CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	te this form.	1 Filer ID (Ethics Comm 00013805		2 Total pages filed: 191	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable	Juan			Date Received ELECTRONICALLY FILED	
		LAST		SUFFIX	07/15/2025	
	Chuy	Hinojosa				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked	t
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1421				Receipt # Amount	
Change of Address	Austin, TX 78767				Date Processed	
					Date 1100c33cu	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Dr.	Bill				
	NICKNAME I	LAST		SUFFIX		•••••
	1	Bieker				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP (CODE
TREASURER ADDRESS	1508 S. Lone Star Way					
(Residence or Business)	Suite 5B					
(Nesidefice of Edsificss)	Edinburg, TX 78539					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER PHONE	(956) 348-4477					
8 REPORT	<u> </u>	_				
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasure appointment (officeholder only)	er
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-FR)	
		ı		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
>						
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	03/07/2028			브	Other	
	00,0.,2525	∐ ^G	eneral	Special		
11 055105	OFFICE HELD (if any)			12 OFFICE SOLICIE	[(if Impum)	
11 OFFICE	OFFICE HELD (if any) State Senator District 20			12 OFFICE SOUGHT	(II KIIOWII)	
	State Seriator Bistrict 20					
				_1		
		00.7				
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 191

13 C / OH NAME	Hinojosa, Juan (The Honorable) 14 Filer ID 00013805			(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatic	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE COMMITTEE NAME			
ш ,	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 10,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 145,256.39
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I ERIOD	LAST DAY OF THE	\$ 331,897.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	ty of perjury, that the acc all information required t	companying report is o be reported by me
		The Hor	norable Juan Hinojosa	a
		Signature o	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 0f 191		
18 FILER NAME Hinojosa, Juan (The Honorable) 19 Filer ID (Ethics Commission 00013805							
		E SUBTOTALS	00013805	т —			
		SCHEDULE			SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,500.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE E: LOANS		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	142,135.90		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,120.49		
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	4,483.52		
				•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/191	
2	FILER NAME Hinojosa, Ju	an (The Honorable)		3	Filer ID (Ethics Commission 00013805	on Filers)
4	Date 06/24/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
0	Dringing oggu	Houston, TX 77219 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	VP-Finance	pation / Job title (See Instructions)	Mach Industrial Group, L			
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701-2175 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Valero Political Action Committee Contributor address; City; State; Zip Code San Antonio, TX 78269-6000			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027-9137			Amount of Contribution (\$)	\$2,500.00
	Principal occu Developer	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		

