# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl		Filer ID (Ethics Comm 00054318		2 Total pages filed: 13
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Abel			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Herrero		SUFFIX	07/10/2025
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT P.O. Box 2923	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked  Receipt # Amount
ADDRESS					Amount
Change of Address	Corpus Christi, TX 78403				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Ms.	Myra K.			
	NICKNAME	LAST Morris		SUFFIX	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO 802 N. Carancahua	BOX PLEASE);	AP	T / SUITE #; CITY	7; STATE; ZIP CODE
ADDRESS (Residence or Business)	Frost Bank Building, Suite Corpus Christi, TX 78401	1300			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (361) 884-8808 x214	IE NUMBER E	XTENSION		
8 REPORT TYPE	January 15  X July 15	30th day before		Runoff  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only)  X Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	тн	ROUGH	Month Day 06/30/20	
10 ELECTION	ELECTION DATE Month Day Year		rimary eneral	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) State Representative Distr	rict 34		12 OFFICE SOUGH State Represer	IT (if known) ntative District 34
		GO T	O PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Herrero, Abel (The Honorable)  14 Filer ID 00054318					nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offic	eholder's knov	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, C	I <b>S</b> DR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$					0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	6,081.75
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					0.00
17 AFFIDAVIT						
		tr	swear, or affirm, under penalty rue and correct and includes al Inder Title 15, Election Code.			
		_	The Hor	orable Abel Herrero	)	
			Signature of	Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		_ day
of	, 20, to c	ertify which, witness n	ny hand and seal of office.			
Signature of offi	cer administering	Printed name o	f officer administering	Title of office	r administerin	g oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

3 of 13

			3 of 13					
18 FILER NAME Herrero, Abel (The Honorable)  19 Filer ID (Ethics Commission Filers) 00054318								
20 SCHEDULE S NAME OF SC	SUBTOTAL AMOUNT							
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00					
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00					
4. X S	SCHEDULE E: LOANS		\$ 0.00					
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 6,081.75					
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
7. X S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00					
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00					
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 0.00					
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER	RETURNED	\$					

PLE	DGED CONTRIBU	TIONS			:	SCHEDULE B
Т	he Instruction Guide exp	plains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/13	
2 FILER N	AME Abel (The Honorable)			3	Filer ID (Ethics Comm	ission Filers)
4	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor  7 Pledgor Address;	out-of-state PAC (ID#		_) 8		ind description f applicable)
<b>10</b> Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In:	structi	Check if travel outside of Tex	as. Complete Schedule T.
I <b>U</b> Philicipai	occupation / Job title (See Instit	actions)	Employer (See In:	Structi	ons)	

LOANS		SCHEDULE E	
The Instruction Guide explains how to complet	te this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/13	
2 FILER NAME Herrero, Abel (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054318	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.0	00
5 Date of loan 7 Name of lender out-	of-state PAC (ID#:	9 Loan Amount (\$)	
6 Is lender a financial institution?  8 Lender address; City;	State; Zip Code	10 Interest Rate	
		11 Maturity Date	
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instruc	ctions)	
14 Description of Collateral None	15 Check if personal fund	ds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION 17 Name of guarantor	1	19 Amount Guaranteed (\$)	
not applicable <b>18</b> Guarantor address; City;	State; Zip Code		
20 Principal occupation	21 Employer (See Instruc	ctions)	

### 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/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: 1/7 Rpt: 6/13	Herrero, Abel (The Honorable) 00054318
4	Date	5 Payee name
	01/06/2025	Integrity Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.00	14229 Northwest Blvd
		Corpus Christi, TX 78410
8	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.
		Campaign storage unit
		Campaigh storage unit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	02/03/2025	Integrity Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	14229 Northwest Blvd
		Corpus Christi, TX 78410
	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  Campaign storage unit
		Campaigh storage unit
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 03/03/2025	Payee name Integrity Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	14229 Northwest Blvd
		Corpus Christi, TX 78410
	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  Campaign storage unit
		Campaigh storage unit
$\vdash$	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 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  The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	П
	Sch: 2/7 Rpt: 7/13		el (The Honorable)					00054318		
4	Date	5 Payee name								
	04/03/2025	Integrity Sto	orage							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$108.00	14229 Nortl	nwest Blvd							
		Corpus Chr	isti, TX 78410							
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			므		de of Texas. Comp		
						Campaign sto		officeholder living	expense	
						Campaign sic	Jiu	ge unit		
_	Complete ONLY if direct	Condidate/Offi	achaldar nama	Office cou	l abt			Office he	uld	_
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	igni			Office fie	eiu	
_	Data									=
	Date	Payee name								
	05/02/2025	Integrity Sto								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$108.00	14229 Nortl	nwest Blvd							
		Corpus Chr	isti, TX 78410							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense			<b>=</b>		de of Texas. Com		
	EXI ENDITORE					_		officeholder living	expense	
						Campaign sto	ora	ge unit		
	Operation ONLY if direct	0		04				Off: I	1-1	_
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ignt			Office he	ela	
										_
	Date	Payee name								
	06/02/2025	Integrity Sto	rage							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$108.00	14229 Nortl	nwest Blvd							
		Corpus Chr	isti, TX 78410							
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		head/Rental Expense					de of Texas. Com		
	EXI ENDITORE							officeholder living	expense	
						Campaign sto	ora	ye unit		
_	Computate ONU V if alice	Constitute to 1000		Off				O#: !	.la	_
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ignt			Office he	eiu	
										_

