



# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 9

**13** C / OH NAME Rios, Irene A. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00069633

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	90.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	42,391.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	18,000.00

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Irene A. Rios  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Rios, Irene A. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00069633
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<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 90.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 134.32

# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 4/9
<b>2</b> FILER NAME Rios, Irene A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069633
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 5/9	<b>2</b> FILER NAME Rios, Irene A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069633
<b>4</b> Date 07/09/2024	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 100 West Houston St.  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2024	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 100 West Houston St.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 100 West Houston St.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 6/9	<b>2</b> FILER NAME Rios, Irene A. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00069633
<b>4</b> Date 10/08/2024	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 100 West Houston St.  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 100 West Houston St.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 100 West Houston St.  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/3 Rpt: 7/9
<b>2</b> FILER NAME Rios, Irene A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069633
<b>4</b> Date 07/08/2024	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$2.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/09/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$21.34
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/07/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.95
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/08/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$22.08
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/10/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$24.31
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/3 Rpt: 8/9
<b>2</b> FILER NAME Rios, Irene A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069633
<b>4</b> Date 09/09/2024	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$)  \$2.14
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/07/2024	Name of person from whom amount is received Frost Bank	Amount (\$)  \$1.51
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/08/2024	Name of person from whom amount is received Frost Bank	Amount (\$)  \$18.56
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/07/2024	Name of person from whom amount is received Frost Bank	Amount (\$)  \$1.51
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/08/2024	Name of person from whom amount is received Frost Bank	Amount (\$)  \$19.59
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 3/3 Rpt: 9/9
<b>2</b> FILER NAME Rios, Irene A. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00069633
<b>4</b> Date 12/06/2024	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$)  \$1.18
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/09/2024	Name of person from whom amount is received Frost Bank	Amount (\$)  \$18.14
	Address of person from whom amount is received; City; State; Zip Code  San Antonio, TX 78205	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	