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 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: 1/163 Rpt: 5/191	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/21/2025	7-Eleven 12705
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.96	408 W 15th Street
		Austin, TX 78701-1625
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Consumables for Cap. office
		Consumables for Cap. office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	05/28/2025	ABC Home & Commercial Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.00	9475 E. Hwy 290
		Austin, TX 78724-2303
	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.
		X Check if Austin, TX, officeholder living expenseTowers of Town Lake HOA-JJH apt
		Towers of Town Lake HOA-3311 apt
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	02/14/2025	AIM Media Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	PO Box 3267
		McAllen, TX 78502-3267
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banner ad
		Damer au
_	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	Total names Calcadala E4	
1	Total pages Schedule F1: Sch: 2/163 Rpt: 6/191	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	F. Davis 1979
4		5 Payee name
	01/17/2025	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$314.62	PO Box 6463
		0 10 4 9 9 10 9
		Carol Stream, IL 60197-6463
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff cell service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
_	Data	
	Date	Payee name
	02/14/2025	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.62	PO Box 6463
		0 10 4 9 9 10 9
		Carol Stream, IL 60197-6463
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LIMBITORE	Check if Austin, TX, officeholder living expense
		Staff cell service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
H	Date	Payee name
	03/12/2025	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.74	PO Box 6463
		Carol Stream, IL 60197-6463
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff cell service
		Stati celi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		laries/Wa		e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card F dyment			The Instruction G	uide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/163 Rpt: 7/191		Hinojosa, Ju	an (The Honor	able)					00013805		
4	Date	5	Payee name									
	04/22/2025	ı	AT&T Mobili	ty								
6	Amount (\$)	_	Payee addres	s; City;	State; Z	in Cod	Δ.					
ľ	\$314.74	1	PO Box 646		State, 2	ір Оба	C					
	Ψ014.74		1 O DOX 040	J								
			0 10									
			Carol Strear	n, IL 60197-646	o3 							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	e) (I	b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			느			plete Schedule T.	
								Staff cell serv		officeholder living	g expense	
								Stall Cell Serv	rice	•		
_	0 1: 0 1: 0				0,11					0,1,1		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Опіс	e sougl	nt			Office h	ela	
	Date		Payee name									
	05/14/2025		AT&T Mobili	ty								
	Amount (\$)		Payee addres	s; City;	State; Z	ip Cod	е					
	\$314.74		PO Box 646	3								
			Carol Stream	n, IL 60197-646	63							
	PURPOSE	(2)				10	h)	Description				
	OF	^(a)		e Categories listed at t			IJ	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Ex	pense			-		officeholder living		
								Staff cell serv	/ice	!		
	Complete ONLY if direct		Candidate/Offic	eholder name	Offic	e sougl	ht			Office he	eld	
	expenditure to benefit C/OI	Н										
_	Date		Payee name									
	06/13/2025		AT&T Mobili	tv								
	Amount (\$)		Payee addres		State; Z	in Cod	0					
	\$314.74		PO Box 646	-	State, Z	ip Cou	E					
	Ф314.74		PO BOX 040	S								
			Carol Strear	n, IL 60197-646	53							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule	e) (I	b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense						plete Schedule T.	
								Staff cell serv		officeholder living	g expense	
								Stall Cell Serv	rice	•		
_	Computate ONU V If allows	Ļ	Danadials to 1000	. a la a l a la u · ·	0"		la č			Office	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	Offic	e sougl	11(Office h	≓lu	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 4/163 Rpt: 8/191	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	F. Davis 1999
4		5 Payee name
	01/22/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$336.70	PO Box 5014
		Caral Chronin II. C0107 F014
		Carol Stream, IL 60197-5014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	X Check if Austin, TX, officeholder living expense
		Austin service-JJH
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
-	Data	
	Date	Payee name
	02/18/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$336.72	PO Box 5014
		0 10
		Carol Stream, IL 60197-5014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	X Check if Austin, TX, officeholder living expense
		Austin service-JJH
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Data	Davies name
	Date	Payee name
	03/17/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$364.19	PO Box 5014
		Carol Stream, IL 60197-5014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
	-	X Check if Austin, TX, officeholder living expense
		Austin service-JJH
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal S	ervices Salarie struction Guide explains how to	s/Wage	s/Contract Labor		OTHER (enter a	category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>			2	Filer ID	(Ethics Commission	n Filers)
_	Sch: 5/163 Rpt: 9/191	Hinojosa, Juan (T	he Honorable)			٦	00013805	(Earlies Commission	11 11010)
1	Date		,						
•	04/17/2025	5 Payee name AT&T							
	04/11/2025								
6	Amount (\$)	7 Payee address;	City; State; Zip	Code					
	\$326.60	PO Box 5014							
		Carol Stream, IL	60197-5014						
8	PURPOSE			(h)	Description				
Ü	OF	Office Overhead/	ories listed at the top of this schedule)	(6)		outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Overfleau/	Remai Expense				, officeholder living		
					Austin service	e-J	JH		
9	Complete ONLY if direct	Candidate/Officehold	er name Office s	<u> </u>			Office he	eld	
	expenditure to benefit C/OI			3					
	Data								
	Date	Payee name							
	05/14/2025	AT&T							
	Amount (\$)	Payee address;	City; State; Zip	Code					
	\$326.60	PO Box 5014							
		Carol Stream, IL	60197-5014						
	PURPOSE			(h)	Description				
	OF	Office Overhead/	ories listed at the top of this schedule)	(5)	_	outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Overfleau/	Rental Expense		ш		, officeholder living		
					Austin service	e-J	JH		
	Complete ONLY if direct	Candidate/Officehold	er name Office s	<u> </u>			Office he	eld	
	expenditure to benefit C/OI			g					
	5.								
	Date	Payee name							
	06/18/2025	AT&T							
	Amount (\$)	Payee address;	City; State; Zip	Code					
	\$326.60	PO Box 5014							
		Carol Stream, IL	60197-5014						
	PURPOSE	(a) Category (a. a.)	ories listed at the top of this schedule)	(h)	Description				
	OF	Office Overhead/		(")		outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Overriead/	rtental Expense		_		, officeholder living		
					Austin service	e-J	JH		
	Complete ONLY if direct	Candidate/Officehold	er name Office s	<u> </u>			Office he	eld	
	expenditure to benefit C/OI		2.7000	gt			200 110	-	

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 Salaries (Contract Labor

	Candidate/Officeholder/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: 6/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/13/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.01	29322 Network Place
		Chicago, IL 60673
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
		Adobe Stock subs.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/18/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.04	29322 Network Place
		Chicago, IL 60673
	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
		Creative Cloud subs.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/13/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.01	29322 Network Place
		Chicago, IL 60673
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Adobe Stock subs.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	e)				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	n Filers)				
_	Sch: 7/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805					
4	Date	5 Payee name					
	02/18/2025	Adobe					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$64.04	29322 Network Place					
		Chicago, IL 60673					
8	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 Creative Cloud subs.					
		Creative Cloud Subs.					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
_	Data						
	Date	Payee name					
	03/13/2025	Adobe					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$32.01	29322 Network Place					
		Chicago, IL 60673					
	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 Adobe Stock subs.					
		Auduc Stock Subs.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
H	Data						
	Date 03/18/2025	Payee name Adobe					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$64.04	29322 Network Place					
		Chicago, IL 60673					
	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 Creative Cloud subs.					
		Greative Gloud Subs.					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	•					
l							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	al 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: 8/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/13/2025	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.01	29322 Network Place
		Chicago, IL 60673
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Adobe Stock subs.
		, nados otos otos otos.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	04/18/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.04	29322 Network Place

		Chicago, IL 60673
	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.
		Creative Cloud subs.
		Crediive Cloud Subs.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/13/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.01	29322 Network Place
	Ψ32.01	23322 Network Fidee
		Chicago, IL 60673
	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
		Adobe Stock subs.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 9/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
Ļ	05/18/2025	Adobe
6	Amount (\$) \$64.04	7 Payee address; City; State; Zip Code29322 Network Place
	ψ04.04	23322 Network Fidee
		Chicago, IL 60673
8	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 Creative Cloud subs.
		Ground Ground Gason
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2025	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.01	29322 Network Place
		01.
		Chicago, IL 60673
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Adobe Stock subs.
	2 1 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Dayso name
	06/18/2025	Payee name Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.04	29322 Network Place
		Chicago, IL 60673
	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
		Creative Cloud subs.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
L		

