FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00038971 3 COMMITTEE NAME **OFFICE USE ONLY** Hidalgo County GOP Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4900 N 23rd St Date Hand-delivered or Date Postmarked Change of Address McAllen, TX 78504 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Elisa NAME NICKNAME LAST **SUFFIX** Rivera STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3805 San Ramon St. STREET **ADDRESS** (Residence or Business) Mission, TX 78572 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3805 San Ramon St. MAILING **ADDRESS** Mission, TX 78572 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 360-5292 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election 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**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Hidalgo County GOP				000389	71
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.))			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.))			
5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	S, OR GUARANTEE MADE ELECTRON		\$	24,987.67
	2. TOTAL POLITION	CAL CONTRIBUT		\$	56,472.67
EXPENDITURE	3. TOTAL UNITEMIZ		,		
TOTALS	3. TOTAL ONTENIZ	LED FOLITICAL EXP	-ENDITORES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITUI	RES	\$	44,525.66
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		MAINTAINED AS OF THE LAST	DAY \$	23,341.28
OUTSTANDING LOAN TOTALS	1	AL AMOUNT OF ALL IE REPORTING PER	OUTSTANDING LOANS AS OF RIOD	THE \$	0.00
6 AFFIDAVIT	l .				
		true	wear, or affirm, under penalty of pe e and correct and includes all infor der Title 15, Election Code.		
			Flisa	Rivera	
		_	Signature of Ca		asurer
AFFIX NOTARY	STAMP / SEAL ABOV	′ F	- g		
				lata da a	de
of			, t	nis ine	day
01	, 20, to certi	iy wilich, withess my	Thanu and Seal Of Office.		
Signature of officer ad	ministering oath	Printed name of o	officer administering oath	Title of o	officer administering oath

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) Hidalgo County GOP 00038971 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 56,472.67 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 44,525.66 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

10. X

TO FILER

\$

\$

0.30

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/6 Rpt: 4/37	
2	FILER NAME					Filer ID (Ethics Commission 00038971	n Filers)
4	Date 10/17/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$285.00	
		McAllen, TX 78501					
8	Principal occu N/A	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	s)		
	Date 10/03/2024	Full name of contributor BROOKE, JOHN W Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$250.00
		MCALLEN, TX 78501					
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
	Date 11/01/2024	Full name of contributor BROOKE, JOHN W Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$250.00
		MCALLEN, TX 78501					
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$250.00	
	Principal occu N/A	MCALLEN, TX 78501 pation / Job title (See Instructions)		Employer (See Instructions N/A	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2024 CEDENO, ELISA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00		
		EDINBURG, TX 78542	1		<u></u>		
	Principal occupation / Job title (See Instructions) CHIEF OPERATING OFFICER			Employer (See Instructions ENKEPHALIN ANESTH		IA CEDVICES	

