JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00088246		2 Total pages fil	ed: .7
3 CANDIDATE /	MS / MRS / MR	FIRST	0000240	MI	r	
3 CANDIDATE / OFFICEHOLDER				IVII	OFFICE U	JSE ONLY
NAME	Mr.	Juan Ramon			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2025	
		Alvarez				
		71104102				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	112 S. 12th Avenue					
MAILING					Receipt #	Amount
ADDRESS						
Change of Address	Edinburg, TX 78539					
	<u> </u>				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER					IVII	
NAME	Mr.	David				
	NICKNAME	LAST			SUFFIX	
	NICRNAME				JUFFIX	
		Gorena				
6 CAMPAIGN	STREET ADDRESS (NO PO) BOX PLEASE).	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER			<i>.</i>	.,,	017	
ADDRESS	420 W. University					
(Desidence of Business)						
(Residence or Business)	Edinburg, TX 78539					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
7 CAMPAIGN TREASURER			EXTENSION			
PHONE	(956) 381-5606					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	mpaign treasurer
				Ľ	appointment (offic	ceholder only)
	July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit		
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TF	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year					
	-		rimary	χ Runoff	Other	
	11/05/2024		eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Judge District 332	2 Hidalgo		District Judge		
	5	5		5		
GO TO PAGE 2						
Forme provided by To	vas Ethics Commission	1474741 04	hice state ty	6	Varai	n V// 1 0 5dd2aaa2
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	3	version	on V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 47

L

13 C / OH NAME	Alvarez, Juan Ramor	(Mr.)	14 Filer ID 00088246	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or offic	eholder's knowledge or
Additional Pages		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 143,500.00
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 14,696.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 18,028.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 583,111.80
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required	
			luan Ramon Alvarez	
		-	of Candidate or Officeho	lder
	TARY STAMP / SEAL AB			
		aid ertify which, witness my hand and seal of office.	, this the	day
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

S	UBT	OTALS - JC/OH			RM JC/OH HEET PG 3 3 of 47
	LER NAN varez, J	/E uan Ramon (Mr.)	19 Filer ID 00088246		mmission Filers)
		E SUBTOTALS SCHEDULE		SUB	FOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	143,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	14,199.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	497.69
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	\$	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/26 Rpt: 4/47
2 FILER NAME Alvarez, Juan Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/17/2024	A-BUDGET BAIL BONDS		\$500.00
		6 Contributor address; City; State; Zip Code		
		MCALLEN, TX 78502		
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title	
ľ				
10	Contributoria	malayar/lay firm	11 Low firm of contributor's or	acuse (if any)
10	Contributor S e	employer/law firm	11 Law firm of contributor's sp	bouse (ii any)
12	! If contributor is	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/10/2024	A-FAST BAIL BONDS		\$750.00
		Contributor address; City; State; Zip Code		
		EDINBURG, TX 78542		
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
⊨	Data			Amount of Contribution (ft)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/03/2024	A-LIGHTENING BAIL BONDS		\$1,000.00
		Contributor address; City; State; Zip Code		
		EDINBURG, TX 78541		
	Contributor's F	Principal Occupation	Contributor's Job Title	1
-	Contributor's 6	amplover/law firm	Law firm of contributor's sp	
Contributor's employer/law firm Law firm of				
	If contributor is	s a child, law firm of parent(s) (if any)		
I				
1				
I				
1				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/26 Rpt: 5/47	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Alvarez, Jua	n Ramon (Mr.)		00088246	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/30/2024	A-QUICK BAIL BONDS		\$1,500.00	
	6 Contributor address; City; State; Zip Code			
	EDINBURG, TX 78540			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/16/2024	ALICE HOTEL GROUP, LLC		\$1,500.00	
	Contributor address; City; State; Zip Code			
	MCALLEN, TX 78503			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/04/2024	ATLAS, HALL & RODRIGUEZ, LLP		\$2,500.00	
	Contributor address; City; State; Zip Code			
	MCALLEN, TX 78502			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
L	by Taylog Ethico Commission			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 3/26 Rpt: 6/47 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alvarez, Juan Ramon (Mr.) 00088246 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/15/2024 BALLESTEEROS GONZALEZ LAW FIRM, PLLC \$2,500.00 6 Contributor address; City; State; Zip Code MCALLEN, TX 78501 Contributor's Principal Occupation Contributor's Job Title 8 9 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 11/01/2024 BARRERA, SANCHEZ & ASSOCIATES, PC \$2,500.00 Contributor address; City; State; Zip Code MCALLEN, TX 78504 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 09/26/2024 Brasure, Chris (Mr.) \$1,500.00 Contributor address; City; State; Zip Code McAllen, TX 78504 Contributor's Principal Occupation Contributor's Job Title Attorney ATTORNEY Contributor's employer/law firm Law firm of contributor's spouse (if any) **BRASURE LAW FIRM PLLC** If contributor is a child, law firm of parent(s) (if any)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/26 Rpt: 7/47
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Alvarez, Jua	n Ramon (Mr.)		00088246
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/25/2024	CARLOS ORTEGON		\$2,500.00
	6 Contributor address; City; State; Zip Code		
	MISSION, TX 78574	T	
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	omolovor/low firm	11 Law firm of contributor's sp	pouro (if any)
		II Law IIIII of contributor's sp	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/04/2024	CONTRERAS GUTIERREZ AND ASSOCIATES		\$2,500.00
	Contributor address; City; State; Zip Code		
	EDINBURG, TX 78539		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
lf a sustaile stars i			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#: CSR ENVIORNMENTAL AND CONSULTING L		Amount of Contribution (\$)
10/01/2024			\$1,500.00
	Contributor address; City; State; Zip Code		
	EDINBURG, TX 78539		
Contributor's F	l Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Taylog Ethiog Commission		Version V(1.1.0 Edd2ess)