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

ement Solicitation/Fundraising Expense
transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 10/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/03/2025	Advance Publishing, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$720.00	217 W. Park Ave.
		Pharr, TX 78577-4742
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Holiday ads
		Tionady data
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	the state of the s
_	Data	
	Date	Payee name
	02/18/2025	Alice Hub City Chamber Of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1429 FM 665
		Alice, TX 78332-6953
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EA LIBITE.	Candidate/Officeholder/Political Committee
		State of the City
_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/06/2025	Alonti
	Amount (\$)	Payee address; City; State; Zip Code
	\$353.02	12001 Burnet Rd
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Lunch for Senate Finance cmte
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 11/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	01/02/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.05	1200 12th Avenue S	
		Suite 1200	
		Seattle, WA 98144-2734	
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	
		Office supplies for Cap. office	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H	Date	Payee name	_
	01/06/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$28.85	1200 12th Avenue S	
		Suite 1200	
		Seattle, WA 98144-2734	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Book for EDO	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
_	Date	Payee name	_
	01/07/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.96	1200 12th Avenue S	
	455.00	Suite 1200	
		Seattle, WA 98144-2734	
	DUDDOCE		
	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	
		Storage cubes for Cap. office	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
			_

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 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: 12/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/06/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.70	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Consumables for Capitol office
		Consumables for Capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ì	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/10/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.33	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
	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 Book for EDO
		BOOK TOT EDG
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/21/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.62	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office supplies for EDO
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Con

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/31/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.69	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Consumables for Cap. office
		Consumation of Cap. office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/11/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.93	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
	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 Supplies for EDO
		Cupplies for EBC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/25/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.97	1200 12th Avenue S
		Suite 1200
		Seattle, WA 98144-2734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office supplies for EDO
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Prir Sal	_	se es/Contract Labor	Tra	vel in District vel Out of Dis HER (enter a	trict category not listed above)	
1	Total pages Schedule F1:							er ID	(Ethics Commission Filers	5)
	Sch: 14/163 Rpt:	Hinojosa, Ju	an (The Honorable))			00	013805		
4	Date	5 Payee name								
	06/10/2025	Amazon.con	n 							
6	Amount (\$)	7 Payee addres	•	State; Zi	p Code					
	\$27.90	1200 12th A	venue S							
		Suite 1200	00444 5=5 :							
		Seattle, WA								
8	PURPOSE OF		e Categories listed at the top		e) (b)	Description	outeido of	Toyac Com	oloto Schodulo T	
	EXPENDITURE	Office Overh	iead/Rental Expens	se		Check if travel			plete Schedule T. expense	
						Book for EDC)			
L										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office	e sought			Office he	eld	
	Date	Payee name								
	06/18/2025	Amazon.con	n							
	Amount (\$)	Payee addres	s; City;	State; Zi	p Code					
	\$61.83	1200 12th A	venue S							
		Suite 1200								
		Seattle, WA	98144-2734							
	PURPOSE		e Categories listed at the top		(b)	Description				
	OF EXPENDITURE	Office Overh	ead/Rental Expens	se		Check if travel Check if Austin			olete Schedule T.	
						Books for ED			- Parisa	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office	e sought			Office he	eld	
	Date	Payee name								
	06/20/2025	Amazon.con	n							
	Amount (\$)	Payee addres	s; City;	State; Zi	p Code					
	\$49.47	1200 12th A	venue S							
		Suite 1200								
		Seattle, WA	98144-2734							
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule	e) (b)	Description				
	OF EXPENDITURE	Office Overh	ead/Rental Expens	se		Check if travel Check if Austin			olete Schedule T.	
						Book for EDC		STORES IIVIIIY	спропос	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office	e sought			Office he	eld	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee Le	ift/Awards/Memorials Exp egal Services he Instruction Guide	Salaries/\	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	FII FR NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 15/163 Rpt:		ın (The Honorabl	le)				00013805	()
4	Date	Payee name							
	06/21/2025	Amazon.com							
6	Amount (\$)	Payee address	•	State; Zip Co	ode				
	\$12.44	1200 12th Av	enue S						
		Suite 1200							
		Seattle, WA 9	8144-2734						
8	PURPOSE	Category (See	Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhe	ead/Rental Exper	nse				de of Texas. Com	
	ZA ZIIDII GIAZ					_		officeholder living	g expense
						Book for EDC)		
<u>_</u>	Occupate ONE V. C.	0	In a list a se					000	-1-1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ıght			Office he	eld
	Date	Payee name							
	06/23/2025	Amazon.com							
	Amount (\$)	Payee address	; City;	State; Zip Co	ode				
	\$8.62	1200 12th Av	enue S						
		Suite 1200							
		Seattle, WA 9	98144-2734						
	PURPOSE OF		Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Overhe	ead/Rental Exper	nse				de of Texas. Com officeholder living	
						Supplies for E			у схрепас
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Office	eholder name	Office sou	<u>l</u> ught			Office he	eld
	Date	Payee name							
	06/26/2025	Amazon.com							
	Amount (\$)	Payee address	; City;	State; Zip Co	ode				
	\$42.25	1200 12th Av	enue S						
		Suite 1200							
		Seattle, WA 9	98144-2734						
	PURPOSE	Category (See	Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		ead/Rental Exper			Check if travel		de of Texas. Com	
	EXPENDITURE					ш		officeholder living	gexpense
						Supplies for E	=D(U	
_	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	l Jaht			Office he	eld
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · ·		511100 000	-9···			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 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			Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed above)
	Credit Card F dyment			The Instruction G	uide explains h	ow to cor	nple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 16/163 Rpt:		Hinojosa, Ju	an (The Honor	able)					00013805	
4	Date	5	Payee name								
	06/30/2025		Amazon.con	n							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de				
	\$5.79		1200 12th A	venue S							
			Suite 1200								
			Seattle, WA	98144-2734							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense	•			브			mplete Schedule T.
	ZA ZADITORZ							—		officeholder livin	g expense
								Consumables	5 10	IEDO	
_	Complete ONLY if direct	L	Canadidate/Offic			#:	la. 4			Office le	المام
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	U	ffice souç	ynı			Office h	leid
_											
	Date		Payee name								
	05/02/2025		American Ex	·							
	Amount (\$)		Payee addres		State;	Zip Coo	de				
	\$93.51		PO Box 603	1							
			Carol Strear	n, IL 60197-60	31						
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Office Overh	iead/Rental Ex	pense			<u></u>		de of Texas. Cor officeholder livin	mplete Schedule T.
								—			penses Itemized in
								Schedule F4	•		
	Complete ONLY if direct		Candidate/Offic	eholder name	O:	ffice souç	ght			Office h	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	06/02/2025		American Ex	press							
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de				
	\$51.60		PO Box 603	1							
			Carol Stream	n, IL 60197-60	31						
	PURPOSE	(a)	Category (Se	e Categories listed at	he ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` `		ead/Rental Ex		,aa.o,			outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITORE							_		officeholder livin	
								Schedule F4	ayı	ment for Ex	penses Itemized in
_	Complete ONLY if alias -t	Ļ	Condidate /Offi	oboldor	-	ffice servi	nh+			Office !-	ald
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer name	O	ffice souç	Jut			Office h	leiu
	•										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Git/Awards/Memorials Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	strict category not listed above)	
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 17/163 Rpt:		Hinojosa, Ju	an (The Honor	able)					00013805		
4	Date	5	Payee name					•				
	04/28/2025		American G	Forum of Sou	th Texas							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$175.00		PO Box 103	07								
			Corpus Chri	sti, TX 78460-0	0307							
8	PURPOSE	(a)	Category (so	e Categories listed at	the ten of this sel	aodulo)	(b)	Description				
	OF			s/Donations M		ledule)	` ′	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			officeholder/Po		nittee		—		officeholder living	g expense	
								1 tkt/11th Anr	านล	l Banquet		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
		_										
	Date	ı	Payee name									
	03/05/2025		Amy's Ice C	ream								
	Amount (\$)	ı	Payee addres		State	; Zip Co	de					
	\$40.17		1012 W. 6th	St.								
			Austin, TX 7	8703-5317								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				=		de of Texas. Con officeholder living	plete Schedule T.	
								Consumables				
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
_	Date		Payee name									
	01/02/2025		•	ernational, Inc.								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$517.50	ı	•	vlvania Avenue		, 1						
			-									
			Washington	DC 20003-11	64							
	PURPOSE	_		e Categories listed at		andula)	(b)	Description				
	OF		Accounting/		the top of this scr	ledule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		, is a second se	g				Check if Austin,	, TX,	officeholder livin	g expense	
								3 mo. camp.	rec	. serv.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	onpolicitate to beliefit 6/01											