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUI	LE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/6 Rpt: 5/37	
2	FILER NAME Hidalgo County GOP				3	Filer ID (Ethics Commission 00038971	on Filers)
4	Date 11/10/2024			7	Amount of Contribution (\$)	\$450.00	
8	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Attorney	,		Resnick & Louis	,		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: DE LA GARZA INSURANCE LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		MISSION, TX 78572					
	Principal occupation / Job title (See Instructions) Employer (See Instructions				s)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 DE LOS SANTOS, ROBERTO Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00		
		MCALLEN, TX 78503					
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/22/2024 ELECT ADAM HINOJOSA Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78480		•	Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/09/2024 GARZA, DEBBIE C Contributor address; City; State; Zip Code MISSION, TX 78572			Amount of Contribution (\$)	\$5,300.00		
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
		<u>,</u>					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/6 Rpt: 6/37			
2	FILER NAME Hidalgo Cou			3	Filer ID (Ethics Commission 00038971	on Filers)		
4	Date 09/18/2024	5 Full name of contributor out-of-state PAC (ID#:) GRANCHELLI CONSTRUCTION LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00		
_	Duinning Langu	MCALLEN, TX 78504	O Familia de Constitución de					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:) HINOJOSA, CHRIS HOMERO Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Pointing I area	MCALLEN, TX 78504	Fundament (October National)					
	Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A)					
	Date 09/30/2024				Amount of Contribution (\$)	\$300.00		
		MCALLEN, TX 78501						
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)				
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID#:_IGLESIAS, NORMA Contributor address; City; State; Zip Code PHARR, TX 78577			Amount of Contribution (\$)	\$1,000.00		
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 LJ FRANCIS FOR TEXAS Contributor address; City; State; Zip Code CORPUS CHRISTI , TX 78413			Amount of Contribution (\$)	\$300.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 4/6 Rpt: 7/37			
2	FILER NAME Hidalgo Cou			3	Filer ID (Ethics Commission 00038971	on Filers)		
4	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:) LOZANO, JOSE M Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	MCALLEN, TX 78504 pation / Job title (See Instructions)	9 Employer (See Instructions					
_	PHYSICIAN		ASAS	,				
	Date Full name of contributor out-of-state PAC (ID#:) 10/21/2024 MATERMI LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,250.00			
	MISSION, TX 78574 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	r inicipal occu	pation / 300 title (3ee instructions)	Employer (See Instructions	,				
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 MAYRA FLORES FOR CONGRESS Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
		LOS INDIOS, TX 78567	1 - 1 - 1					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_MIDDLETON, MAYES Contributor address; City; State; Zip Code GALVESTON, TX 77550			Amount of Contribution (\$)	\$2,500.00		
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A)				
	Date Full name of contributor out-of-state PAC (ID#:) 07/11/2024 Monica for Congress Contributor address; City; State; Zip Code ALEXANDRIA, VA 22314			Amount of Contribution (\$)	\$600.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	uction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 5/6 Rpt: 8/37			
2	FILER NAME Hidalgo Cou			3	Filer ID (Ethics Commission 00038971	on Filers)		
4	Date 10/08/2024	5 Full name of contributor out-of-state PAC (ID#:) 7 Monica for Congress 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
_	Duinning Langu	ALEXANDRIA, VA 22314	O Franks or (Cas Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:) PALMA, CESAR Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	<u> </u>	EDINBURG, TX 78542						
	Principal occupation / Job title (See Instructions) N/A Employer (See Instructions N/A)					
	Date 10/17/2024				Amount of Contribution (\$)	\$300.00		
		MCALLEN, TX 78503						
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions) RETIRED)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$400.00			
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 RIO BANK Contributor address; City; State; Zip Code MCALLEN, TX 78501			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/37		
2	FILER NAME Hidalgo Cou			3	Filer ID (Ethics Commiss 00038971	ion Filers)
4			7	Amount of Contribution (\$)	\$1,000.00	
		MISSION, TX 78573				
8	Principal occu N/A	upation / Job title (See Instructions)	9 Employer (See Instructions N/A	s) 		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Robert F Boggus Investments Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	McAllen, TX 78502 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Slavin, Dennis (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,500.00
		Weslaco, TX 78596 upation / Job title (See Instructions) ogist / Owner	Employer (See Instructions Rio Grande Pain Team	<u> </u> s)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 10/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	07/03/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.80	1920 McKinney Ave
		Dallas, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
		COL CIVELNE DOWN THOM LE
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
L		
	Date	Payee name
	07/03/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.22	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
		COL CIVELINE DOWNTOWN EE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	07/12/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
_	Complete CNU V 'C "	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Gard i dyment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		;	3 File	r ID	(Ethics Commission File	ers)
	Sch: 2/27 Rpt: 11/37	Hidalgo County GOP			000	038971		
4	Date	5 Payee name						
	07/16/2024	Anedot						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$1.50	1920 McKinney Ave						
		Dallas, TX 78201						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Fees	(-,	_ `	utside of	Texas. Com	plete Schedule T.	
	EXPENDITURE			Check if Austin,				
				GOP ONLINE	DON	ATION F	EE	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	eld	
	Date	Payee name						
	07/16/2024	Anedot						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$31.70	1920 McKinney Ave						
		Dallas, TX 78201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		ш			plete Schedule T.	
				GOP ONLINE				
				OO! ONEVE	DON	, (110111		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht			Office he	eld	
	expenditure to benefit C/OI		·9			000		
	Date	Payee name						
	07/17/2024	Anedot						
	Amount (\$)		ndo.					
	\$7.80	Payee address; City; State; Zip Co 1920 McKinney Ave	ue					
	Ψ1.00	1320 WCKIIIICY AVC						
		Dallac TV 70201						
		Dallas, TX 78201						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel out	ıtsida of	Tayas Comi	nlete Schedule T	
	EXPENDITURE	Fees		Check if Austin,				
				GOP ONLINE				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1						