The Instruction Guide explains how to complete this	The Instruction Guide explains how to complete this form.	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Alvarez, Juan Ramon (Mr.)		00088246
4 Date 5 Full name of contributor Out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
08/23/2024 DUBE, MARICELA (Ms.)		\$1,000.00
6 Contributor address; City; State; Zip Code		
MCALLEN, TX 78504	-	
8 Contributor's Principal Occupation	9 Contributor's Job Title	
LEGAL ASSISTANT	PARALEGAL	
10 Contributor's employer/law firm THORNTON BECHLIN SEGRATO REYNALDS & GUERRA LO	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID# 10/21/2024 Emmanuel Espinoza Law Group, PLLC	:)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Contributor address, City, State, Zip Code		
McAllen, TX 78504		
Contributor's Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
10/09/2024 FLORES, JOE RICHARD (Mr.)		\$1,500.00
Contributor address; City; State; Zip Code		
EDINBURG, TX 78539		
Contributor's Principal Occupation	Contributor's Job Title	
ATTORNEY	ATTORNEY	
Contributor's employer/law firm ATTORNEY AT LAW	Law firm of contributor's sp	bouse (ii any)
If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission	cs state ty us	Version V4.1.0.5dd2ace2

International output explains now to complete tims form: Sch: 6/26 Rpt: 9/47 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alvarez, Juan Ramon (Mr.) 00088246 00088246 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 10/10/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor's Principal Occupation 9 Contributor's Job Title ATTORNEY 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 12 If contributor is a child, law firm of parent(s) (if any) 14 Law firm of contributor's spouse (if any)
10/10/2024 FRANZ, RODOLFO \$500.00 6 Contributor address; City; State; Zip Code HIDALGO, TX 78557 HIDALGO, TX 78557 9 8 Contributor's Principal Occupation ATTORNEY 9 Contributor's Job Title ATTORNEY 10 Contributor's employer/law firm ATTORNEY AT LAW 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) (if any)
8 Contributor's Principal Occupation 9 Contributor's Job Title ATTORNEY ATTORNEY 10 Contributor's employer/law firm ATTORNEY AT LAW 11 12 If contributor is a child, law firm of parent(s) (if any)
ATTORNEY ATTORNEY 10 Contributor's employer/law firm ATTORNEY AT LAW 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any)
10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any)
ATTORNEY AT LAW 12 If contributor is a child, law firm of parent(s) (if any)
12 If contributor is a child, law firm of parent(s) (if any)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/08/2024 GARCIA, RAMON (Mr.) \$1,000.00
Contributor address; City; State; Zip Code
EDINBURG, TX 78539
Contributor's Principal Occupation Contributor's Job Title
ATTORNEY ATTORNEY
Contributor's employer/law firm Law firm of contributor's spouse (if any)
ATTORNEY AT LAW
If contributor is a child, law firm of parent(s) (if any)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/10/2024 GARZA LAW OFFICE PLLC \$1,000.00
Contributor address; City; State; Zip Code
EDINBURG, TX 78541
Contributor's Principal Occupation Contributor's Job Title
Contributor's employer/law firm Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/26 Rpt: 10/47
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Alvarez, Jua	n Ramon (Mr.)		00088246
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/26/2024	J MICHAEL MOORE LAW FIRM PC		\$2,500.00
	6 Contributor address; City; State; Zip Code		
	MCALLEN, TX 78504		
8 Contributor's F	I Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	emplover/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/15/2024	JAIME HERNANDEZ LAW FIRM, PLLC	/	\$2,500.00
10/10/2024			
	Contributor address; City; State; Zip Code		
	MCALLEN, TX 78504		
Contributor's		Contributor's Job Title	
Contributors P	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	couse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/23/2024	JONES, GALLIGAN, KEY & LOZANO, LLP)	\$1,500.00
10/20/2024			
	Contributor address; City; State; Zip Code		
	WESLACO, TX 78596		
Contributoria	Principal Occupation	Contributor's Job Title	
Contributors	Principal Occupation	Contributor's Job Title	
Contributorio	amployer/low firm	Low firm of contributor's or	
Contributor's employer/law firm		Law firm of contributor's sp	Jouse (ii any)
If contributor in	s a child, law firm of parent(s) (if any)		
	s a child, law little of parent(s) (if any)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/26 Rpt: 11/47
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Alvarez, Jua	n Ramon (Mr.)		00088246
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/17/2024	JOSE L BRAVO DBA LAW OFFICE OF JOSE I		\$1,500.00
	6 Contributor address; City; State; Zip Code		
	MCALLEN, TX 78502		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2024	JUSTINO "JR" GARZA PC		\$1,000.00
	Contributor address; City; State; Zip Code		1
	MCALLEN, TX 78504		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2024	KARAM LAW FIRM		\$2,500.00
	Contributor address; City; State; Zip Code		
	MCALLEN, TX 78501		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
L	by Taylog Ethics Commission		Version V/4.1.0.Edd2eee

