FORM CEC **COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 15 00038971 3 COMMITTEE NAME **OFFICE USE ONLY** Hidalgo County GOP Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4900 N 23rd St Date Hand-delivered or Date Postmarked McAllen, TX 78504 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Elisa NAME NICKNAME LAST **SUFFIX** Rivera STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3805 San Ramon St. STREET **ADDRESS** (Residence or Business) Mission, TX 78572 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3805 San Ramon St. MAILING **ADDRESS** Mission, TX 78572 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 360-5292 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Runoff Other Primary General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Hidalgo County GOP			00038971	L
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	12,409.59
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	11,706.98
OUTSTANDING LOAN TOTALS	1	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Elisa	Rivera	
		Signature of Car	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) Hidalgo County GOP 00038971 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 775.00 \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 12,409.59 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

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10. X

TO FILER

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	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/15	
2	FILER NAME Hidalgo Cou	nty GOP			3	Filer ID (Ethics Commission 00038971	n Filers)
4	Date 05/14/2025	5 Full name of contributor Cantu, Roberto6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$500.00
8	Principal occu Attorney	McAllen, TX 78504 pation / Job title (See Instructions	5)	9 Employer (See Instruction: Resnick & Louis	 s)		
	Date 04/14/2025	Full name of contributor GARZA, ADRIENNE Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	PHARR, TX 78577 pation / Job title (See Instructions NT	5)	Employer (See Instruction:	 s)		
	Date 02/21/2025	Full name of contributor Knerr, Melissa Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing! aggs	McAllen, TX 78504 pation / Job title (See Instructions	o)	Employer (Coo Instruction	<u></u>		
	Nurse	pation / 300 title (3ee instructions	5)	Employer (See Instruction: Briarcliff	s) 		
	Date 05/04/2025	Full name of contributor MILLER, RALPH Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	MCALLEN, TX 78501 pation / Job title (See Instructions	5)	Employer (See Instruction: MISSION CISD	<u> </u> s)		
	Date 04/25/2025	Full name of contributor TALBOT, MARK Contributor address; City; S MCALLEN, TX 78503	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu ATTORNEY	pation / Job title (See Instructions	5)	Employer (See Instruction: TALBOT ATTY	s)		

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 1/10 Rpt: 5/15	Hidalgo County GOP 00038971
4	Date	5 Payee name
	01/06/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$864.92	410 Terry Ave. N.
		Seattle, WA 98109
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.
		Check if Austin, TX, officeholder living expense COMPUTER QUICKBOOKS SOFTWARE
		COM CIEN QUIONECONO CONTINUAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/19/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		, and the second
		Dallas, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP Online Donation Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/25/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP Online Donation Fee
		GOP Offille Doffation Fee
	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/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: 2/10 Rpt: 6/15	Hidalgo County GOP 00038971
4	Date	5 Payee name
	04/29/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1920 McKinney Ave
		Dallas, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOP Online Donation Fee
		COT CHIMIC BOTTAGOTT CC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
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	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP Online Donation Fee
		GOF Offilite Doffation Fee
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/19/2025	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1920 McKinney Ave
		Dallas, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOP Online Donation Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Print Sala	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER N	IAME				3	Filer ID	(Ethics Commission Filers))
	Sch: 3/10 Rpt: 7/15	Hidalgo	County GOP					00038971		
4	Date	5 Payee n	ame							
	04/25/2025	Bonds,	Robert							
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip	p Code					
	\$900.00	5111 N	10th St 153							
		McAller	n, TX 78504							
8	PURPOSE	(a) Category	y (See Categories listed at the t	op of this schedule)) (b)	Description				
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						Food and Bev		officeholder living		
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9	Complete ONLY if direct	Candidate	e/Officeholder name	Office	e sought			Office he	ıld	
Ĺ	expenditure to benefit C/OF									
	Date	Payee n					-		_	
	05/05/2025	Copy Z								
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		_	_,, =-							
		McAller	n, TX 78504							
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	EXPENDITURE	Office (Overhead/Rental Expe	nse				de of Texas. Comp officeholder living		
						GOP Printing		3		
	Complete ONLY if direct		e/Officeholder name	Office	e sought			Office he	ild	
	expenditure to benefit C/OF									
	Date	Payee n	ame							
	01/03/2025	GONZA	ALEZ, PRINCESS		_					
	Amount (\$)	Payee a	ddress; City;	State; Zip	p Code					
	\$1,000.00	4900 N	23RD ST							
		MCALL	EN, TX 78504							
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						GOP Headqu		officeholder living ers Service	i experise	
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	Complete ONLY if direct	LCandidate	e/Officeholder name	Office	e sought		—	Office he	·ld	
	expenditure to benefit C/OF				J					
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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 Committ

