CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00054318	,	2 Total pages	filed: 10
3 CANDIDATE /	MS / MRS / MR	FIRST	1 2000 1020	MI		
OFFICEHOLDER	The Honorable	Abel				USE ONLY
NAME		ADEI			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/08/2025	
		Herrero		00111/		
		Henelo				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	-Y;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 2923					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78403					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Myra K.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Morris				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	r / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	802 N. Carancahua					
ADDRE33	Frost Bank Building, Suite	1300				
(Residence or Business)	Corpus Christi, TX 78401					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER	(361) 884-8808 x214		EXTENSION			
PHONE	(301) 004-0000 X214					
0 DEDODT						
8 REPORT TYPE				D	1 15th days after 1	
	X January 15	30th day before		Runoff		campaign treasurer officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (A	ttach C/OH-FR)
				reporting limit]	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	Т	HROUGH	12/31/2024		
	01101/2024			12/31/2024	+	
10 ELECTION	ELECTION DATE				— — —	
	Month Day Year		Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Dist	rict 34				
		GO 1	FO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us	S	Ver	sion V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 10

13 C / OH NAME	Herrero, Abel (The H	onorable)	14 Filer ID (00054318				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	he candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THAI		1			
16 CONTRIBUTION TOTALS	\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 1,771.03			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 6,081.59			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT	•			•			
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The Hor	norable Abel Herrero				
		Signature of	Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace			

SUBTOTALS - C/OH	CC	FORM C/OH OVER SHEET PG 3 3 of 10
18 FILER NAME Herrero, Abel (The Honorable)	19 Filer ID 00054318	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 1,771.03
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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: 1/7 Rpt: 4/10		Herrero, Abel (The Honorabl	e)				00054318		
4	Date	5	Payee name							
	07/02/2024		Integrity Storage							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$108.00		14229 Northwest Blvd							
			Corpus Christi, TX 78410							
8	PURPOSE	(a)	Category (See Categories listed at the	ton of this sch	odulo)	b) Description				
-	OF		Office Overhead/Rental Exp		euule)		outsi	de of Texas. Comp	blete Schedule T.	
	EXPENDITURE							officeholder living	expense	
						Campaign st	ora	ge unit		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date		Payee name							
	08/05/2024		Integrity Storage							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$108.00		14229 Northwest Blvd							
			Corpus Christi, TX 78410							
	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this sch	edule)	b) Description				
	EXPENDITURE		Office Overhead/Rental Exp	ense				de of Texas. Comp officeholder living		
						Campaign st			expense	
								9		
	Complete ONLY if direct		andidate/Officeholder name	C	Dffice soug	ht		Office he	ld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	09/03/2024		Integrity Storage							
	Amount (\$)		Payee address; City;	State	Zip Coo					
	\$108.00		14229 Northwest Blvd	o tato,	p 000					
	+200.00									
			Corpus Christi, TX 78410							
	PURPOSE OF	(a)	Category (See Categories listed at the		edule)	b) Description				
	EXPENDITURE		Office Overhead/Rental Exp	ense				de of Texas. Comp officeholder living		
						Campaign st			опропас	
						po.g./ or		J		
-	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office he	ld	
	expenditure to benefit C/OF									
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					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 (E	thics Commission Filers)	
	Sch: 2/7 Rpt: 5/10		Herrero, Abel (The Honorable)					00054318		
4	Date	5	Payee name				-			
	10/02/2024		Integrity Storage							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$108.00		14229 Northwest Blvd							
			Corpus Christi, TX 78410							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	dule)	b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		iddilo)		outsi	de of Texas. Complete	Schedule T.	
	EXPENDITORE							officeholder living exp	ense	
						Campaign st	ora	ge unit		
_								0111		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	U	ffice soug	nt		Office held		
	Date		Payee name							
	11/18/2024		Integrity Storage							
	Amount (\$)		Payee address; City;	State;	Zip Coo	e				
	\$108.00	\$108.00 14229 Northwest Blvd								
			Corpus Christi, TX 78410							
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	dule)	b) Description				
	EXPENDITURE		Office Overhead/Rental Expense	se				de of Texas. Complete officeholder living exp		
						Campaign st				
						(g. ·		9		
	Complete ONLY if direct		Candidate/Officeholder name	Ot	ffice soug	ht		Office held		
	expenditure to benefit C/OF	Н			-					
-	Date		Payee name							
	12/04/2024		Integrity Storage							
	Amount (\$)		Payee address; City;	State:	Zip Coo	e				
	\$108.00		14229 Northwest Blvd		·					
			Corpus Christi, TX 78410							
	PURPOSE OF	(a)	Category (See Categories listed at the top		dule)	b) Description			0 I I I T	
	EXPENDITURE		Office Overhead/Rental Expense	se				de of Texas. Complete officeholder living exp		
						Campaign st			ense	
						paigir ot	u			
-	Complete ONLY if direct		Candidate/Officeholder name	Ot	ffice soug	ht		Office held		
	expenditure to benefit C/OF				5					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gift/Awards/Memorials Expense Printing Expense T				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 (E	thics Commission Filers)		
	Sch: 3/7 Rpt: 6/10		Herrero, Abel (The Honorable)					00054318			
4	Date	5	Payee name				<u> </u>				
	07/09/2024		Kristian Carranza for Texas								
6	Amount (\$)	7	Payee address; City;	State:	Zip Cod	2					
-	\$500.00		P.O. Box 831436								
			San Antonio, TX 78283								
8	PURPOSE	(a)) Description					
ľ	OF	(a)	Category (See Categories listed at the top of Contributions/Donations Made B		lule) (outsi	de of Texas. Complete	Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political		tee	Check if Austin	, TX	officeholder living exp	ense		
						Campaign co	ontr	ibution			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Off	fice sougl	nt		Office held			
	Date		Payee name								
	12/10/2024		Robstown ISD								
	Amount (\$)		Payee address; City;	State;	Zip Cod	9					
	\$100.00		801 North First Street	,							
			Robstown , TX 78380								
	PURPOSE OF	(a)	Category (See Categories listed at the top of		lule) (I	Description					
	EXPENDITURE		Contributions/Donations Made B Candidate/Officeholder/Political		too			de of Texas. Complete officeholder living exp			
			Candidate/Onicenoide//Fonicar	Commu	iee	Donation	.,				
	Complete ONLY if direct		andidate/Officeholder name	Off	fice sougl	nt		Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	07/19/2024		Squarespace								
	Amount (\$)		Payee address; City;	State;	Zip Cod	9					
	\$30.91		225 Varick Street								
			12th Floor								
			New York, NY 10014								
	PURPOSE	(a)	·	- f 4l= := - = - = - = - = - = - =) Description					
	OF	(",	Category (See Categories listed at the top of Office Overhead/Rental Expense		lule)		outsi	de of Texas. Complete	Schedule T.		