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 3/27 Rpt: 12/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	07/31/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.20	1920 McKinney Ave
		Dallas, TX 78201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/30/2024	Anedot
	Amount (\$)	
	\$100.90	
	\$100.90	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Date	Payee name
	09/30/2024	Payee name Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$374.65	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 4/27 Rpt: 13/37	Hidalgo County GOP O0038971
4	Date	5 Payee name
	10/30/2024	Anedot
6	Amount (\$) \$441.12	7 Payee address; City; State; Zip Code1920 McKinney Ave
		Dallas, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/22/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.90	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP ONLINE DONATION FEE
		GOP ONLINE DONATION FEE
_	Operation ONLY if allowed	Open Helder (Office helder manner)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.91	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		GOP ONLINE DONATION FEE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	:)
•	Sch: 5/27 Rpt: 14/37	Hidalgo County GOP 00038971	2)
4	Date	5 Payee name	
	07/19/2024	Anedot	
6	Amount (\$) \$9.30	7 Payee address; City; State; Zip Code 1920 McKinney Ave Dallas, TX 78201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense GOP ONLINE DONATION FEE	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/18/2024	BASTICK, AUDRIANA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.00	4900 N 23RD ST	
		MCALLEN, TX 78504	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOP BLOCKWALKING	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/12/2024	BOSTICK, LETICIA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	4900 N 23RD ST	
		MCALLEN, TX 78504	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		GOP BLOCKWALKING	
_	Complete ONLY 'C. "	Condidate/Officeholder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 6/27 Rpt: 15/37	Hidalgo County GOP 00038971			
4	Date	5 Payee name			
	08/28/2024	BREEDEN MCLUMBER			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$5,300.00	750 E LOS EBANOS BLVD			
		BROWNSVILLE, TX 78520			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense GOP CAMPAIGN BILLBOARD SIGN			
		GOI CAMII AIGN BILLBOAND SIGN			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Data				
	Date	Payee name			
	08/29/2024	Brand Boosters			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$535.84	301 N McColl Rd Suite G			
		McAllen, TX 78501			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Solicitation/Fundraising Expense			
		Check if Austin, TX, officeholder living expense GOP TRUMP SIGNS			
		GOF TROWIF SIGNS			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name Brand Boosters			
	09/30/2024				
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,452.72	301 N McColl Rd Suite G			
		McAllen, TX 78501			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Solicitation/Fundraising Expense			
		Check if Austin, TX, officeholder living expense GOP TRUMP SIGNS			
		GOI TROWII SIGNS			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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

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

Event Expense Li
Fees O
Food/Beverage Expense P
Gift/Awards/Memorials Expense P
Li
Fees O
Food/Beverage Expense P
Li
Fees O
Food/Beverage Expense P
Fo

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_	Total pages Cabadala E4	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1: Sch: 7/27 Rpt: 16/37	2 FILER NAME Hidalgo County GOP 3 Filer ID (Ethics Commission Filers) 00038971			
4	Date	5 Payee name			
	11/04/2024	Brand Boosters			
6	Amount (\$) \$2,284.08	7 Payee address; City; State; Zip Code 301 N McColl Rd Suite G			
		McAllen, TX 78501			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		GOP TRUMP SIGNS			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/20/2024	Brand Boosters			
_	Amount (\$)	Payee address; City; State; Zip Code			
	` ,				
	\$156.96	301 N McColl Rd Suite G			
		McAllen, TX 78501			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		GOP TRUMP SIGNS			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/22/2024	CANTU JR, ROBERT			
	11/22/2024				
	Amount (\$)	Payee address; City; State; Zip Code			
	\$215.00	4900 N 23RD ST			
		MCALLEN, TX 78504			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		GOP THANKSGIVING EVENT			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	oxponancio lo sononi ozori				