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 9/26 Rpt: 12/47		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Alvarez, Juan Ramon (Mr.)			00088246		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
10/10/2024	LAW FIRM OF CESAR O AGUILAR PLLC		\$1,000.00		
	6 Contributor address; City; State; Zip Code				
	MCALLEN, TX 78501				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/10/2024	LAW OFFICE OF ANDRE MALDONADO		\$500.00		
	Contributor address; City; State; Zip Code				
	EDINBURG, TX 78539				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	•			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/15/2024	LAW OFFICE OF AUDRA PALACIOS		\$1,500.00		
	Contributor address; City; State; Zip Code				
	MCALLEN, TX 78504				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm Law firm of contri		Law firm of contributor's sp	oouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)				

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 10/26 Rpt: 13/47	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Alvarez, Jua	n Ramon (Mr.)		00088246
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10/09/2024	LAW OFFICE OF CARLOS A GARCIA, PLLC		\$1,000.00
	6 Contributor address; City; State; Zip Code		•
	MISSION, TX 78572		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/15/2024	LAW OFFICE OF CARLOS R GALVAN		\$1,500.00
	Contributor address; City; State; Zip Code		
	EDINBURG, TX 78539		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/30/2024	LAW OFFICE OF DEREK I SALINAS, PLLC		\$2,500.00
	Contributor address; City; State; Zip Code		1
	MCALLEN, TX 78504		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 11/26 Rpt: 14/47	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Alvarez, Juan Ramon (Mr.)			00088246	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/01/2024	LAW OFFICE OF EFRAIN CA	ARRERA, PC		\$500.00
	6 Contributor address; City; State;	Zip Code		1
	EDINBURG, TX 78539			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's e	employer/law firm		11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date		out-of-state PAC (ID#:		Amount of Contribution (\$)
10/16/2024	LAW OFFICE OF EMERSON	ARELLANO, PLLC	2	\$1,500.00
	Contributor address; City; State; 2	Zip Code		
	EDINBURG, TX 78539			
Contributor's F	Principal Occupation		Contributor's Job Title	
Contributorio	umplouer/lour firm		Low firm of contributor's or	
Contributors e	employer/law firm		Law firm of contributor's sp	Jouse (in any)
If contributor is	s a child, law firm of parent(s) (if any)			
	s a child, law linn of parch (3) (if any)			
Date	Full name of contributor			Amount of Contribution (\$)
10/16/2024		OUT-OF-STATE PAC (ID#:)	\$250.00
10/10/2024	Contributor address; City; State;		-0	
	Contributor address, City, State, a	Zip Code		
	EDINBURG, TX 78539			
Contributor's F	Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			

The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/26 Rpt: 15/47		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Alvarez, Juan Ramon (Mr.)		00088246			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
10/15/2024	LAW OFFICE OF MONICA M GALVAN		\$1,500.00		
	6 Contributor address; City; State; Zip Code		•		
	EDINBURG, TX 78539				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/18/2024	LAW OFFICE OF ROBERT PUENTE, PLLC)	\$500.00		
10/10/2021	Contributor address; City; State; Zip Code				
	Contributor address, City, State, Zip Code				
	MCALLEN, TX 78501	I			
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/07/2024	LAW OFFICE OF ROBERTO JACKSON		\$1,500.00		
	Contributor address; City; State; Zip Code				
	PALMVIEW, TX 78574				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor of					
Contributor's employer/law firm Law firm of contributor's sp		oouse (if anv)			
If contributor is	If contributor is a child, law firm of parent(s) (if any)				
	s a child, law little of parend(s) (if any)				