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	
_	Total marga Calcadala 54	
	Total pages Schedule F1:	
L	Sch: 18/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/04/2025	Aristotle International, Inc.
با		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$551.66	205 Pennsylvania Avenue SE
		Washington, DC 20003-1164
8	PURPOSE	1
ľ	OF	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		3 mo. camp. rec. serv.
<u>_</u>	Operation ONE V. C. F	On didn't 10 ff a halden name
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experientare to benefit C/Of	•
	Date	Payee name
	06/18/2025	Aristotle International, Inc.
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$34.16	
	Ф34.10	205 Pennsylvania Avenue SE
		Washington, DC 20003-1164
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Back taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/11/2025	Austin Habibi
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.40	817 W. 5th St.
		Augtin TV 70702 F467
		Austin, TX 78703-5467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		LJM/staff dinner mtg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

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/Political C Credit Card Payment		- Gift Committee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services e Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed abov	re)
1	Total pages Schedule F1:					3 Filer ID (Ethics Commission	n Filers)
	Sch: 19/163 Rpt:	Hinojosa, Juar	n (The Honorable)			00013805	
4	Date	5 Payee name					
	02/19/2025	Baby A's					
6	Amount (\$)	7 Payee address;	,	e; Zip Coo	de		
	\$23.00	1705 S. Lakes	shore Blvd.				
		Austin, TX 787	741				
8	PURPOSE	(a) Category (See C	Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE	Food/Beverag				outside of Texas. Complete Schedule T.	
	-				Dinner for sta	n, TX, officeholder living expense	
						-	
9	Complete ONLY if direct	Candidate/Officeh	nolder name	Office soug	ght	Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
	Date	Payee name					
	06/03/2025	Best Buy Onlir	ne				
	Amount (\$)	Payee address;	•	e; Zip Coo	de		
	\$194.84	7601 Penn Av	e. S				
			W. FF 400 0				
		•	ИN 55423-8500				
	PURPOSE OF		categories listed at the top of this sc	hedule)	(b) Description	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhea	ad/Rental Expense		<u> </u>	n, TX, officeholder living expense	
					Geek Squad	membership subs	
L							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	nolder name	Office soug	ght	Office held	
	expenditure to benefit C/Of						
	Date	Payee name					
	06/05/2025	Burn Pits 360					
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de		
	\$150.00	201 N. 4th St.					
		Robstown, TX	78380-3007				
	PURPOSE	(a) Category (See C	Categories listed at the top of this sc	hedule)	(b) Description		
	OF EXPENDITURE		Donations Made By	nittos		outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Candidate/Offi	iceholder/Political Comr	nillee		Designer Purse Bingo	
						3 · · · · · · · · · · · · · · · · · · ·	
	Complete ONLY if direct	Candidate/Officeh	nolder name	Office soug	ght	Office held	
	expenditure to benefit C/OI	ł					

