#### 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) 00081934 3 COMMITTEE NAME **OFFICE USE ONLY** Hidalgo Forward Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 702 Las Palmas Avenue Date Hand-delivered or Date Postmarked Change of Address Hidalgo, TX 78557 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Monica NAME NICKNAME LAST **SUFFIX Torres** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 702 Las Palmas Avenue STREET **ADDRESS** (Residence or Business) Hidalgo, TX 78557 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 702 Las Palmas Avenue MAILING **ADDRESS** Hidalgo, TX 78557 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 961-1927 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** 10/27/2024 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

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Hidalgo Forward				00081934	
4 COMMITTEE	1. Candidates	A. Supported			
	(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.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIB OR GUARANTEES OF IADE ELECTRONICALI qualifies for the higher item	LY)	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE		JARANTEES OF LOANS)	\$	19,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDI	TURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	12,642.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN		NTAINED AS OF THE LAST	DAY \$	6,857.78
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		true and	or affirm, under penalty of pe correct and includes all infor le 15, Election Code.		
				ica Torres	
			Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY S	STAMP / SEAL ABOVE				
Sworn to and subscribed t	pefore me, by the said		, tl	his the	day
of,					
Signature of officer adm	ninistaring oath	Printed name of officer	administering oath	Title of offic	cer administering oath

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			3 of 19
<b>17</b> COMMITT Hidalgo F		<b>18</b> Filer ID 00081934	(Ethics Commission Filers)
l	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 12,642.22
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/19	
2	FILER NAME Hidalgo Forv	vard			3	Filer ID (Ethics Commission 00081934	on Filers)
4	Date 11/05/2024	<ul><li>5 Full name of contributor Easy Plastic USA</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$2,000.00
8	Dringinal occu	McAllen, TX 78503 pation / Job title (See Instructions)	اه	Employer (See Instructions			
Ü	r incipal occu	pation / 300 title (See Instructions)	l <sup>3</sup>	Employer (See instructions	,		
	Date 10/27/2024	Full name of contributor Garcia, Jose Contributor address; City; Stat Mission, TX 78572		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Self Employe	ed		Self employed			
	Date 10/27/2024	Full name of contributor [ Garza, Rene (Mr.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Edinburg, TX 78539					
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed	)		
	Date 10/27/2024	Full name of contributor Linebarger Goggan Blair & Contributor address; City; Stat		)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/05/2024	Full name of contributor O'Hanlon, Demerath & Cas Contributor address; City; Stat Pharr, TX 78577				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			I				

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	action Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/19	
2	FILER NAME Hidalgo For			3		ion Filers)
4	Date 10/27/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Rodriguez, Jesus</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2,000.00
	<u> </u>	Mission, TX 78573		Ĺ		
8	Self Employ	upation / Job title (See Instructions) red	9 Employer (See Instruction: Self Employed	s)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_Villareal, Everardo  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Mission, TX 78573 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Self Employ	red	Self Employed			
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_ Villareal, Everardo  Contributor address; City; State; Zip Code  Mission, TX 78573	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Self Employ	upation / Job title (See Instructions)	Employer (See Instruction: Self Employed	s)		

#### SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/14 Rpt: 6/19	Hidalgo Forward	00081934
4 Date	5 Payee name	
10/31/2024	7-Eleven	
6 Amount (\$)	7 Payee address; City; State; Zip Code	ý
\$41.00	809 N Cage Blvd	
Expenditure from		
corporate funds	Pharr, TX 78577	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Gasoline	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
		Gasonine
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI		dince field
Date	Doving name	
11/07/2024	Payee name Altamar Seafood & Bar	
Amount (\$) \$204.54	Payee address; City; State; Zip Code 8001 S Jackson Rd Ste. 1 & 2	;
\$204.54	8001 S Jackson Ru Ste. 1 & 2	
Expenditure from corporate funds	Pharr, TX 78577	
PURPOSE		<b>D)</b> Description
OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 God/Beverage Expense	Check if Austin, TX, officeholder living expense
		Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
experientare to benefit 6/61		
Date	Payee name	
10/28/2024	Brand Boosters Co XF	
Amount (\$)	Payee address; City; State; Zip Code	<u> </u>
\$700.00	2300 S. Cage Blvd.	
Expenditure from		
corporate funds	Pharr , TX 78577	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	D) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
		Fillung
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	•	office field