	EXPENDITURE			0		Check if Austin	, TX	officeholder living exp	ense		
						Campaign w	ebs	ite			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice sougl	nt		Office held			
\vdash											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gift/Awards/Memorials Expense Printing Expense T				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: 4/7 Rpt: 7/10		Herrero, Abel (The Honorab	le)				00054318	
4	Date	5	Payee name						
	08/19/2024		Squarespace						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$30.91		225 Varick Street						
			12th Floor						
			New York, NY 10014						
8	PURPOSE	(a)				b) Description			
ľ	OF	("	Category (See Categories listed at th Office Overhead/Rental Exp		iedule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	ı, TX,	, officeholder living expense	
						Campaign we	ebs	site	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	09/09/2024		Squarespace						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$35.18		225 Varick Street						
			12th Floor						
			New York, NY 10014						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	(eluber	b) Description			
	OF EXPENDITURE		Office Overhead/Rental Exp		iouuloj		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Campaign we	ebs	site	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ĺ	Office soug	nt		Office held	
	Date		Payee name						
	10/21/2024		Squarespace						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$35.18		225 Varick Street						
			12th Floor						
			New York, NY 10014						
	PURPOSE	(a)	Category (See Categories listed at th	o top of this sch	odulo)	b) Description			
	OF		Office Overhead/Rental Exp		leuule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Campaign we	ebs	site	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 5/7 Rpt: 8/10		Herrero, Abel (The Honorable)					00054318		
4	Date	5	Payee name							
	11/19/2024		Squarespace							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode					
	\$35.18		225 Varick Street							
			12th Floor							
			New York, NY 10014							
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		-	outsi	de of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						Campaign we	ebs	lte		
_				0.000						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held		
	Date		Payee name							
	12/18/2024		Squarespace							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode					
	\$35.18		225 Varick Street							
			12th Floor							
			New York, NY 10014							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense ite		
						1 5				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	07/08/2024		TDCJ-TCI Correctional Industries							
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode					
	\$170.49		8801 S. 1st	,p = -						
			Austin, TX 78478							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Gift/Awards/Memorials Expense	schedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense 5 for constituents		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l Ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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 F	ILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 6/7 Rpt: 9/10		lerrero, Abel (The Honorable	e)				00054318	
4	Date 07/16/2024		Payee name Vells Fargo						
6	Amount (\$) \$25.00	1	Payee address; City; .3360 Northwest Blvd Corpus Christi , TX 78410	State;	; Zip Coo	le			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 						, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht		Office held	
	Date	F	Payee name						
	08/15/2024	١	Vells Fargo						
	Amount (\$) \$25.00	1	vayee address; City; .3360 Northwest Blvd Corpus Christi , TX 78410	State;	; Zip Coo	le			
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought			Office held				
	Date	F	Payee name						
	09/17/2024	۱ ا	Vells Fargo						
	Amount (\$) \$25.00		Payee address; City; 3360 Northwest Blvd	State;	; Zip Coo	le			
		(Corpus Christi , TX 78410						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the	top of this sch	iedule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T - Gift/Awards/Memorials Expense Printing Expense T				Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed			
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID (Ethics Commis	sion Filers)
	Sch: 7/7 Rpt: 10/10		ro, Abel (The Honorable)					00054318	
4	Date 10/16/2024	Payee Wells	name Fargo						
6	Amount (\$) \$25.00	13360	address; City;) Northwest Blvd Is Christi , TX 78410	State; Z	Zip Code	2			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Monthly service fee Monthly service fee									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offi	ice sough	t		Office held	
	Date	Payee	name						
	11/18/2024	Wells	Fargo						
	Amount (\$) \$25.00	13360	address; City;) Northwest Blvd	State; 2	Zip Code	;			
	PURPOSE OF EXPENDITURE	Corpu a) Catego Fees	IS Christi , TX 78410	p of this schedu	_{ule)} (t		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought			t	Office held			
	Date	Payee	name						
	12/16/2024	Wells	Fargo						
	Amount (\$) \$25.00		address; City;) Northwest Blvd	State; 2	Zip Code	2			
			is Christi , TX 78410		i	-			
	PURPOSE OF EXPENDITURE	a) Catego Fees	Dry (See Categories listed at the top	p of this schedu	ule) (k		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Offi	ice sough	t		Office held	