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 20/163 Rpt:	Hinojosa, Juan (The Honorable)
4	Date	5 Payee name
	01/17/2025	CASA of Hidalgo County, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1001 S 10th Avenue
		Edinburg, TX 78539-5513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		14th Annual Superhero 5K
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
		·
	Date	Payee name
	06/27/2025	CASA of Hidalgo County, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1001 S 10th Avenue
		Edinburg, TX 78539-5513
	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
		2 this ocquire a caddies event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	01/03/2025	CORT Furniture Rental
	Amount (\$) \$336.77	Payee address; City; State; Zip Code 2020 South A.W. Grimes Blvd
	φ330.7 <i>1</i>	2020 South A.W. Gillies Bivu
		Round Rock, TX 78664-2965
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Furniture rental for session-staff
	Operation ONLY if allowed	Our distance (Office holder marries and Office a holder
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Ct Labor OTHER (enter a category not listed above)

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	ilers)
Sch: 21/163 Rpt: Hinojosa, Juan (The Honorable) 00013805	
4 Date 5 Payee name	
02/03/2025 CORT Furniture Rental	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$316.44 2020 South A.W. Grimes Blvd	
Round Rock, TX 78664-2965	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF OF OF OF OF OF OF OF OF O	
EXPENDITURE Office Overnead/Rental Expense Literary distribution of texts. Complete Schedule 1.	
Check if Austin, TX, officeholder living expense Furniture rental for session-staff	
Furniture rental for session-stail	
O Complete ONLY if direct Constitutes (Office helds a result)	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
02/04/2025 CORT Furniture Rental	
Amount (\$) Payee address; City; State; Zip Code	
\$316.44 2020 South A.W. Grimes Blvd	
Round Rock, TX 78664-2965	
PURPOSE (a) Category (See Categories listed at the top of this schedule) OF OF OF OF OF OF OF OF OF O	
Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Furniture rental for session-staff	
Turniture rental for session stan	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date 2	
Date Payee name O3/04/2025 CORT Furniture Pontol	
03/04/2025 CORT Furniture Rental	
Amount (\$) Payee address; City; State; Zip Code	
\$316.44 2020 South A.W. Grimes Blvd	
Round Rock, TX 78664-2965	
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, TA, officerolaer living expense	
Furniture rental for session-staff	
Complete ONLY if direct Condidate/Officeholder name Office sought Office hold	
Complete <u>ONLY</u> 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 Comm

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 22/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805				
4	Date	5 Payee name				
	04/02/2025	CORT Furniture Rental				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$316.44	2020 South A.W. Grimes Blvd				
		Round Rock, TX 78664-2965				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Furniture rental for session-staff				
		Tarritare remained Session Starr				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	_					
	Date	Payee name				
	05/02/2025	CORT Furniture Rental				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$316.44	2020 South A.W. Grimes Blvd				
		Round Rock, TX 78664-2965				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Furniture rental for session-staff				
		Tarritare remained Session Starr				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Data					
	Date	Payee name				
	06/02/2025	CORT Furniture Rental				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$316.44	2020 South A.W. Grimes Blvd				
		Round Rock, TX 78664-2965				
	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				
		Furniture rental for session-staff				
	Complete ONLY !! -!!	Condidate/Officeholder name				
	Complete ONLY if direct expenditure to benefit C/OI	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 compl	ete this form.
1	Total pages Schedule F1: Sch: 23/163 Rpt:	FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 04/01/2025	5 Payee name CVS Pharmacy	
6	Amount (\$) \$7.66	7 Payee address; City; State; Zip Code 1627 Wildcat Dr.	
8	PURPOSE OF EXPENDITURE	Portland, TX 78374 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for CCDO
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/11/2025	Payee name CVS Pharmacy	
	Amount (\$) \$47.55	Payee address; City; State; Zip Code 1627 Wildcat Dr.	
	PURPOSE OF EXPENDITURE	Portland, TX 78374 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for CCDO
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/27/2025	Payee name CVS	
	Amount (\$) \$24.49	Payee address; City; State; Zip Code 500 N. Congress	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Poll pense Prin	ing Expens ting Expen			Travel in District Travel Out of Di	
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1: Sch: 24/163 Rpt:		E Iuan (The Honorab	le)			3	Filer ID 00013805	(Ethics Commission Filers)
4	Date	5 Payee name	-						
_	02/10/2025	CVS	,						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zi	Code				
	\$12.78	500 N. Cor	ngress						
		Austin, TX	78701						
8	PURPOSE OF	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense				, TX	, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
	Date	Payee name	;						
	02/25/2025	Cabo Bob's	s Burritos						
	Amount (\$)	Payee addre	ess; City;	State; Zij	Code				
	\$81.97	2828 Rio G	Grande						
		Austin, TX	78705-3637						
	PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Con , officeholder livin	nplete Schedule T.
						Lunch for Ca			y expense
						'			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office h	eld
	Date	Payee name	9						
	02/04/2025	Cafe Blue							
	Amount (\$)	Payee addre	ess; City;	State; Zij	Code				
	\$120.27	340 E. 2nd	St.						
		Austin, TX	78701						
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			ш		ide of Texas. Con , officeholder livin	nplete Schedule T.
						LJM dinner m		, c.nocholder nvill	y 0.,p01100
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office	sought			Office h	eld
	me provided by Texas F	thice Commiss	ion vana	w othics state	tyuc				Version V// 1 0 f10d0fd9