#### 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 Commit

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 2/14 Rpt: 7/19	Hidalgo Forward 00081934
4 Date	5 Payee name
10/30/2024	Brand Boosters Co XF
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$400.00	2300 S. Cage Blvd.
Expenditure from	
corporate funds	Pharr , TX 78577
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Printing
	Finding
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
	Payee name Brand Boosters Co XF
11/06/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$800.00	2300 S. Cage Blvd.
Expenditure from	
corporate funds	Pharr , TX 78577
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
	Check if Austin, TX, officeholder living expense
	Printing Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
11/13/2024	Brand Boosters Co XF
Amount (\$)	Payee address; City; State; Zip Code
\$829.13	2300 S. Cage Blvd.
Expenditure from	
corporate funds	Pharr , TX 78577
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Printing
	Filliung
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/14 Rpt: 8/19	Hidalgo Forward 00081934
4 Date	5 Payee name
11/05/2024	Dollar General
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.34	1400 E Ramon Ayala Dr
Expenditure from corporate funds	Hidalgo, TX 78557
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Beverages
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/27/2024	El Tigre Food Store #13
Amount (\$)	Payee address; City; State; Zip Code
\$70.96	3300 State Hwy 336
Ψ10.90	Social State Hwy 550
Expenditure from	Hiddan TV 70557
corporate funds	Hidalgo, TX 78557
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Beverage Expense
	Develage Expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/04/2024	El Tigre Food Store #13
Amount (\$)	Payee address; City; State; Zip Code
\$41.19	3300 State Hwy 336
Expenditure from corporate funds	Hidalgo, TX 78557
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Gasoline  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Gasoline
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt: 9/19	Hidalgo Forward 00081934
4 Date	5 Payee name
11/08/2024	El Tigre Food Store #13
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.32	3300 State Hwy 336
Expenditure from corporate funds	Hidalgo, TX 78557
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gasoline Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Gasoline
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/21/2024	El Tigre Food Store #13
Amount (\$)	Payee address; City; State; Zip Code
\$92.36	3300 State Hwy 336
Expenditure from corporate funds	Hidalgo, TX 78557
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  Event
	Lycht
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name
12/23/2024	El Tigre Food Store #13
Amount (\$)	Payee address; City; State; Zip Code
\$60.09	3300 State Hwy 336
Expenditure from	
corporate funds	Hidalgo, TX 78557
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gasoline Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Gasoline
	Casomic
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/14 Rpt: 10/19	Hidalgo Forward	00081934
4 Date	5 Payee name	<b>'</b>
10/30/2024	Family Dollar	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$89.72	2808 E Hwy 281	
Expenditure from corporate funds	Hidalgo, TX 78557	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candies
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI		
Date	Payee name	
10/27/2024	Gold and Silver Liquor Store	
Amount (\$)	Payee address; City; State; Zip	Code
\$276.24	6502 S Cage Blvd Suite #2	Code
Ψ210.24	0302 3 Cage Diva Suite #2	
Expenditure from corporate funds	Pharr, TX 78577	
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  Event
Complete ONLY if direct	Candidate/Officeholder name Office s	Sought Office held
expenditure to benefit C/OI		cag.i.
Date	Payes name	
11/06/2024	Payee name Gold and Silver Liquor Store	
	·	Code
Amount (\$) \$350.06	Payee address; City; State; Zip	Code
φ350.00	6502 S Cage Blvd Suite #2	
Expenditure from corporate funds	Pharr, TX 78577	
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  Event
		Lvont
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/OI		onice neu

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/14 Rpt: 11/19	Hidalgo Forward	00081934
4 Date	5 Payee name	<u>'</u>
10/28/2024	Gorditas Dona Lula	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$25.55	2000 S McColl Rd suite k	
Expenditure from corporate funds	McAllen, TX 78503	
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
		1 000
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	lght Office held
expenditure to benefit C/O		gnt Office field
Data		
Date	Payee name	
11/06/2024	RGV Tacos Del Guero	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$334.49	5928 S Cage Blvd	
Expenditure from		
corporate funds	Pharr, TX 78577	
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
		1 000
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Office held
expenditure to benefit C/O		ght Office field
D-4-		
Date 10/28/2024	Payee name	
	Road Ranger	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$36.19	10602 S Cage Blvd	
Expenditure from		
corporate funds	Pharr, TX 78577	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gasoline	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
		Casoniio
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gii. Oilioc ficiu