The Instrue	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/26 Rpt: 16/47		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Alvarez, Juan Ramon (Mr.)		00088246		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
10/10/2024	LAW OFFICE OF ROPERTO M CAPELLO JR F	PC	\$500.00		
	6 Contributor address; City; State; Zip Code				
	· · · · · · · · · · · · · · · · · · ·				
	EDINBURG, TX 78539				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/09/2024	LAW OFFICE VITO LUIS CHAVANA	······································	\$2,500.00		
10/00/2021			·		
	Contributor address; City; State; Zip Code				
	MCALLEN, TX 78504				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/04/2024	LAW OFFICES OF EZEQUIEL REYNA, JR PC		\$2,500.00		
	Contributor address; City; State; Zip Code				
	WESLACO, TX 78599				
Contributor's E	Principal Occupation	Contributor's Job Title			
Contributor 3 P					
		pouse (if app)			
Contributor's employer/law firm		Law firm of contributor's sp			
lf e entrileuter i					
If contributor is a child, law firm of parent(s) (if any)					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 14/26 Rpt: 17/47	
2 FILER NAME Alvarez, Juar	n Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246	
10/17/2024			7 Amount of Contribution (\$) \$1,000.00	
	EDINBURG, TX 78542			
8 Contributor's P	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:) LINEBARGER GOOGGAN BLAIR & SAMPSON, LLP Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00	
Contributor's P	AUSTIN, TX 78760 Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)			
Date 10/11/2024	Full name of contributorout-of-state PAC (ID#:_ Law Office of Jorge Luis Ortegon Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,500.00	
Quatributeda	Ediburg, TX 78539			
Contributor's P	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 15/26 Rpt: 18/47	
2 FILER NAME Alvarez, Jua	2 FILER NAME Alvarez, Juan Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246
4 Date 10/08/2024	5 Full name of contributor out-of-state PAC (ID#: MARIO DAVIL		7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code		
	MCALLEN, TX 78502		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2024	MELISANDRA MENDOZA		\$1,500.00
	Contributor address; City; State; Zip Code		
	RIO GRANDE CITY, TX 78582		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/02/2024	MICHAEL D TUTTLE PLLC		\$1,000.00
	Contributor address; City; State; Zip Code		
	SAN ANTONIO, TX 78230		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contribute		Law firm of contributor's sp	ouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A(J)1: Sch: 16/26 Rpt: 19/47	
2 FILER NAME Alvarez, Juan Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246		
4 Date 10/03/2024	5 Full name of contributor out-of-state PAC (ID#: MKZ LAW FIRM		7 Amount of Contribution (\$)\$5,000.00	
	6 Contributor address; City; State; Zip Code			
	MCALLEN, TX 78504			
8 Contributor's I	Principal Occupation	9 Contributor's Job Title		
10 Contributor's of	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/15/2024	O RENE FLORES PC		\$2,500.00	
	Contributor address; City; State; Zip Code			
	EDINBURG, TX 78539			
Contributor's I	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
lf contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/03/2024	ORENDAIN & DOMINGUEZ		\$1,000.00	
	Contributor address; City; State; Zip Code			
	MCALLEN, TX 78501			
Contributor's I	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of		Law firm of contributor's sp	bouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/26 Rpt: 20/47		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Alvarez, Jua	Alvarez, Juan Ramon (Mr.)		00088246	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/30/2024	PALACIOS-LOVE LAW PLLC		\$500.00	
	6 Contributor address; City; State; Zip Code			
	EDINBURG, TX 78539			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	PALMA, CESAR (Mr.)		\$2,500.00	
	Contributor address; City; State; Zip Code			
	EDINBURG, TX 78542	1		
Contributor's F ATTORNEY	Principal Occupation	Contributor's Job Title		
		ATTORNEY		
	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
-	s a child, law firm of parent(s) (if any)			
Data	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ PENA, FIDEL (Mr.))	\$1,000.00	
10/20/2024	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	WESLACO, TX 78596			
Contributor's F	Principal Occupation	Contributor's Job Title		
ATTORNEY				
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
ATTORNEY AT LAW				
If contributor is a child, law firm of parent(s) (if any)				
	by Texas Ethics Commission www.ethic	s state tx us	Version V4.1.0.5dd2ace2	

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 18/26 Rpt: 21/47		
2 FILER NAME Alvarez, Juan Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246		
4 Date 5 Full name of contributor out-of-state PAC (ID#: 10/08/2024 PERALEZ FRANZ, LLP 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$2,500.00		
MCALLEN, TX 78504				
8 Contributor's Principal Occupation	9 Contributor's Job Title			
10 Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
10/15/2024 PURDUE BRANDON FIELDER COLLINS & MO	024 PURDUE BRANDON FIELDER COLLINS & MOTT LLP			
MCALLEN, TX 78502 Contributor's Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)	,			
Date Full name of contributor out-of-state PAC (ID#: 09/27/2024 R ZAMORA DBA THE LAW OFFICE OF Contributor address; City; State; Zip Code MCALLEN, TX 78504)	Amount of Contribution (\$) \$2,500.00		
Contributor's Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 19/26 Rpt: 22/47 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Alvarez, Juan Ramon (Mr.) 00088246 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/29/2024 **RAMON WORTHINGTON NICOLAS & CANTU** \$1,000.00 6 Contributor address; City; State; Zip Code EDINBURG, TX 78539 Contributor's Principal Occupation 8 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 09/26/2024 **RAY THOMAS PC** \$2,500.00 Contributor address; City; State; Zip Code MCALLEN, TX 78504 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/04/2024 \$500.00 RENE REYES Contributor address; City; State; Zip Code ELSA, TX 78543 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 20/26 Rpt: 23/47
2 FILER NAME Alvarez, Jua	n Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246
4 Date 10/16/2024	 5 Full name of contributor out-of-state PAC (ID#: RICARDO GONZALEZ DBA OXFORD & GONZ 6 Contributor address; City; State; Zip Code 	ZALEZ	7 Amount of Contribution (\$) \$500.00
	EDINBURG, TX 78540		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I	
Date 10/16/2024	Full name of contributorout-of-state PAC (ID#:) RICARDO LEE SALINAS Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$5,000.00
Contributor's F	MISSION, TX 78572 Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ RICKY ROD LAW GROUP Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$5,000.00
Contributor's F	EDINBURG, TX 78539 Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's s		ouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/26 Rpt: 24/47
2 FILER NAME Alvarez, Juan Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246	
4 Date		、 、	
4 Date 10/09/2024	5 Full name of contributor out-of-state PAC (ID#: RUBIO & ASSOCIATES, PLLC)	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code		
	MCALLEN, TX 78504		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/09/2024	RUY MIRELES LAW FIRM PLLC)	\$1,500.00
	Contributor address; City; State; Zip Code		
	MISSION, TX 78572		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/19/2024	RYAN SOLIS LAW GROUP		\$2,500.00
	Contributor address; City; State; Zip Code		
	MCALLEN, TX 78501		
Contributor's F	I Principal Occupation	Contributor's Job Title	I
Contributor's employer/law firm Law firm of contributor's s		bouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/26 Rpt: 25/47			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Alvarez, Jua	an Ramon (Mr.)		00088246		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
10/03/2024			\$2,500.00		
	6 Contributor address; City; State; Zip Code		1		
	MCALLEN, TX 78501				
8 Contributor's	Principal Occupation	9 Contributor's Job Title			
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	bouse (if any)		
12 If contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/15/2024	SAENZ, JORGE (Mr.)		\$5,000.00		
	Contributor address; City; State; Zip Code				
	WESLACO, TX 78596				
	Principal Occupation	Contributor's Job Title			
MEDICAL D		DOCTOR			
	employer/law firm	Law firm of contributor's sp	bouse (if any)		
TEXAS PAI		KARLA SAENZ			
If contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
12/20/2024	SAFETY CHECK		\$1,500.00		
	Contributor address; City; State; Zip Code				
	EDINBURG, TX 78539				
Contributor's	Principal Occupation	Contributor's Job Title			
Contributor's employer/law firm		Law firm of contributor's sp	bouse (if any)		
If contributor					
If contributor is a child, law firm of parent(s) (if any)					
<u> </u>	by Tayaa Ethica Commission		Varaian V/4.1.0 Edd2aaa2		