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

pense Travel in xpense Travel C Vages/Contract Labor OTHER

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			OTHER (enter a	category not listed above)
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	Total pages Schedule F1: Sch: 4/10 Rpt: 8/15	2 FILER NAME Hidalgo County GOP	3	Filer ID 00038971	(Ethics Commission Filers)
┝	Date	5 Payee name			
	02/06/2025	GONZALEZ, PRINCESS			
ڇا	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$1,000.00	4900 N 23RD ST			
	. ,				
		MCALLEN, TX 78504			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Office Overficad/Nertial Expense		side of Texas. Com I, officeholder living	
l		GOP Headqi			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
Г	Date	Payee name			
	02/03/2025	GONZALEZ, PRINCESS			
Г	Amount (\$)	Payee address; City; State; Zip Code			
l	\$1,000.00	4900 N 23RD ST			
		MCALLEN, TX 78504			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Onice Overnead/Nerital Expense		side of Texas. Com ., officeholder living	
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	04/04/2025	GONZALEZ, PRINCESS			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	4900 N 23RD ST			
		MCALLEN, TX 78504			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	o.uto	ide of Toyon Com	wlote Cohodulo T
l	EXPENDITURE	Onice Overnead/Nerital Expense		side of Texas. Com I, officeholder living	•
l		GOP Headqi			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
L	expenditure to benefit C/Ol	1			
<u>_</u>	rms provided by Texas E	thics Commission www ethics state ty us			Version V// 1 0 f10d0fd

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 9/15	Hidalgo County GOP	00038971
4	Date	5 Payee name	•
	05/05/2025	GONZALEZ, PRINCESS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	4900 N 23RD ST	
		MCALLEN, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense GOP Headquarters Service
			Oor rieduquariers service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/03/2025	GONZALEZ, PRINCESS	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	4900 N 23RD ST	
		MCALLEN, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			GOP Headquarters Service
			- Constant C
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/17/2025	Mailchimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.97	675 Ponce de Leon Ave NE	
		Suite 5000	
		Atlanta, GA 30308	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
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	expenditure to benefit C/O	•	Office field
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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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 6/10 Rpt: 10/15	2 FILER NAME Hidalgo County GOP 3 Filer ID (Ethics Commission Filers) 00038971
4 Date 02/18/2025	5 Payee name Mailchimp
6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Email Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 03/17/2025	Payee name Mailchimp
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Email Marketing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/18/2025	Payee name Mailchimp
Amount (\$) \$45.00	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Email Marketing
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 7/10 Rpt: 11/15	Hidalgo County GOP 00038971
4	Date	5 Payee name
	05/05/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP Email Marketing
		COT LITTUIL WARKETING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/18/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOP Email Marketing
		GOF LINAI WAREING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/30/2025	Pena Garza, Adrienne
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,813.35	1800 S Angelina Marie
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	State Reimbursement for Chair Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State Reimbursement for Chair
		State Neimbursement for Chair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/10 Rpt: 12/15 Hidalgo County GOP 00038971 4 Date Payee name 01/29/2025 Spectrum 6 Amount (\$) Payee address; State; Zip Code \$325.55 400 Atlantic Street 10th Floor Stamford, CT 06901 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOP Headquarters Utilities** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/03/2025 Spectrum Amount (\$) Payee address; City; State; Zip Code \$325.18 400 Atlantic Street 10th Floor Stamford, CT 06901 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOP Headquarters Utilities** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2025 Spectrum Amount (\$) Payee address: City; State; Zip Code \$331.33 400 Atlantic Street 10th Floor Stamford, CT 06901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOP Headquarters Utilities** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/10 Rpt: 13/15	2 FILER NAME3 Filer ID(Ethics Commission Filers)Hidalgo County GOP00038971
4 Date 04/29/2025	5 Payee name Spectrum
6 Amount (\$) \$331.33	7 Payee address; City; State; Zip Code 400 Atlantic Street 10th Floor Stamford, CT 06901
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Headquarters Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/29/2025	Payee name Spectrum
Amount (\$) \$331.33	Payee address; City; State; Zip Code 400 Atlantic Street 10th Floor Stamford, CT 06901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Headquarters Utilities
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/30/2025	Payee name Spectrum
Amount (\$) \$331.33	Payee address; City; State; Zip Code 400 Atlantic Street 10th Floor Stamford, CT 06901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Headquarters Utilities
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/10 Rpt: 14/15	Hidalgo County GOP	00038971
4	Date	5 Payee name	
	04/25/2025	The Monitor	
6	Amount (\$) \$450.00	7 Payee address; City; State; Zip Coo 1400 E Nolana Ave	de
		McAllen, TX 78504	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOP Lincoln Reagan Publication
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
	Date	Payee name	
	05/27/2025	Trevino, Eric	
	Amount (\$) \$28.00	Payee address; City; State; Zip Cor 11260 N Stewart Rd	de
		Mission, TX 78573	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Block walking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou(ht Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hidalgo County GOP 00038971 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 **PNC Bank** \$0.29 6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504 7 Purpose for which amount is received Check if political contribution returned to filer INTEREST INCOME