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C	ls Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:								Filer ID	(Ethics Commission File	ers)
L	Sch: 8/27 Rpt: 17/37	Hidal	go County GOP						00038971		
4	Date	5 Paye	e name								
	11/22/2024	CAS ⁻	TRO, MONICA								
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	de					
	\$130.00	4900	N 23RD ST								
		MCA	LLEN, TX 78504								
8	PURPOSE	(a) Cateo	Ory (See Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		ies/Wages/Contract I				=		de of Texas. Comp		
							GOP PHONE		officeholder living	expense	
							SOL THONE		UVICIIVG		
9	Complete ONLY if direct	Candid	ate/Officeholder name		ffice sou	l Iaht			Office he	ald.	
9	expenditure to benefit C/O		uic/Officeriolider Haiffe		-mce 50u	gill			Office fie		
	Date	,	e name								
	10/28/2024	CITY	OF WESLACO								
	Amount (\$)	Paye	e address; City;	State;	Zip Co	ode					
	\$100.00	255 9	S KANSAS AVE								
		WES	LACO, TX 78596								
	PURPOSE	(a) Categ	Ory (See Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		e Overhead/Rental Ex				ш		de of Texas. Comp		
							GOP CAMPA		officeholder living		
							JO. ONWIN	01	. LA LINOL	=	
_	Complete ONLY if direct	L Candid	ate/Officeholder name	<u> </u>	ffice sou	l ight			Office he	eld	
	expenditure to benefit C/O			J		J					
H	Date	Pave	e name								
	07/23/2024	Canv									
	Amount (\$)		e address; City;	State:	Zip Co	ode					
	\$120.00	_	ast Santa Clara St	Jiuio,	p 00						
	\$1E3.30										
		San .	Jose, CA 95113					_			
	PURPOSE OF		Ory (See Categories listed at		edule)	(b)	Description				
	EXPENDITURE	Office	e Overhead/Rental Ex	kpense			ш		de of Texas. Comp officeholder living		
							GOP Graphic			слропас	
							2.5450				
	Complete ONLY if direct	Candid	ate/Officeholder name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/O					-					