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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: 25/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/04/2025	Calk-Wilson Elementary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	3925 Ft. Worth St.
		Corpus Christi, TX 78411-2244
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Teacher Appreciation Week
		Pr
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/16/2025	Cano, Benny
	Amount (\$)	
	\$2,225.00	315 W. McIntyre St
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Onicenoide//Political Committee Catering for So TX Veteran's Fair
		3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/08/2025	Castillo, Jorge
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1904 Heron Avenue
		McAllen, TX 78504-3915
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplement
	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

	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: 26/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/31/2025	Castillo, Jorge
6	Amount (\$) \$335.00	7 Payee address; City; State; Zip Code 1904 Heron Avenue
		McAllen, TX 78504-3915
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Castillo, Jorge
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.53	1904 Heron Avenue
		McAllen, TX 78504-3915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Caller Times subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Castillo, Jorge
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.20	1904 Heron Avenue
		McAllen, TX 78504-3915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Mileage reimbursement
Т	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ement Solicitation/Fundraising Expense
Dense 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 complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 27/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/15/2025	Cava
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.82	515 Congress Ave
		Austin, TX 78701-3504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/18/2025	Cava
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.73	515 Congress Ave
	φ±00.75	515 Coligless Ave
		Austin, TX 78701-3504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		staff lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/06/2025	Cava
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.55	515 Congress Ave
		Austin, TX 78701-3504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff lunch meeting
		Star failer meeting
	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 Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services 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 complete	this form.
1	Total pages Schedule F1: Sch: 28/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 05/12/2025	5 Payee name Cava	
6	Amount (\$) \$16.56	7 Payee address; City; State; Zip Code 515 Congress Ave	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense inner for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/25/2025	Payee name Cava	
	Amount (\$) \$15.70	Payee address; City; State; Zip Code 515 Congress Ave Austin, TX 78701-3504	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense cinner for Capitol staff
	Complete ONLY if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought H	Office held
	Date 01/10/2025	Payee name Charter Communications	
	Amount (\$) \$306.12	Payee address; City; State; Zip Code PO Box 60074	
		City Of Industry, CA 91716-0074	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense camp/EDO service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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			Travel Out of Dis OTHER (enter a	strict category not listed above)
	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: 29/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805	
4	Date	5 Payee name	_		
	01/17/2025	Charter Communications			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$145.47	PO Box 60074			
		City Of Industry, CA 91716-0074			
8	PURPOSE	, ,			
٠	OF	· · · · · · · · · · · · · · · · · · ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		ı, TX,	officeholder living	g expense
		CCDO service	е		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	eld
	experioritire to berieff C/O	1			
	Date	Payee name			
	02/11/2025	Charter Communications			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$305.73	PO Box 60074			
		City Of Industry, CA 91716-0074			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			plete Schedule T.
	EX. ENDITORE	l — — — — — — — — — — — — — — — — — — —		officeholder living	g expense
		Camp/EDO s	ei v	rice	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	<u></u>
	expenditure to benefit C/O			Office In	alu .
	Data	D			
	Date 02/14/2025	Payee name Charter Communications			
	Amount (\$) \$145.17	Payee address; City; State; Zip Code PO Box 60074			
	Φ145.17	PO 60X 60074			
		Oit of ladvets OA 04746 0074			
		City Of Industry, CA 91716-0074			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outci	do of Toyon Com	plete Schedule T.
	EXPENDITURE	Onice Overnead/Nental Expense		officeholder living	
		CCDO service			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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	
_	Total manage Calcadate 54	
	Total pages Schedule F1:	
	Sch: 30/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/12/2025	Charter Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.74	PO Box 60074
	+20	
		City Of Industry, CA 0171C 0074
		City Of Industry, CA 91716-0074
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CCDO service
		CCDO Service
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	'
	Date	Payee name
	03/12/2025	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$313.60	PO Box 60074

		Oit : Of Industry
		City Of Industry, CA 91716-0074
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Camp/EDO service
		Camp/LDO Service
	Opening the ONII Wife discort	Our stide to 100% as health as a sure
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/11/2025	Charter Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$313.60	PO Box 60074
		City Of Industry, CA 91716-0074
_	DUDDOOF	
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Camp/EDO service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/14/2025	Charter Communications
6	Amount (\$) \$154.74	7 Payee address; City; State; Zip Code PO Box 60074 City Of Industry, CA 91716-0074
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 CCDO service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/09/2025	Charter Communications
	Amount (\$) \$313.60	Payee address; City; State; Zip Code PO Box 60074
		City Of Industry, CA 91716-0074
	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 Camp/EDO service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	05/09/2025	Charter Communications
	Amount (\$) \$154.74	Payee address; City; State; Zip Code PO Box 60074
		City Of Industry, CA 91716-0074
	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 CCDO service
	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
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	comp	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers
	Sch: 32/163 Rpt:		Hinojosa, Juan (The Honorable)		00013805
4	Date	5	Payee name		•
	06/13/2025		Charter Communications		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	•
	\$154.74		PO Box 60074		
			City Of Industry, CA 91716-0074		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	D) 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
					CCDO service
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office :	Squabt	office held
9	expenditure to benefit C/O		Candidate/Officeholder name Office :	sougni	it Office field
		Т			
	Date		Payee name		
	06/13/2025	L	Charter Communications		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$313.60		PO Box 60074		
			City Of Industry, CA 91716-0074		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Camp/EDO service
					'
	Complete ONLY if direct	_	Candidate/Officeholder name Office	ought	nt Office held
	expenditure to benefit C/O	Н			
	Date	Г	Payee name		
	01/23/2025		Chick-Fil-A		
	Amount (\$)	┢	Payee address; City; State; Zip	Code	
	\$64.62		503 W Martin Luther King Jr Boulevard	Ocac	•
	,,,,,				
			Austin, TX 78701-1230		
	PURPOSE	(0)		(h)	N. December
	OF	(a	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Pood/Deverage Expense		Check if Austin, TX, officeholder living expense
					Lunch for Capitol staff
_		L			
	Complete ONLY if direct		Candidate/Officeholder name Office	sought	ot Office held
	expenditure to benefit C/O	н			

