

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067584	2 Total pages filed: 11									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 30%;">FIRST</td> <td style="width: 40%;">MI</td> </tr> <tr> <td>The Honorable</td> <td>Rebecca Ramirez</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	The Honorable	Rebecca Ramirez		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025			
	MS / MRS / MR	FIRST	MI									
The Honorable	Rebecca Ramirez											
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST</td> <td style="width: 40%;">SUFFIX</td> </tr> <tr> <td>Beckie</td> <td>Palomo</td> <td></td> </tr> </table>		NICKNAME	LAST	SUFFIX	Beckie	Palomo						
NICKNAME	LAST	SUFFIX										
Beckie	Palomo											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount							
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6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; color: white; text-align: center; padding: 5px;"> REDACTED PER 254.0313, GOV'T CODE </div>		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount							
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 286-1321		Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount							
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8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
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9 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025											
10 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>		ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
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11 OFFICE	OFFICE HELD (if any) District Judge District 341 Webb	12 OFFICE SOUGHT (if known)										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Palomo, Rebecca Ramirez (The Honorable)	14 Filer ID (Ethics Commission Filers) 00067584
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 7,291.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,384.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 181,959.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Rebecca Ramirez Palomo

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

FORM JC/OH COVER SHEET PG 3

3 of 11

18 FILER NAME Palomo, Rebecca Ramirez (The Honorable)		19 Filer ID 00067584	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	750.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	18,384.24
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/11
2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067584
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMILIO RICHER & CO. <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$750.00
8 Contributor's Principal Occupation		9 Contributor's Job Title CEO
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a 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.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 5/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 06/13/2025	5 Payee name APPA	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1776 AVENUE OF THE STATES LEXINGTON , KY 40511	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name BOXXX SIGNS	
Amount (\$) \$574.00	Payee address; City; State; Zip Code 3113 ST ISACC LAREDO, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN THANK YOU BANNER
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name DOUBLE TREE	
Amount (\$) \$242.21	Payee address; City; State; Zip Code 303 W, 15TH ST AUSTIN , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEETING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPECIAL MEETING JAC
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 6/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 01/06/2025	5 Payee name Enterprise	
6 Amount (\$) \$866.85	7 Payee address; City; State; Zip Code 5210 Bob Bullock Loop. Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) car rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/27/2025	Payee name HEAT VOLLEYBALL	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 5810 EAST DR. Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD TRAVEL TEAM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name HEB	
Amount (\$) \$861.00	Payee address; City; State; Zip Code 7811 MCPHERSON Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EVENT
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 7/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 01/03/2025	5 Payee name INNS OF THE COURT	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1300 VICTORIA ST. LAREDO, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MEMBERSHIP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2025	Payee name MARGARITAVILLE HOTEL	
Amount (\$) \$398.06	Payee address; City; State; Zip Code 310 PADRE BLVD SOUTH PADRE , TX 78597	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CLE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOAKING UP SOME CLE LODGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name MONTALVO CUSTOM SHIRTS	
Amount (\$) \$1,213.83	Payee address; City; State; Zip Code 111 NORTH AVE. LAREDO, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN T SHIRTS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN TSHIRTS
Complete <u>ONLY</u> 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
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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.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 8/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 03/20/2025	5 Payee name MONTALVO CUSTOM SHIRTS	
6 Amount (\$) \$690.16	7 Payee address; City; State; Zip Code 111 NORTH AVE. LAREDO, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SHIRTS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COLOR OF JUSTICE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2025	Payee name OFFICE DEPOT	
Amount (\$) \$1,147.70	Payee address; City; State; Zip Code 5718 N. SAN BERNARDO LAREDO, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WORK STATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2025	Payee name OFFICE DEPOT	
Amount (\$) \$255.71	Payee address; City; State; Zip Code 5718 N. SAN BERNARDO LAREDO, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BROCHURES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LAW WEEK
Complete <u>ONLY</u> 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)

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Contributions/ Donations Made By -
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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)

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1 Total pages Schedule F1: Sch: 5/7 Rpt: 9/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 01/08/2025	5 Payee name PALENQUE GRILL	
6 Amount (\$) \$738.15	7 Payee address; City; State; Zip Code 4615 SAN BERNARDO LAREDO, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER APPRECIATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2025	Payee name POSH	
Amount (\$) \$235.50	Payee address; City; State; Zip Code 2715 E. DEL MAR BLVD. LAREDO, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER MEETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2025	Payee name PRODIGY TEES	
Amount (\$) \$324.74	Payee address; City; State; Zip Code 503 SAN LEONARDO LAREDO, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COLOR OF JUSTICE TOTE BAGS
Complete <u>ONLY</u> 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)

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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)

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1 Total pages Schedule F1: Sch: 6/7 Rpt: 10/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 01/06/2025	5 Payee name SAM'S CLUB	
6 Amount (\$) \$1,291.30	7 Payee address; City; State; Zip Code 4810 SAN BERNARDO LAREDO, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name STATE BAR OF TEXAS	
Amount (\$) \$263.00	Payee address; City; State; Zip Code 1414 COLORADO ST AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DUES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DUES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name TODAYS CRAFTS	
Amount (\$) \$416.53	Payee address; City; State; Zip Code 701 SALINAS AVE Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MOTHERS DAY SUPPLIES
Complete <u>ONLY</u> 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

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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.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 11/11	2 FILER NAME Palomo, Rebecca Ramirez (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067584
4 Date 03/20/2025	5 Payee name WALMART	
6 Amount (\$) \$261.97	7 Payee address; City; State; Zip Code 2320 BOB BULLOCK LOOP LAREDO, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COLOR OF JUSTICE SUPPLIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2025	Payee name WESTIN	
Amount (\$) \$462.39	Payee address; City; State; Zip Code 400 W LAS COLINAS BLVD IRVING , TX 75039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) JUDICIAL CONFERENCE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONFERENCE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held