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 9/27 Rpt: 18/37	Hidalgo County GOP 00038971			
4	Date	5 Payee name			
	09/09/2024	Copy Zone			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$126.07	4131 N 10th			
		McAllen, TX 78504			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		GOP EVENT PRINTING			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	10/18/2024	Copy Zone			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$144.10	4131 N 10th			
		McAllen, TX 78504			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		GOP PRINTING			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	4			
	Date	Payee name			
	10/17/2024	Dan's Mobile Bar Service			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$776.25	617 Jasim Ave			
		McAllen, TX 78501			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense LINCOLN REAGN DINNER EVENT			
		EINCOLN KLAGN DINNER EVENT			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/27 Rpt: 19/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	12/16/2024	Delia's Tamales
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$324.43	3400 N. 10th St.
	!	
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	CHRISTMAS GOP EVENT
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/Oh	
H	Date	Payee name
	12/12/2024	Dominos Pizza
_	Amount (\$)	Payee address; City; State; Zip Code
	\$35.69	2016 W Nolana Ave
	ψου.συ	2010 W Notalia Ave
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	FOOD FOR VOLUNTEERS
	!	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	11/01/2024	EZ Politix
	Amount (\$) \$1,553.60	Payee address; City; State; Zip Code 314 N 115th St
	Φ1,555.00	314 N 115ui 5t
	1	Omaha, NE 68154
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORL	Check if Austin, TX, officeholder living expense
	!	GOP DATABASE FOR GOP
_	Children and Children	
	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)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/27 Rpt: 20/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	10/15/2024	Ephraimvsq
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2037 Orchid Ave
		Mcallen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP LINCOLN REAGAN DINNER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/23/2024	Fedex Office
H	Amount (\$)	Payee address; City; State; Zip Code
	\$25.98	2812 N 10th St
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FREIGHT FOR SIGNS
		The later of the l
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/04/2024	GARCIA, JESSE
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	4900 N 23RD ST
		MCALLEN, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOP BLOCKWALKING
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 21/37	Hidalgo County GOP		00038971
4	Date	5 Payee name		-
	08/14/2024	GONZALEZ, PRINCESS		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,300.00	4900 N 23RD ST		
		MCALLEN, TX 78504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				GOP OFFICE MANAGEMENT
_	Complete ONLY if direct	Candidate/Officeholder name Office sour	abt	Office hold
9	Complete ONLY if direct expenditure to benefit C/O		gnı	Office held
_				
	Date	Payee name		
	09/18/2024	GONZALEZ, PRINCESS	_	
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,000.00	4900 N 23RD ST		
		MCALLEN, TX 78504		
	PURPOSE OF	, , , , , , , , , , , , , , , , , ,	(b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				GOP OFFICE MANAGEMENT
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	10/15/2024	GONZALEZ, PRINCESS		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,028.00	4900 N 23RD ST		
		MCALLEN, TX 78504		
	PURPOSE	<u> </u>	(b)) Description
	OF	Salaries/Wages/Contract Labor	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Callatios, trages, Continues Labor		Check if Austin, TX, officeholder living expense
				GOP OFFICE MANAGEMENT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experientare to beliefit 6/0	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 13/27 Rpt: 22/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	07/12/2024	GONZALEZ, PRINCESS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4900 N 23RD ST
		MCALLEN, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP OFFICE MANAGEMENT
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorative to benefit C/Oi	
	Date	Payee name
	11/05/2024	GONZALEZ, PRINCESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	4900 N 23RD ST
		MCALLEN, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP OFFICE MANAGEMENT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2024	GONZALEZ, PRINCESS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4900 N 23RD ST
		MCALLEN, TX 78504
	DUDDOCE	I a .
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOP OFFICE MANAGEMENT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1: Sch: 14/27 Rpt: 23/37	FILER NAME Hidalgo County GOP		3	Filer ID 00038971	(Ethics Commission Filers)
4	Date 10/18/2024	5 Payee name Garza , ARTURO				
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 4900 N 23RD ST				
8	PURPOSE OF EXPENDITURE	MCALLEN, TX 78504 (a) Category (See Categories listed at the top of this schedule) Event Expense	Check if Aust	tin, TX	ide of Texas. Com , officeholder living REAGAN D	expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough			Office he	eld
	Date 08/14/2024	Payee name HEB				
	Amount (\$) \$3.64	Payee address; City; State; Zip Code 1300 S CAGE BLVD				
	PURPOSE OF EXPENDITURE	PHARR, TX 78501 (a) Category (See Categories listed at the top of this schedule) Event Expense	Check if Aust	in, TX	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sough			Office he	eld
	Date 09/03/2024	Payee name HEB				
	Amount (\$) \$5.39	Payee address; City; State; Zip Code 1300 S CAGE BLVD				
		PHARR, TX 78501				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if Aust	tin, TX	ide of Texas. Com , officeholder living REACH EVI	expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	: :		Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/27 Rpt: 24/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	10/18/2024	JARAMILLO, RUBEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	4900 N 23RD ST
		MCALLEN, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP LINCOLN REAGAN DINNER SECURITY
		GOF LINCOLN REAGAN DINNER SECORITY
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨		
	Date	Payee name
L	11/19/2024	JIMENEZ, BRYAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.00	4900 N 23RD ST
		MCALLEN, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		GOP BLOCKWALKING
┡	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
	10/18/2024	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.68	4100 N 2nd St Ste 100
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		FOOD FOR VOLUNTEERS
\vdash	Complete ONLY if divert	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
lacksquare		
L		

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this forn	1.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
Sch: 16/27 Rpt: 25/37	Hidalgo County GOP		00038971	
4 Date	5 Payee name			
10/18/2024	Kokos Uptown Cafe			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$124.82	6100 N 10th St A			
	McAllen, TX 78504			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF EXPENDITURE	Food/Beverage Expense	Check if	travel outside of Texas. Complete Sched	ule T.
LAFENDITORE		. —	Austin, TX, officeholder living expense	
		FOODF	OR VOLUNTEERS	
O Complete ONLY if direct	Condidate/Officeholder name Office co	uaht	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ugrit	Office held	
Date	Payee name			
11/08/2024	LEAL, CRISELDA			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$80.00	4900 N 23RD ST			
	MCALLEN, TX 78504			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor		travel outside of Texas. Complete Sched Austin, TX, officeholder living expense	ule T.
		. –	OCKWALKING	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>I</u> ught	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
10/09/2024	Los Pasteles Caseros			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$316.16	1001 S 10th St			
	McAllen, TX 78501			
PURPOSE		(b) Description	un.	
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	I :	ravel outside of Texas. Complete Sched	ule T.
EXPENDITURE	Event Expense	Check if	Austin, TX, officeholder living expense	
		LINCOLI	N REAGEN DINNER EVEN	Т
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O	п			