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/26 Rpt: 26/47			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Alvarez, Juan Ramon (Mr.)		00088246			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
10/16/2024	SOUTH TEXAS BAIL BONDS		\$2,000.00		
	6 Contributor address; City; State; Zip Code				
	EDINBURG, TX 78542				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/15/2024	Saenz, Jorge (Dr.)	/	\$5,000.00		
	Contributor address; City; State; Zip Code				
	Weslaco, TX 78596				
Contributor's F	Principal Occupation	Contributor's Job Title			
Medical Doc		DOCTOR			
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)		
TEXAS PAIN		KARLA SAENZ			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/17/2024	THE LAW OFFICE OF JORGE MUNOZ, PLLC		\$2,500.00		
	Contributor address; City; State; Zip Code				
	EDINBURG, TX 78539				
Contributor's	Principal Occupation	Contributor's Job Title			
Contributor 3 1					
Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				

	ation Cuido ovalging how to complete this f	iorm	1 Total pages Schedule A(J)1:			
	ction Guide explains how to complete this f	Sch: 24/26 Rpt: 27/47				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	n Ramon (Mr.)	00088246				
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)			
10/08/2024	THE LAW OFFICE OF RICHARD D GONZALE		\$2,500.00			
	6 Contributor address; City; State; Zip Code					
	EDINBURG, TX 78539					
8 Contributor's F	I Principal Occupation	9 Contributor's Job Title				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)			
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)			
11/08/2024			\$2,500.00			
	Contributor address; City; State; Zip Code					
	MCALLEN, TX 78504					
Contributor's Principal Occupation Contributor's Job Title						
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
09/24/2024	TIJERINA LEGAL GROUP		\$5,000.00			
	Contributor address; City; State; Zip Code					
	MCALLEN, TX 78501					
Contributor's F	Principal Occupation	Contributor's Job Title				
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)			
If contributor is						

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 25/26 Rpt: 28/47	
2 FILER NAME Alvarez, Jua	n Ramon (Mr.)	3 Filer ID (Ethics Commission Filers) 00088246	
4 Date 10/17/2024	 Full name of contributor out-of-state PAC (ID#: VILLALOBOS & VILLALOBOS PC Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.00
	MCALLEN, TX 78504		
8 Contributor's F	Principal Occupation		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I	
Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: WALSH MCGURK, CORDOVA & NIXON, PLLC Contributor address; City; State; Zip Code	2	Amount of Contribution (\$) \$5,000.00
Contributor's F	EDINBURG, TX 78539 Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date Full name of contributor out-of-state PAC (ID#: 12/05/2024 WILLIE MCALLEN Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
	EDINBURG, TX 78539	1	
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Toyog Ethiog Commission	o otato tv. uo	Vorsion V/4 1 0 Edd2ooo2

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 26/26 Rpt: 29/47 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Alvarez, Juan Ramon (Mr.) 00088246 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/15/2024 \$1,500.00 ZAMBRANO LAW FIRM 6 Contributor address; City; State; Zip Code ALAMO, TX 78516 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any)

	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 Transportal Food/Beverage Expense Polling Expense Travel in Di - Gift/Awards/Memorials Expense Printing Expense Travel out			Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/17 Rpt: 30/47		Alvarez, Juan R	amon (Mr.)					00088246		
4	Date	5	Payee name								
	10/15/2024		ACADEMY SPC	RTS + OUTDO	ORS						
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coo	le				_
	\$497.93		535 E EXPRES	SWAY 83							
			WESLACO, TX	78596							
8	PURPOSE	(a)	Category (See Cate	anorias listed at the ton	of this school		b) Description				-
	OF EXPENDITURE		Event Expense		or this seried	uic)		outsi	de of Texas. Com	blete Schedule T.	
	EXPENDITORE		-					n, TX,	officeholder living	expense	
							PRIZES				
_									011		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	Off	fice soug	nt		Office he	10	
	Date		Payee name								
	10/16/2024		ACADEMY SPC	RTS + OUTDO	ORS						
	Amount (\$)		Payee address;	City;	State;	Zip Coo	le				_
	\$3,534.27		651 E TRENTO	N RD							
			EDINBURG, TX	78539							
	PURPOSE OF	(a)	Category _{(See Cate}	egories listed at the top	of this sched	ule)	b) Description	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	n, TX,	officeholder living	expense	
							DOOR PRIZI	ES			
						-	-				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	Off	fice soug	ht		Office he	ld	
_	Date		Payee name								—
	09/05/2024		CARRERA, MIK	E (Mr.)							
	Amount (\$)		Payee address;	City;	State [.]	Zip Coo	le				_
	\$1,000.00		135 PACEO DE		,						
	,			-							
			EDINBURG, TX	78542							
	PURPOSE OF	(a)	Category (See Cate		of this schedu	ule)	b) Description				
	EXPENDITURE		Consulting Expe	ense					de of Texas. Comp officeholder living		
							CONSULTIN			expense	
	Complete ONLY if direct	L(Candidate/Officeho	lder name	Off	fice soug	ht		Office he	ld	—
	expenditure to benefit C/OI										
											\neg

