FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00089133 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Regional Bank Federal PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6770 W. Interstate 2 Date Hand-delivered or Date Postmarked 4th Floor Change of Address Harlingen, TX 78552 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mark NAME NICKNAME LAST **SUFFIX** Richards STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6770 W. Interstate 2 STREET **ADDRESS** 4th Floor (Residence or Business) Harlingen, TX 78552 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6770 W. Interstate 2 MAILING **ADDRESS** 4th Floor Harlingen, TX 78552 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 277-6095 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|----------------|----------------------------|
| | | | 00089133 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 440.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZEI | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 14,000.00 |
| CONTRIBUTION BALANCE | 1 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | 50,000.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | I | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Mark R | cichards | |
| | | Signature of Car | npaign Treasu | rer |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscrib | ed before me, by the said _ | , th | is the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of offic | er administering oath |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | 3 of 9 |
|---|---|-----------------------------|----------------------------|
| 17 COMMITTEE N Texas Region | JAME nal Bank Federal PAC | 18 Filer ID 00089133 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. SC | CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. SC | CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SC | CHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| | CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABORGANIZATION | R | \$ |
| | CHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION | TION OR | \$ |
| 6. X SC | CHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA | ANIZATION | \$ 440.00 |
| | CHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR RGANIZATION | | \$ |
| 8. SC | CHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | DRGANIZATION | \$ |
| 9. SC | CHEDULE E: LOANS | | \$ |
| 10. X SC | CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ 14,000.00 |
| 11. SC | CHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SC | CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 13. SC | CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. SC | CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| | CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER | RETURNED | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1 | | | |

MONETARY SUPPORT FROM CORPORATION OR SCHEDULE C3 **LABOR ORGANIZATION** 1 Total pages Schedule C3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Regional Bank Federal PAC 00089133 4 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/09/2024 VANTAGE COMPLIANCE LLC 440.00

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/5 Rpt: 5/9 | Texas Regional Bank Federal PAC 00089133 |
| 4 | Date | 5 Payee name |
| | 11/22/2024 | ANDY BARR FOR CONGRESS |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,000.00 | PO BOX 2059 |
| | Expenditure from corporate funds | LEXINGTON, KY 40588 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | | Candidate/Officeholder/Political Committee Contribution Contribution Contribution Contribution Contribution |
| | | GONTRIBOTION |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Oh | |
| | Date | Payee name |
| | 11/22/2024 | ARMANDO MARTINEZ CAMPAIGN |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | PO BOX 1651 |
| _ | 1 Evnenditure from | |
| L | Expenditure from corporate funds | WESLACO, TX 78696 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | CONTRIBUTION |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/O | H |
| | Date | Payee name |
| | 11/22/2024 | BRYAN HUGHES FOR TEXAS SENATE |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | PO BOX 450 |
| | - Formanditus (Com | |
| | Expenditure from corporate funds | MINEOLA, TX 75773 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | LAFLINDITURE | Candidate/Officeholder/Political Committee |
| | | CONTRIBUTION |
| | Commission ONU V Stalling | Condidate/Officebolder name |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

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

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

Expense Travel in
Expense Travel Of
s/Wages/Contract Labor OTHER

| Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: Sch: 2/5 Rpt: 6/9 | 2 FILER NAME Texas Regional Bank Federal PAC 3 Filer ID (Ethics Commission Filers) 00089133 |
| 4 Date 11/22/2024 | 5 Payee name CARRIE ISAAC FOR TEXAS |
| 6 Amount (\$) \$1,000.00 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 100 COMMONS RD #7-125 DRIPPING SPRINGS, TX 78620 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 11/22/2024 | Payee name ELECT ADAM HINOJOSA CAMPAIGN |
| Amount (\$) \$1,000.00 Expenditure from corporate funds | Payee address; City; State; Zip Code PO BOX 18301 CORPUS CHRISTI, TX 78480 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 11/22/2024 Amount (\$) | Payee name ERIN GAMEZ CAMPAIGN Payee address; City; State; Zip Code |
| \$1,000.00 | 777 E HARRISON |
| corporate funds | HARLINGEN, TX 78520 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/5 Rpt: 7/9 | Texas Regional Bank Federal PAC 00089133 |
| 4 | Date | 5 Payee name |
| | 11/22/2024 | JANIE LOPEZ CAMPAIGN |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,000.00 | PO BOX 2073 |
| | | |
| | Expenditure from corporate funds | SAN BENITO , TX 78586 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Averte TV effected to living average. |
| | | Candidate/Officeholder/Political Committee Contribution Contribution Candidate/Officeholder living expense CONTRIBUTION |
| | | CONTRIBUTION |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 11/22/2024 | JUAN "CHUY" HINOJOSA CAMPAIGN |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | PO BOX 1421 |
| | | |
| | Expenditure from corporate funds | AUSTIN, TX 78767 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | | CONTRIBUTION |
| | Operation ONE Wife disease | Our Midde (Office helder game) |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | | |
| | Date | Payee name |
| | 11/22/2024 | MANO DEAYALA CAMPAIGN |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,000.00 | 12335 KINGSRIDE LN |
| | Expenditure from | #146 |
| | corporate funds | HOUSTON, TX 77024 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | CONTRIBUTION |
| | Operation Of the Control of the Cont | Our Midde (Office helder name |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | |
| Sch: 4/5 Rpt: 8/9 | Texas Regional Bank Federal PAC 00089133 |
| 4 Date | 5 Payee name |
| 11/22/2024 | OSCAR LONGORIA CAMPAIGN |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | PO BOX 4224 |
| E constituir de facilità | |
| Expenditure from corporate funds | MISSION, TX 78573 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Candidate/Officeholder/Political Committee |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 11/22/2024 | TEXANS FOR HENRY CUELLAR |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO BOX 6147 |
| | |
| Expenditure from corporate funds | LAREDO, TX 78042 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | CONTRIBUTION |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | o |
| Date | Payer name |
| 11/22/2024 | Payee name THE GUILLEN CAMPAIGN |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO BOX 1024 |
| Expenditure from corporate funds | AUSTIN, TX 78767 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | CONTRIBUTION |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/5 Rpt: 9/9 | Texas Regional Bank Federal PAC 00089133 |
| 4 Date | 5 Payee name |
| 11/22/2024 | TOXCLAIR FOR TEXAS |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 701 HWY 281 |
| - Evnanditura from | STE H #196 |
| Expenditure from corporate funds | MARBLE FALLS, TX 78654 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense CONTRIBUTION |
| | CONTRIBUTION |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete ONLY if direct expenditure to benefit C/O | |
| Date | Payee name |
| 11/22/2024 | VICENTE GONZALEZ FOR CONGRESS |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO BOX 6270 |
| | |
| Expenditure from corporate funds | BROWNSVILLE, TX 78520 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living expenses |
| | Candidate/Officeholder/Political Committee |
| | Gennaderien |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| I | |
| | |