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	comple	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 7/14 Rpt: 12/19	Hidalgo Forward		00081934
4 Date	5 Payee name		
11/07/2024	Roadside Meat Market		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$35.90	2133 E Bus Hwy 83		
	,		
Expenditure from corporate funds	Hidalgo, TX 78557		
8 PURPOSE		(b)	Description
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Toda/Boverage Expense		Check if Austin, TX, officeholder living expense
			Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
experiditure to benefit C/O	<b>1</b>		
Date	Payee name		
11/07/2024	Roadside Meat Market		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$701.90	2133 E Bus Hwy 83		
Expenditure from corporate funds	Hidalgo, TX 78557		
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.
EXPENDITORE	·		Check if Austin, TX, officeholder living expense
			Event
		<u> </u>	000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
Date	Payee name		
10/29/2024	Starbucks		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$22.19	2912 N Jackson Rd		
Expenditure from			
corporate funds	Hidalgo, TX 78577		
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
			Beverages
Complete ONLY if direct	Candidate/Officeholder name Office so	Ought Ought	Office held
expenditure to benefit C/O		ougiil	Office field

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/14 Rpt: 13/19	Hidalgo Forward 00081934
4 Date	5 Payee name
10/28/2024	Sunoco
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.87	7401 S. Jackson Rd
Expenditure from corporate funds	Pharr, TX 78577
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
	Beverages
• • · · · · · · · · · · · · · · · · · ·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/07/2024	Sunoco
Amount (\$)	Payee address; City; State; Zip Code
\$95.73	7401 S. Jackson Rd
Expenditure from corporate funds	Pharr, TX 78577
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
	Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/27/2024	Taqueria El Fogon
Amount (\$)	Payee address; City; State; Zip Code
\$1,118.00	2900 S McColl Rd
Expenditure from corporate funds	Hidalgo, TX 78577
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memo Legal Services	rials Expense	Printing E Salaries/		se s/Contract Labor		Travel Out of Di OTHER (enter a		sted above)
		_		The Instruction	Guide explai	ins how to c	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 9/14 Rpt: 14/19		Hidalgo For	ward						00081934		
4	Date	5	Payee name									
	11/04/2024		Taqueria El	Fogon								
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip C	ode					
	\$210.55		2900 S McC	Coll Rd								
	Expenditure from corporate funds		Hidalgo, TX	78577								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			age Expense				=		de of Texas. Com officeholder living		т.
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	;	Office so	ught			Office h	eld	
	Date		Payee name									
	11/13/2024		Taqueria El	Fogon								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip C	ode					
	\$246.48		2900 S McC	Coll Rd								
	Expenditure from corporate funds		Hidalgo, TX	78577								
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Event Expe		at the top of this	schedule)	(b)	<b>=</b>		de of Texas. Com officeholder living		т.
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	!	Office so	ught			Office h	eld	
	Date		Payee name									
	11/07/2024		Taqueria La	lo								
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip C	ode					
	\$228.40		6907 S Jack	son Rd								
	Expenditure from corporate funds		Pharr, TX 78	3577								
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(Se</sub> Food/Bever	e Categories listed age Expense		schedule)	(b)			de of Texas. Con officeholder living		т.
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	!	Office so	ught			Office h	eld	

#### 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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries A  The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)  pmplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/14 Rpt: 15/19	Hidalgo Forward	00081934
4 Date	5 Payee name	
10/28/2024	VV Drive Thru	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$16.14	1016 Jackson Rd	
Expenditure from corporate funds	Hidalgo, TX 78557	
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  Beverages
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held
Date	Payee name	
10/27/2024	Wal-Mart	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$60.74	3000 N. Jackson Rd.	
Expenditure from corporate funds	Hidalgo, TX 78557	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gasoline	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
		Gasonne
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
10/28/2024	Wal-Mart	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$56.86	3000 N. Jackson Rd.	
Expenditure from corporate funds	Hidalgo, TX 78557	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Beverages
Complete ONLY if direct	Candidate/Officeholder name Office sou	Light Office held
expenditure to benefit C/OI		Julia Helu