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 2/17 Rpt: 31/47	Alvarez, Juan Ramon (Mr.)	00088246		
4	Date 10/23/2024	Payee name CASTRO, MARY ANN			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	100 E CANO EDINBURG, TX 78539			
	DUDDOCE	i			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense THANKSGIVING DINNER				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	07/30/2024	CIROS MEXICAN			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$299.14	1506 W PIKE WESLACO, TX 78596			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense DRINKS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	07/04/2024	CONNS			
	Amount (\$) \$918.49	Payee address; City; State; Zip Code 8317 N 10TH ST			
		MCALLEN, TX 78504			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ES		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 3/17 Rpt: 32/47	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date 08/14/2024	Payee name DOLLAR GENERAL				
6	Amount (\$) \$20.40	7 Payee address; City; State; Zip Code 40 3700 E Expy 83 WESLACO, TX 78596				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DRINKS AND ICE				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/04/2024	DOLLAR GENERAL				
	Amount (\$) \$8.35	Payee address; City; State; Zip Code 2905 N WESTGATE DR WESLACO, TX 78596				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T. h, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/20/2024	GARCIA, ISMAEL				
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1100 SADDLE ST				
		WESLACO, TX 78590				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense ND ENTERTAINMENT			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 4/17 Rpt: 33/47	Alvarez, Juan Ramon (Mr.)	00088246			
4	Date 08/20/2024	Payee name IEB				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$41.08	10 N WESTGATE DR VESLACO, TX 78596				
_	BUBBOOF					
8	OF EXPENDITURE					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/27/2024	IEB				
	Amount (\$) \$38.38	Payee address; City; State; Zip Code				
		VESLACO, TX 78596				
	PURPOSE OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/09/2024	IEB				
	Amount (\$) \$25.60	Payee address; City; State; Zip Code 210 N WESTGATE				
		VESLACO, TX 78596				
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descr				
	EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense D			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)				
	Sch: 5/17 Rpt: 34/47	Alvarez, Juan Ramon (Mr.)	00088246				
4	Date 09/09/2024	Payee name HEB					
6	Amount (\$) \$7.15						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Construction of the second schedule of the second schedule of the second schedule of the schedule of th							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/15/2024	HEB					
	Amount (\$) \$36.68	Payee address; City; State; Zip Code 1004 N TEXAS WESLACO, TX 78596					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	ıtside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/18/2024	HEB					
	Amount (\$) \$24.18	Payee address; City; State; Zip Code 1004 N TEXAS					
		WESLACO, TX 78596					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)				
	Sch: 6/17 Rpt: 35/47	Alvarez, Juan Ramon (Mr.)	00088246				
4	Date 09/28/2024	5 Payee name HEB					
6	Amount (\$) \$57.85	7 Payee address; City; State; Zip Code 1004 N TEXAS WESLACO, TX 78596					
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/24/2024	HEB					
	Amount (\$) \$7.07	Payee address; City; State; Zip Code 310 N WESTGATE DT WESLACO, TX 78596					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/27/2024	HEB					
	Amount (\$) \$23.75	Payee address;City;State;Zip Code310 N WESTGATE DT					
		WESLACO, TX 78596					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	verhead xpense Expens Wages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 7/17 Rpt: 36/47		Alvarez, Juan Ramon (Mr.)					00088246	
4	Date	5	Payee name						
	10/14/2024		HEB						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode				
	\$52.24		1004 N TEXAS						
			WESLACO, TX 78596						
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chodulo)	(b)	Description			
	OF		Food/Beverage Expense	chedulej	Ľ		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense	
						FOOD			
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	07/12/2024		HOBBY LOBBY						
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode				
	\$60.41		1901 W EXPRESSWAY 83	.o,p o.	000				
	400.11								
			WESLACO, TX 78596						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
							, IX,	, officeholder living expense	
						JUFFLIEJ			
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held	
	expenditure to benefit C/OI		andidate/Onicenoider name	Onice Sol	uyin			Onice neid	
	_	_							
	Date		Payee name						
	10/17/2024		HOBBY LOBBY						
	Amount (\$)			e; Zip Co	ode				
	\$2.58		1901 W EXPRESSWAY 83						
			WESLACO, TX 78596						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
							, TX,	, officeholder living expense	
					1	THREAD			
					Ļ				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held	
	,								