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
_	Sch: 17/27 Rpt: 26/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	07/20/2024	MORALES, VICTORIA
6	Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 4900 N 23RD ST MCALLEN, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP HEADQUARTERS EVENT
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/22/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP EMAIL MARKETING
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/19/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP EMAIL MARKETING
		COT END TE MAN TAKE THE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 18/27 Rpt: 27/37	Hidalgo County GOP 00038971
4	Date 09/18/2024	5 Payee name Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$47.97	675 Ponce de Leon Ave NE
	Ψ+1.51	Suite 5000
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP EMAIL MARKETING
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP EMAIL MARKETING
		GOF EMAIL MARKETING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/18/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	COD FMAIL MADISTING
		GOP EMAIL MARKETING
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 28/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	12/17/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOP EMAIL MARKETING
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2024	McAllen Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$324.75	108 S 16th St
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense LINCOLN REAGAN DINNER EVENT AWARDS
		EINCOLN REAGAN DINNER EVENT AWARDS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/01/2024	O E Investments
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	4800 N 23rd St
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN OFFICE RENT
		CAIVIFAIGII OFFICE REINI
	Complete ONU V if allow	Condidate/Officeholder come
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/27 Rpt: 29/37	Hidalgo County GOP		00038971
4	Date	5 Payee name		1
	09/03/2024	Office Depot		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$385.12	5115 N,. 10th		
		McAllen, TX 78504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				OFFICE SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office souç H	ght	Office held
	Date	Payee name		
	09/06/2024	Office Depot		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$29.20	5115 N,. 10th		
		McAllen, TX 78504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
				OFFICE SOFFEES
	Complete ONLY if direct	Candidate/Officeholder name Office sout	aht	Office held
	expenditure to benefit C/O	•	9	000 1.0.0
	Date	Payee name		
	09/16/2024	Office Depot		
		Payee address; City; State; Zip Coo	do	
	Amount (\$) \$564.48	5115 N,. 10th	ue	
	Ψ504.40	3113 N.,. 10til		
		Madler TV 70504		
		McAllen, TX 78504		
	PURPOSE OF		(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				OFFICE SUPPLIES FOR GOP
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O			
1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/27 Rpt: 30/37 Hidalgo County GOP 00038971 4 Date Payee name 10/15/2024 Office Depot 6 Amount (\$) Payee address; City; State; Zip Code \$21.64 5115 N,. 10th McAllen, TX 78504 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICE SUPPLIES FOR GOP Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2024 PNC Bank Amount (\$) Payee address; City; State; Zip Code \$42.59 3900 N 10th St McAllen, TX 78504 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank service fee for Campaign office Bank Account Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2024 **PNC Bank** Amount (\$) Payee address: City; State; Zip Code \$37.00 3900 N 10th St McAllen, TX 78504 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank service fee for Campaign office Bank Account Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 31/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	12/02/2024	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	3900 N 10th St
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank service fee for Campaign office Bank Account
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/09/2024	STANLEY STEEMER
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.47	224 N MCCOLL RD STE N
		MCALLEN, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP HEADQUARTERS CARPET CLEANING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/30/2024	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.14	7601 N. 10th Street
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense HISPANIC OUTREACH EVENT
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	<u> </u>							
	Sch: 23/27 Rpt: 32/37	Hidalgo County GOP 00038971							
4	Date	5 Payee name							
	07/01/2024	Spectrum							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$325.55	400 Atlantic Street							
		10th Floor							
		Stamford, CT 06901							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		GOP HEADQUARTERS UTILITIES							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	07/29/2024	Spectrum							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$325.55	400 Atlantic Street							