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 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: 33/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/28/2025	Chick-Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.22	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payee name
	02/24/2025	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.71	503 W Martin Luther King Jr Boulevard
		Austin, TX 78701-1230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch for Capitol staff
		Eurorior Capitor stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/11/2025	Payee name Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.08	600 Congress Ave.
		Austin, TX 78701-3238
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch for Capitol staff
_	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	al Committee Legal Services S The Instruction Guide explains how		es/Contract Labor OTHER (enter a category not listed above) lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 34/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		
	04/09/2025	Chick-Fil-A		
6	Amount (\$)	7 Payee address; City; State; 2	Zip Code	
	\$31.60	503 W Martin Luther King Jr Boulevard		
		Austin, TX 78701-1230		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedu	_{ile)} (b) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				Dinner for Capitol staff.
9	Complete ONLY if direct		ce sough	t Office held
	expenditure to benefit C/O	Н		
	Date	Payee name		
	04/17/2025	Chick-Fil-A		
	Amount (\$)	Payee address; City; State; 2	Zip Code	
	\$90.28	600 Congress Ave.		
	Ψ30.20	ood congress / we.		
		Augstin TV 70701 2220		
		Austin, TX 78701-3238		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	_{ile)} (b) Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lunch for Capitol staff
				Edition for Capitor stair
_	Complete ONLY if direct	Candidate/Officeholder name Offi	ce sough	t Office held
	expenditure to benefit C/O		ce sough	d Office field
	Data			
	Date	Payee name		
	04/17/2025	Chick-Fil-A		
	Amount (\$)	1	Zip Code	
	\$11.03	600 Congress Ave.		
		Austin, TX 78701-3238		
	PURPOSE	(a) Category (See Categories listed at the top of this schedu	_{ile)} (b) Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Lunch for Capitol staff
	Complete ONLY if direct		ce sough	t Office held
	expenditure to benefit C/Ol	п		

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/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	on Guide explai		Wages	/Contract Labor		OTHER (enter a	category not liste	d above)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 35/163 Rpt:		Hinojosa, J	luan (The H	onorable)					00013805		
4	Date	5	Payee name)								
	01/29/2025		Chilantro									
6	Amount (\$)	7	Payee addre	ess; City;	Sta	ate; Zip C	ode					
	\$87.93		303 Colora	do St								
			Austin, TX	78701-4653	}							
8	PURPOSE OF	(a)			ted at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Food/Beve	rage Expen	se					ide of Texas. Com , officeholder living		
								staff lunch me			g expense	
								otali iarion iii	000	9		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder nar	ne	Office so	<u>l</u> ught			Office he	eld	
F	Date		Payee name	<u> </u>								
	03/18/2025		Chipotle									
┝	Amount (\$)	H	Payee addre	ess; City;	Sta	ate; Zip C	ode					
	\$101.17		•	ess Avenue		,p -						
	Q101.11		OUT CONG	COO / Wellac								
			Austin, TX	78701-2439)							
	PURPOSE	(a)	Category (S	See Categories lis	ted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beve	rage Expen	se			=		ide of Texas. Com		
								Lunch for Ca		, officeholder living	g expense	
								Lunch for Ca	pitt	Ji Staii.		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder nar	me	Office so	l ught			Office he	eld	
⊨	Data	Т	Dayles nome									
	Date		Payee name)								
	05/26/2025		Church's									
	Amount (\$)		Payee addre		Sta	ate; Zip C	ode					
	\$54.96		8545 Rese	arch Blvd								
			Austin, TX	78758-7852	!							
	PURPOSE	(a)	Category (S	See Categories lis	ted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE			rage Expen						ide of Texas. Com		
	EXI ENDITORE							_		, officeholder living	g expense	
								Dinner for Ca	ıpıt	oi stait		
ldash	0 1. 0					0"	<u> </u>					
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Of	ficeholder nar	ne	Office so	ught			Office h	eid	
L	experientare to benefit 6/01											
1												