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 8/17 Rpt: 37/47	Alvarez, Juan Ramon (Mr.)	00088246				
4	Date 10/15/2024	Payee name HOBBY LOBBY					
6	Amount (\$) \$11.28						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/17/2024	HOLIDAY WINE & LIQUOR					
	Amount (\$) \$660.14	Payee address; City; State; Zip Code 307 W EXPRESSWAY 83 WESLACO, TX 78533					
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/17/2024	HOME DEPOT					
	Amount (\$) \$56.83	Payee address;City;State;Zip Code1500 W EXPRESSWAY					
		WESLACO, TX 78596					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense KS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 9/17 Rpt: 38/47	Alvarez, Juan Ramon (Mr.)	00088246		
4	Date 10/16/2024	Payee name HOME DEPOT			
6	Amount (\$) \$414.38	Payee address; City; State; Zip Code 1500 W EXPRESSWAY WESLACO, TX 78596			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if Check if Check if Austin, TX, officeholder living expense BUILDING SUPPLIES Check if Austin, TX, officeholder living expense BUILDING SUPPLIES				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date 10/22/2024	Payee name JEANS RESTAURANT SUPPLY			
	Amount (\$) \$39.85	Payee address; City; State; Zip Code 1213 E PECAN MCALLEN, TX 78501			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	07/05/2024	LOWES			
	Amount (\$) \$77.50	Payee address; City; State; Zip Code 2802 W UNIVERSITY DR			
		EDINBURG, TX 78539			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/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:	P FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/17 Rpt: 39/47	Alvarez, Juan Ramon (Mr.)	00088246				
4	Date	Payee name					
	07/06/2024	LOWES					
6	Amount (\$) \$6.41	7 Payee address; City; State; Zip Code \$6.41 2802 W UNIVERSITY EDINBURG, TX 78539					
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Image: Check if Austin, TX, officeholder living expense SCREWS FOR SIGNS Check if Austin, TX, officeholder living expense SCREWS FOR SIGNS						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/06/2024	LOWES					
	Amount (\$) \$289.00	Payee address; City; State; Zip Code 2802 W UNIVERSITY EDINBURG, TX 78539					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ATERIALS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/06/2024	LOWES					
	Amount (\$) \$11.00	Payee address; City; State; Zip Code 2802 W UNIVERSITY					
		EDINBURG, TX 78539					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense R SIGNS				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 11/17 Rpt: 40/47	Alvarez, Juan Ramon (Mr.)	00088246						
4	Date 07/20/2024	Payee name LOWES							
6	Amount (\$) \$219.63	Payee address; City; State; Zip Code 5700 N 10TH ST MCALLEN, TX 78504							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MATERIALS							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/10/2024	MARINES BAKERY							
	Amount (\$) \$10.39	Payee address; City; State; Zip Code 201 S TEXAS BLVD WESLACO, TX 78596							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Descript Food/Beverage Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 08/16/2024	Payee name MORANS PIZZA							
	Amount (\$) \$30.66	Payee address; City; State; Zip Code 3302 ADARE ST							
		MERCEDES, TX 78570							
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	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: 12/17 Rpt: 41/47	Alvarez, Juan Ramon (Mr.)	00088246						
4	Date 10/17/2024	Payee name REYSOL							
6	Amount (\$) \$144.00	7 Payee address; City; State; Zip Code 1020 UPAS AVE MCALLEN, TX 78501							
8	PURPOSE OF EXPENDITURE	Fvent Evense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/20/2024	RICK'S ICE CO.							
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 401 W. CLARK ST. PHARR, TX 78577							
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel of 	utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/16/2024	SAMS CLUB							
	Amount (\$) \$747.21	Payee address;City;State; Zip Code621 N EXPRESSWAY 83							
		HARLINGEN, TX 78550							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	nt 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:	ages Schedule F1: 2 FILER NAME 3 F								
	Sch: 13/17 Rpt: 42/47	FILER NAME 3 Filer ID (Ethics Commission File Alvarez, Juan Ramon (Mr.) 00088246								
4	Date 07/04/2024	Payee name SAMS CLUBS								
6	Amount (\$)	Payee address; City; State;	Zip Code							
	\$2,150.68	621 N EXPRESSWAY 77								
		HARLINGEN, TX 78550								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DRINKS								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder name Off	ice sought	Office held						
	Date	Payee name								
	08/19/2024	SAMS CLUBS								
	Amount (\$) \$456.60	Payee address; City; State; 621 N EXPRESSWAY 77	Zip Code							
		HARLINGEN, TX 78550								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede Event Expense	Check if tra	avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Off	ice sought	Office held						
	Date	Payee name								
	10/24/2024	STRIPES								
	Amount (\$) \$10.01	Payee address; City; State; 102 HIGHWAY 83	Zip Code							
		WESLACO, TX 78596								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede Food/Beverage Expense	Check if tra	avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Off	ice sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fee Foo Gift nmittee Leg	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 Comm	ission Filers)
	Sch: 14/17 Rpt: 43/47		Alvarez, Juan	Ramon (Mr.)						00088246		
4	Date	5	Payee name									
	07/24/2024		VALLEY TROP	PHIES								
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de					
	\$69.70		533 S TEXAS									
			WESLACO, TX	X 78596								
8	PURPOSE	(a)	Category (See C	atogorios listod at	the ten of this sch	odulo)	(b)	Description				
-	OF		Advertising Ex			euule)	<u> </u>		outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						j	Check if Austin	, тх,	officeholder living	expense	
								SIGNS				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeh	older name	С	Office sou	ght			Office he	eld	
	Date		Payee name									
	07/24/2024		VALLEY TROP	PHIES								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$104.10		533 S TEXAS			•						
			WESLACO, T	X 78596								
	PURPOSE	(a)	Category (See C	ategories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Ex	pense			ļ			de of Texas. Com		
								NAME PLATI		officeholder living	expense	
									E			
			Savadi data (Officada				la 4			Office he		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	ioider name	Ĺ	Office sou	Ju			Office fie	au	
	_	_										
	Date		Payee name									
	07/26/2024		VALLEY TROP	PHIES								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de					
	\$123.85		533 S TEXAS									
			WESLACO, T	X 78596								
	PURPOSE	(a)	Category (See C	ategories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Ex			ŕ	ļ	Check if travel	outsic	de of Texas. Com	plete Schedule T.	
	EXPENDITORE								, TX,	officeholder living	expense	
								STAMPS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ght			Office he	eld	
	on ponditor of bonome 0/01											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fee Foo Gif nmittee Leg	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	1 Total pages Schedule F1: 2 FILER NAME 3 File									Filer ID	(Ethics Co	mmission Filers)
	Sch: 15/17 Rpt: 44/47		Alvarez, Juan	Ramon (Mr.)						00088246		
4	Date	5	Payee name									
	08/22/2024		WALMART SUPERCENTER									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$82.88		1310 N TEXA	S BLVD								
			WESLACO, T	X 78599								
8	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b) 🛛	Description				
	OF EXPENDITURE		Food/Beverag				Ē	_		de of Texas. Com		e T.
							Ļ			officeholder living	g expense	
							F	OOD N COF	-FE			
_	Operation ONITY if all a st									0411-0-1-	- 1 -1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officel	loider name	C	Office sou	gni			Office h	eid	
	Date		Payee name									
	10/18/2024		WALMART SU	JPERCENTER								
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$16.96		1310 N TEXA	S BLVD								
			WESLACO, T	X 78599								
	PURPOSE OF	(a)		ategories listed at the	top of this sch	edule)	(b) [Description				
	EXPENDITURE		Food/Beverag	e Expense			Ļ			de of Texas. Com officeholder living		e T.
							L		, 17,		gexpense	
							_					
_	Complete ONLY if direct		Candidate/Office	nolder name	(Dffice sou	nht			Office h	eld	
	expenditure to benefit C/OI						J					
-	Date		Payee name									
	10/18/2024			JPERCENTER								
	Amount (\$)		Payee address;	City;	State	Zip Co	de					
	\$7.47		1310 N TEXA		Otato	, <u>Lip</u> 00	40					
	\$ 1.11		1010101012/03	BLVB								
			WESLACO, T	X 78599								
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sch	edule)	(b) 🛛	Description				
	OF EXPENDITURE		Event Expense	е			Ē	_		de of Texas. Com		e T.
							Ļ		, тх,	officeholder living	g expense	
							I	EE-SHIRT				
		Ľ	Condidate (Office)	aldor norma								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officel	ioider name	Ĺ	Office sou	yni			Office h	eiu	
	-											
1												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expe 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 C									
	Sch: 16/17 Rpt: 45/47		arez, Juan Ramon (Mr.)					00088246		
4	Date 10/22/2024		ee name LMART SUPERCENTER							
6	Amount (\$) \$19.94	7 Payee address; City; State; Zip Code 1310 N TEXAS BLVD WESLACO, TX 78599								
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 COFFEE								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	Office	sougl	nt		Office held		
	Date	Pay	ee name							
	10/26/2024	WA	LMART SUPERCENTER							
	Amount (\$) \$26.00	131	ee address; City; 0 N TEXAS BLVD SLACO, TX 78599	State; Zip	Cod	9				
	PURPOSE OF EXPENDITURE	(a) Cate	gory (See Categories listed at the to d/Beverage Expense	p of this schedule)	(1		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense JIT		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	Office	sougl	nt		Office held		
	Date 07/05/2024		ee name LMART							
	Amount (\$) \$247.70		ee address; City; 4 W UNIVERSITY DR	State; Zip	Cod	9				
		ED	NBURG, TX 78539							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the to ing Expense	p of this schedule)	(1			de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	Office	sougl	nt		Office held		