### 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/Politi 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: 3/7 Rpt: 8/13	Herrero, Abel (The Honorable) 00054318
4 Date	5 Payee name
06/30/2025	John Paul II High School
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,052.91	3036 Saratoga
	Corpus Christi, TX 78415
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	
Date	Payee name
01/16/2025	Moreno, Jesus (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	
, , , , , , , ,	Unit 1
	Austin, TX 78702
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Staff wages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	
Data	
Date 01/21/2025	Payee name Squarespace
Amount (\$) \$35.18	Payee address; City; State; Zip Code  225 Varick Street
Ψ33.10	12th Floor
	New York, NY 10014
DUDDOCE	Tu.
PURPOSE OF	(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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	חע

### 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

	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: 4/7 Rpt: 9/13	Herrero, Abel (The Honorable)  00054318	
4	Date	5 Payee name	
	02/19/2025	Squarespace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$35.18	225 Varick Street	
		12th Floor	
		New York, NY 10014	
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	
		Campaign website	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientare to benefit of or		
	Date	Payee name	
	03/19/2025	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.18	225 Varick Street	
		12th Floor	
		New York, NY 10014	
	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  Campaign website	
		Campaign website	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	<b>o</b>	
	Date	Payee name	
	04/21/2025	Squarespace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.18	225 Varick Street	
		12th Floor	
		New York, NY 10014	
	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  Campaign website	
		Campaign website	
	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

Event Expense Fees Food/Beverage Expense 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	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services	·		ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)
_		_		The Instruction Gu	iiue expiains	now to cor	пріе	te uns form.	_		
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
_	Sch: 5/7 Rpt: 10/13	_		el (The Honoral	ole)					00054318	
4	Date	5	Payee name								
L	05/19/2025	L	Squarespac	e							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Coo	de				
	\$35.18		225 Varick	Street							
			12th Floor								
			New York, I	NY 10014							
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exp		<i>'</i>		_			mplete Schedule T.
	LAFLINDITORE							_		officeholder livin	ng expense
								Campaign we	ebs	ite	
L											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office souç	ght			Office h	neld
	,	_									
	Date		Payee name								
L	01/10/2025	L	TDCJ-TCI (	Correctional Indu	ustries						
	Amount (\$)		Payee addre	ss; City;	State	; Zip Coo	de				
	\$54.94		8801 S. 1st								
L			Austin, TX	78478							
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memorials Exp	ense			<b>=</b>			mplete Schedule T.
								Trays for con		officeholder livin	ig experise
								Trays for COIL	Jul	aont giit	
_	Complete ONLY if direct		Candidate/Offi	ceholder name	(		ght			Office h	neld
	expenditure to benefit C/OI				·						
H	Date		Payee name								
	01/16/2025		Wells Fargo	)							
_	Amount (\$)	_	Payee addre		Stato	; Zip Coo	de				
	\$25.00		13360 Nortl	•	Siale	, ZIP CO	ue				
	φ25.00		TOOU MULL	IMCSI DIVU							
			Cornera Ole	ioti TV 70440							
			Corpus Chr	isti , TX 78410		-					
	PURPOSE OF	(a) 		ee Categories listed at t	he top of this sch	nedule)	(b)	Description	outei	de of Teves Cor	mplete Schedule T.
	EXPENDITURE		Fees					브		officeholder livin	
								Monthly servi			
								-			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office soug	ght			Office h	neld
	expenditure to benefit C/O	Н									
					,						

### 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/Political Committee		nmittee Legal Services	Legal Services Salaries/Wages/Contract Labor		OTHER (enter a category not listed above)		
Credit Card Payment			The Instruction Guide expla					
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/7 Rpt: 11/13		Herrero, Abel (The Honorable)			00054318		
4	Date	5	Payee name					

4	Date 02/18/2025	5 Payee name Wells Fargo
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 13360 Northwest Blvd  Corpus Christi , TX 78410
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly service fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/17/2025	Payee name Wells Fargo
	Amount (\$) \$25.00	Payee address; City; State; Zip Code  13360 Northwest Blvd  Corpus Christi , TX 78410
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/15/2025	Payee name Wells Fargo
	Amount (\$) \$25.00	Payee address; City; State; Zip Code  13360 Northwest Blvd  Corpus Christi , TX 78410
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly service fee
	Complete ONLY if direct expenditure to benefit C/Ol	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 Comm

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: 7/7 Rpt: 12/13	Herrero, Abel (The Honorable) 00054318				
4	Date	5 Payee name				
	05/15/2025	Wells Fargo				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$25.00	13360 Northwest Blvd				
		Corpus Christi , TX 78410				
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  Monthly service fee				
		Monthly Service lee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_						
	Date	Payee name				
	06/16/2025	Wells Fargo				
		Payee address; City; State; Zip Code				
	\$25.00 13360 Northwest Blvd					
		Corpus Christi , TX 78410				
	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  Monthly service fee				
		Worlding Service lee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
l						

			FORM C/OH - FR			
	The Instruction Guide explains how to comple ** Complete only if "Report Type" on page 1 is		Page 13 of 13			
1 (	C/OH NAME	2	Filer ID (Ethics Commission Filers)			
H	Herrero, Abel (The Honorable)		00054318			
3 5	SIGNATURE					
a	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
	The Honorable Abel Herrero					
Signature of Candidate		date / Officeholder				
4 5						
	4 FILER WHO IS NOT AN OFFICEHOLDER  ** Complete A & B below only if you are not an officeholder **					
	Complete A & D below only if you are not all officerious					
A	A CAMPAIGN FUNDS					
	Check only one.					
	Check only one:					
	X I do not have unexpended contributions or unexpended interest or income earned from political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.					
E	B ASSETS					
	Check only one:					
	X I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.					
	The Honorable Abel Herrero					
		Signature of	ure of Candidate			
<u> </u>	DFFICEHOLDER					
	* Complete this section only if you are an officeholder **					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Signature of				