)	(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Subscription							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.		,		
1 Total pages Schedule F4:		3 Filer ID (Ethics Commiss	sion Filers)				
Sch: 20/25 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Issue 10/02/2024	r Paid			
7 PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop	City, State,	Zip Code		
	( ) -		Cupertino, CA 95014-208	33			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description New York Times subscription			otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card Issue 11/01/2024	r Paid			
PAYEE	Foreign Policy Magazine		(b) Payee address; City, State, Zip Code 1750 Pennsylvania Ave., NW Suite 200 Washington, DC 20006-4508				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issue 11/01/2024	r Paid			
PAYEE	(a) Payee name  The Washington Po	ost	(b) Payee address; 1301 K. Street NW Washington, DC 20071-0	City, State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	nges Schedule F4: 2 FILER NAME 3				3 Filer ID (Ethics Commission Filers)			
	Sch: 21/25 Rpt:	Hinojosa, Juan (The Honorable)			00013805				
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$30.91	(b) Date of Charge 10/01/2024	(c) Date(s) C 11/01/2024	redit Card Issuer I	r Paid			
7	PAYEE	(a) Payee name  Bar B Cutie		(b) Payee ad 7517 N. 10	th St.	City,	State,	Zip Code	
Ļ	DUDDOOF OF	(a) Category		McAllen, T					
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		(b) Description Consumables for poll workers					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$127.79	(b) Date of Charge 10/04/2024	(c) Date(s) C 11/01/2024	redit Card Issuer I	r Paid			
	PAYEE	(a) Payee name	•	(b) Payee address; City,		City,	State,	Zip Code	
				1800 Owens St.					
L				San Francisco, CA 94158-2388					
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder		e sought	Check ii Addini, 17,	Office held	icrisc		
€	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 10/24/2024	(c) Date(s) C 11/01/2024	redit Card Issuer I	r Paid			
	PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
		Apple		1 Infinite Loop					
L					CA 95014-208	3			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Wall St. Jou	on urnal subscripti	ion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense		
E	Non-Political   (c)								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Co	mmission F	Filers)
Sch: 22/25 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 10/25/2024	(c) Date(s) Credit Card Issuel 11/01/2024	r Paid		
7 PAYEE	(a) Payee name Apple	1 Infinite Loop			tate, Zip	p Code
0. DUDDOOF OF	(a) Catagony		Cupertino, CA 95014-208	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description AppleNews+ subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issuel 12/02/2024	r Paid		
PAYEE	The Dallas Morning News		(b) Payee address; 1954 Commerce St Dallas, TX 75201-5205	City, Si	tate, Zip	p Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 11/11/2024	(c) Date(s) Credit Card Issuer 12/02/2024	r Paid		
PAYEE	(a) Payee name Google		(b) Payee address; 1600 Amphitheatre Parkw Mountain View, CA 94043	vay	tate, Zip	p Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	· ·	(b) Description Gmail storage			
Non-Political	(1)	of Texas. Complete Schedule T.	_	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.		,		
1 Total pages Schedule F4:	3 Filer ID (Ethics Commission Filers)						
Sch: 23/25 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$67.02	(b) Date of Charge 11/27/2024	(c) Date(s) Credit Card Issue 12/02/2024	r Paid			
7 PAYEE	(a) Payee name  Green Beret, LLC		(b) Payee address; 2316 N. 10th St.	City, State,	Zip Code		
	() 5		McAllen, TX 78501				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description  Veteran patches and stick	kers for constituents			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 11/18/2024	(c) Date(s) Credit Card Issue 12/31/2024	r Paid			
PAYEE	Foreign Policy Magazine		(b) Payee address; City, State, Zip Code 1750 Pennsylvania Ave., NW Suite 200 Washington, DC 20006-4508				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issue 12/31/2024	r Paid			
PAYEE	(a) Payee name  The Washington Po	ost	(b) Payee address; 1301 K. Street NW Washington, DC 20071-0	City, State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 24/25 Rpt:	Hinojosa, Juan (The Honorable)			00013805					
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$447.96	12/01/2024	12/04/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,					
	Southwest Airlines		P.O. Box 36647 - 1CR						
			Dallas, TX 75235						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	win to Callage Station f					
X Political	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	JJH flight to Houston for t and events.	rip to College Station i	or meetings				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 12/31/2024	r Paid					
	\$19.36	07/30/2024	12/31/2024						
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Delta Airlines		1030 Delta Blvd.						
			Atlanta, GA 30354						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Travel Out of District	of this seriedate)	Boarding upgrade.						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$19.36	10/10/2024	12/31/2024						
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State,	Zip Code				
	Dalla At Itaa		1030 Delta Blvd.						
	Delta Airlines								
			Atlanta, GA 30354						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	at to Augstin					
<u> </u>	Travel Out of District	or time estricularly	Boarding upgrade for fligh	it to Austin.					
X Political									
Non-Political		of Texas. Complete Schedule T.		, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	edule F4: 2 FILER NAME 3				3 Filer ID (Ethics Commission Filers)		
	Sch: 25/25 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNI EXPENDITURE CHARGED TO CARD	S	\$		
6	PAYMENT	(a) Amount Charged \$19.36	(b) Date of Charge 11/21/2024	(c) Date(s) Credit ( 12/31/2024	Card Issuer	Paid		
7	PAYEE	(a) Payee name  Delta Airlines		(b) Payee address 1030 Delta Blvd.		City,	State,	Zip Code
8	PURPOSE OF	(a) Category		Atlanta, GA 3039 (b) Description	54			
	EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Boarding upgrad	le for fligh	t to Austin.		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX,	officeholder living ex	oense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$3,305.44	(b) Date of Charge 12/01/2024	(c) Date(s) Credit ( 12/04/2024	Card Issuer	Paid		
	PAYEE	(a) Payee name		(b) Payee address	,	City,	State,	Zip Code
		Texas A&M Hotel &	Conference	177 Joe Routt Blvd				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	College Station, (b) Description Lodging for JJH			events	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX,	officeholder living ex	oense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$318.95	(b) Date of Charge 12/01/2024	(c) Date(s) Credit ( 12/04/2024	Card Issuer	Paid		
	PAYEE	(a) Payee name  Enterprise Rent A (	Car	(b) Payee address; 8601 Panair Street Houston, TX 77061		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description  Car Rental for JJH Trip to College Station for meetings and events.			etings and	
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX,	officeholder living ex	pense	
E	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 275/275 2 FILER NAME Filer ID (Ethics Commission Filers) Hinojosa, Juan (The Honorable) 00013805 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/31/2024 Hinojosa, Juan (Sen.) \$1,141.73 6 Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539 Purpose for which amount is received Check if political contribution returned to filer Reimbursement for fuel receipts associated with a voucher Name of person from whom amount is received Amount (\$) Date 08/20/2024 Lone Star National Bank \$2,663.19 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78501 Purpose for which amount is received Check if political contribution returned to filer Interest earned Date Name of person from whom amount is received Amount (\$) 11/20/2024 Lone Star National Bank \$2,696.76 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78501 Purpose for which amount is received Check if political contribution returned to filer Interest earned