		10th Floor							
		Stamford, CT 06901							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense							
	LAI LINDITORE	Check if Austin, TX, officeholder living expense							
		GOP HEADQUARTERS UTILITIES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol								
	Date	Davies same							
	08/29/2024	Payee name Spectrum							
		·							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$325.55	400 Atlantic Street							
		10th Floor							
		Stamford, CT 06901							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		GOP HEADQUARTERS UTILITIES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 24/27 Rpt: 33/37	2 FILER NAME Hidalgo County GOP 3 Filer ID (Ethics Commission Filers) 00038971
4	Date 09/30/2024	5 Payee name Spectrum
6	Amount (\$) \$325.55	7 Payee address; City; State; Zip Code 400 Atlantic Street 10th Floor Stamford, CT 06901
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP HEADQUARTERS UTILITIES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/29/2024	Payee name Spectrum
	Amount (\$) \$325.55	Payee address; City; State; Zip Code 400 Atlantic Street 10th Floor Stamford, CT 06901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP HEADQUARTERS UTILITIES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/29/2024	Payee name Spectrum
	Amount (\$) \$325.55	Payee address; City; State; Zip Code 400 Atlantic Street 10th Floor Stamford, CT 06901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP HEADQUARTERS UTILITIES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 34/37	Hidalgo County GOP 00038971
4	Date	5 Payee name
	12/30/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$325.55	400 Atlantic Street
		10th Floor
		Stamford, CT 06901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense GOP HEADQUARTERS UTILITIES
		GOF HEADQUARTERS UTILITIES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/26/2024	State Farm Insurance
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$425.00	One State Farm Plaza
		Bloomington, IL 61710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP HEADQUARTERS INSURANCE
		GOI TIEADQUAINTEINS INSUINANCE
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/03/2024	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.89	3000 N Ware Rd.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		HISPANIC OUTREACH COMMITTEE EVENT
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 26/27 Rpt: 35/37	Hidalgo County GOP	00038971	
4	Date	5 Payee name	•	
	11/12/2024	TRUJILLO, MARTIN		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.00	4900 N 23RD ST		
		MCALLEN, TX 78504		
8	PURPOSE OF	, -) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			GOP BLOCKWALKING	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held	_
	expenditure to benefit C/O	1		
	Date	Payee name		_
	11/04/2024	VEGA, ILAISHA		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.00	4900 N 23RD ST		
		MCALLEN, TX 78504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			GOP BLOCKWALKING	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held	_
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	10/15/2024	VEGA, ILAISHA		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$21.00	4900 N 23RD ST		
		MCALLEN, TX 78504		
	PURPOSE OF	,) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			GOP BLOCKWALKING	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held	_
	expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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		nmittee	Gift/Awards/Mem Legal Services The Instructic		Salari		nse es/Contract Labor blete this form.		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 27/27 Rpt: 36/37	ı	Hidalgo Cou	nty GOP						00038971		
4	Date	5	Payee name									
	11/12/2024		VEGA, ILAIS									
6	Amount (\$)	1	Payee addres			State; Zip	Code	,				
	\$120.00		4900 N 23R	บรา								
		-	MCALLEN,									
8	PURPOSE		Category (Se			this schedule)	(b) Description				
	OF EXPENDITURE		Salaries/Wa					ш		ide of Texas. Com		
								_		, officeholder living	g expense	
								GOP BLOC	∠KW/	ALKING		
L												
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder nam	e	Office	sough	t		Office he	eld	
	Date	Γ	Payee name									
	10/18/2024	1	Valencia Ev	ent Center								
	Amount (\$)	Г	Payee addres	s; City;		State; Zip	Code					
	\$13,000.00		3012 S Jack	son Rd								
		┢	McAllen, TX									
	PURPOSE		Category (Se		d at the top of	this schedule)	(b) Description				
	OF EXPENDITURE		Event Exper	ise				<u> </u>		ide of Texas. Com		
								ш		, officeholder living	g expense INNER VENU	IE
								GUP LINU	ULIN I	NEAGAN D	IININEK VENU	JL
	Complete ONLY if direct		Candidate/Offic	eholder nam	е	Office	 sought	ţ		Office he	əld	
	expenditure to benefit C/O						_					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 37/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hidalgo County GOP 00038971 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/31/2024 **PNC Bank** \$0.30 6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504 Purpose for which amount is received Check if political contribution returned to filer Interest Income