				EXPENDITURE CA	TEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense			Event Expense		Loan Repa	yment/Reimburseme			Solicitation/Fundraising		
	Accounting/Banking Consulting Expense			Fees Food/Beverage Expense		Polling Exp	head/Rental Expens ense	se		Transportation Equipme Travel in District	ent & Related Expense	
	Contributions/ Donations Made By Candidate/Officeholder/Politica		mmitte e	Gift/Awards/Memorials Expens Legal Services	se	Printing Exp	pense			Travel Out of District	and part listed should)	
	Credit Card Payment		IIIIIIIIIee	The Instruction Guide ex	nlains h		ages/Contract Labor			OTHER (enter a catego	ily not listed above)	
1	Total pages Schedule F1:	2			(piuliis i				3	Filer ID (Eth	ics Commission Filers)	
1	Sch: 17/17 Rpt: 46/47			an Ramon (Mr.)				ľ		00088246		
_	-									00000240		
4	Date	5	Payee name									
	07/27/2024		WALMART									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Coo	le					
	\$209.50		1724 W UN	IVERSITY DR								
			EDINBURG	TV 70520								
		<u> </u>				r						
8	PURPOSE OF	(a)		ee Categories listed at the top o	of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Bever	age Expense						le of Texas. Complete S		
	_/							ustin,	TX,	officeholder living expen	ise	
							SNACKS					
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office soug	Jht			Office held		
	expenditure to benefit C/OI	п										
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	POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS	SCHEDULE G
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 1/1 Rpt: 47/47	2 FILER NAME Alvarez, Juan Ramon (Mr.)		3 Filer ID (Ethics Commission Filers) 00088246
4	Date 10/14/2024	5 Payee name SAMS CLUB		
6	Amount (\$) \$497.69	7 Payee address; City; State; Zip Co 1400 E JACKSON AVE	ode	
	Reimbursement from political contributions intended	MCALLEN, TX 78501		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held