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/14 Rpt: 16/19	Hidalgo Forward	00081934
4 Date	5 Payee name	•
10/28/2024	Wal-Mart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$377.58	3000 N. Jackson Rd.	
Expenditure from corporate funds	Hidalgo, TX 78557	
8 PURPOSE		Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiorure to benefit C/O	7	
Date	Payee name	
10/30/2024	Wal-Mart	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	3000 N. Jackson Rd.	
Expenditure from corporate funds	Hidalgo, TX 78557	
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
		Beverages
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office Hold
Data	D	
Date 10/30/2024	Payee name Wal-Mart	
Amount (\$)	Payee address; City; State; Zip Code	
\$39.54	3000 N. Jackson Rd.	
Expenditure from		
corporate funds	Hidalgo, TX 78557	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Gasoline	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gasoline
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	S55 11514

#### 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/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt: 17/19	Hidalgo Forward 00081934
4 Date	5 Payee name
10/31/2024	Wal-Mart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$440.00	3000 N. Jackson Rd.
Expenditure from corporate funds	Hidalgo, TX 78557
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.
	Candies
	Cartules
0 0 1: 01!! \( \text{''} \) ''	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2024	Wal-Mart
Amount (\$)	Payee address; City; State; Zip Code
\$50.05	3000 N. Jackson Rd.
Expenditure from corporate funds	Hidalgo, TX 78557
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
_, _, _, _, _, _, _, _, _, _, _, _, _, _	Check if Austin, TX, officeholder living expense
	Beverages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	<u>'</u>
Date	Payee name
11/05/2024	Wal-Mart
Amount (\$)	Payee address; City; State; Zip Code
\$842.19	3000 N. Jackson Rd.
Expenditure from corporate funds	Hidalgo, TX 78557
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food and Beverages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form	· • • • • • • • • • • • • • • • • • • •									
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)									
Sch: 13/14 Rpt: 18/19	Hidalgo Forward	00081934									
4 Date	5 Payee name	·									
11/19/2024	Wal-Mart										
6 Amount (\$)	7 Payee address; City; State; Zip Code	7 Payee address; City; State; Zip Code									
\$183.43	3000 N. Jackson Rd.										
Expenditure from corporate funds	Hidalgo, TX 78557										
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description										
OF EXPENDITURE	Levelle Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense									
	Linearing	rusun, 17, onicenduer nving expense									
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
expenditure to benefit C/Ol		Office field									
Date	Payee name										
12/23/2024	Wal-Mart										
Amount (\$)	Payee address; City; State; Zip Code										
\$700.00	3000 N. Jackson Rd.										
Expenditure from corporate funds	Hidalgo, TX 78557										
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n									
OF		travel outside of Texas. Complete Schedule T.									
EXPENDITURE		Austin, TX, officeholder living expense									
	Gifts										
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held									
expenditure to benefit C/O	Н										
Date	Payee name										
12/23/2024	Wal-Mart										
Amount (\$)	Payee address; City; State; Zip Code										
\$2,316.67	3000 N. Jackson Rd.										
Ψ2,310.07	3000 N. Jackson Nu.										
Expenditure from											
corporate funds	Hidalgo, TX 78557										
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description										
EXPENDITURE	OlivAwards/Memorials Expense	travel outside of Texas. Complete Schedule T.									
	Gifts for k	Austin, TX, officeholder living expense									
	Citis for F	Nus									
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold									
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Office held									
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#### 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Legal S	vards/Memori Services nstruction	als Expense  Guide explain	Printing E Salaries/	Wages	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 14/14 Rpt: 19/19		Hidalgo Fo								00081934	•	·
4	Date	5	Payee name	<b>:</b>									
	10/31/2024		Whataburg										
6	Amount (\$)	7	Payee addre		City;	Stat	e; Zip C	ode					
	\$256.82		3120 S. Ja	ckson	Rd.								
_	T Expenditure from												
Ļ	corporate funds	(-)	Hidalgo, T					(4-)					
8	PURPOSE OF	(a)	Category (S			at the top of this s	chedule)	(a)	Description	Lautai	do of Toyon Con	nplete Schedule T.	
l	EXPENDITURE		Food/Beve	rage E	=xpense				_		officeholder livin		
									Food	.,		y	
Ļ	Computate ONII V if direct	<u> </u>	2012 di dota / Off	امطما			Office				Office b	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI	Η (	Candidate/Off	icenoi	uer name		Office so	ugnı			Office h	eiu	
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