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/Officeholder/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: 36/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/28/2025	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.36	1098 IH 10
		Seguin, TX 78155-1502
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 Fuel for rental-JJH
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/10/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.94	PO Box 2267
		Austin, TX 78783-0001
	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 Staff session apt utilities
		Ctail 6555-51 apt annies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/04/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.09	PO Box 2267
		Austin, TX 78783-0001
	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.
		X Check if Austin, TX, officeholder living expense JJH apt utilities
		oorrapt danaes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 co	mplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/163 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	02/13/2025	City Of Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Co	de
	\$144.11	PO Box 2267	
		Austin, TX 78783-0001	
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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Staff session apt utilities
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		0.5
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
	· 		
	Date	Payee name	
	03/03/2025	City Of Austin	
	Amount (\$)	Payee address; City; State; Zip Co	de
	\$136.47	PO Box 2267	
		Austin, TX 78783-0001	
	PURPOSE	(a) Catagony (a. a. a	(h) Deceriation
l		(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.
		2 (Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	OF	2 (Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities
	OF	Office Overhead/Rental Expense Candidate/Officeholder name Office sou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol	Office Overhead/Rental Expense Candidate/Officeholder name Office sou	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 03/17/2025	Candidate/Officeholder name Office sour Payee name City Of Austin	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Aus
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$)	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Aus
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 03/17/2025	Candidate/Officeholder name Office sour Payee name City Of Austin	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Aus
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$)	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor PO Box 2267	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Aus
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$)	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Austin, TX, officeholder living expense General Schedule T. Check if Aus
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor PO Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities Office held de (b) Description
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor PO Box 2267 Austin, TX 78783-0001	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities The complete Schedule T. Office held The complete Schedule T. The complete Schedule T. The complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor PO Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities Office held de (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Cor PO Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JJH apt utilities The complete Schedule T. Office held The complete Schedule T. The complete Schedule T. The complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24 PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense Candidate/Officeholder name Office source Payee name City Of Austin Payee address; City; State; Zip Corp. PO Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24	Candidate/Officeholder name Candidate/Officeholder name City Of Austin Payee address; City; State; Zip Corpo Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office source	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name City Of Austin Payee address; City; State; Zip Corpo Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office source	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date 03/17/2025 Amount (\$) \$182.24 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Candidate/Officeholder name City Of Austin Payee address; City; State; Zip Corpo Box 2267 Austin, TX 78783-0001 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office source	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 38/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Pavee name
7		· · · · · · · · · · · · · · · · · · ·
	04/04/2025	City Of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.27	PO Box 2267
		Auctin TV 70702 0001
		Austin, TX 78783-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		JJH apt utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	04/24/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.27	PO Box 2267
		A 6 TV 70700 0004
		Austin, TX 78783-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Staff session apt utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Davies name
		Payee name
	04/28/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.20	PO Box 2267
		Austin, TX 78783-0001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		JJH apt utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 39/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/21/2025	City Of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$173.56	PO Box 2267
		Austin, TX 78783-0001
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 Staff session apt utilities
		Stan 3033ion apt dunities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/29/2025	City Of Austin
H	Amount (\$)	Payee address; City; State; Zip Code
	\$103.73	PO Box 2267
		Austin, TX 78783-0001
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/15/2025	City Of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.51	PO Box 2267
		Austin, TX 78783-0001
	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 Staff session apt utilities
		Stan session apt dunities
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/27/2025	City Of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.49	PO Box 2267
		Austin, TX 78783-0001
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.
	LAFENDITORE	X Check if Austin, TX, officeholder living expense
		JJH apt utilities
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	01/24/2025	City Of Granjeno
_	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6603 S. FM 494
	Ψ200.00	0003 S. FINI 434
		Granjeno, TX 78572
	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
		r richuship r estspons.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	04/03/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$429.00	235 Point Lick Dr.
		Charleston, WV 25306-6785
	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
		2025 Panoramic Group photo
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorale to belief C/OF	1

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/Political Con Credit Card Payment					
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 2					
	Hinojosa, Juan (The Honorable) 00013805				
	Payee name				
05/02/2025	Coastal Bend Tejano Democrats				
6 Amount (\$) 7	Payee address; City; State; Zip Code				
\$150.00	7417 Spitfire Drive				
	Corpus Christi, TX 78412-5132				
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	3rd Annual Easter Egg Hunt				
9 Complete <u>ONLY</u> if direct Concept of the expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
expenditule to beliefft C/OH					
Date	Payee name				
01/24/2025	Constant Contact				
Amount (\$)	Payee address; City; State; Zip Code				
\$92.75	1601 Trapelo Road				
	Waltham, MA 02451-7333				
	Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	email service subs.				
	Citali Scivice Subs.				
Complete <u>ONLY</u> if direct C	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH	Sandada, Sandada Mario				
Date	Payee name				
02/24/2025	Constant Contact				
` ′	Payee address; City; State; Zip Code				
\$92.75	1601 Trapelo Road				
	Waltham, MA 02451-7333				
I 0E I	Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense email service subs.				
	Citiali Scivice Subs.				
Complete ONLY if direct C	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH	Sandado, Sinderiolaer name Since Sought Office neta				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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: 42/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/24/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.75	1601 Trapelo Road
		Waltham, MA 02451-7333
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 email service subs.
		email service subs.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
	04/24/2025	Payee name Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.75	1601 Trapelo Road
		Waltham, MA 02451-7333
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email service subs.
		Citali Scivice Subs.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/24/2025	Constant Contact
	Amount (\$) \$92.75	Payee address; City; State; Zip Code 1601 Trapelo Road
	φ92.13	1001 Hapelo Road
		Maltham MA 00451 7000
		Waltham, MA 02451-7333
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		email service subs.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 43/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4 Date	5 Payee name
06/24/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$104.35	1601 Trapelo Road
	Waltham, MA 02451-7333
a BURDOOF	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	email service subs.
	Small convice case.
O Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
01/17/2025	Culligan Water of the RGV
Amount (\$)	Payee address; City; State; Zip Code
\$26.97	1300 W. Bus. 77
	P.O. Box 1029
	San Benito, TX 78586-0010
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Water for EDO
	water for EBC
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/03/2025	Culligan Water of the RGV
Amount (\$)	Payee address; City; State; Zip Code
\$50.94	1300 W. Bus. 77
	P.O. Box 1029
	San Benito, TX 78586-0010
DUDDOCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Enod/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Water for EDO
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 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/12/2025	Culligan Water of the RGV
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.99	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Water for EDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	04/11/2025	Culligan Water of the RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.97	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-t
_	Date	Payee name
	05/09/2025	Culligan Water of the RGV
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.97	1300 W. Bus. 77
		P.O. Box 1029
		San Benito, TX 78586-0010
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Legal Service	ge Expense Memorials Expe es	ense	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense oense oens deges	nt/Reimbursement d/Rental Expense e e e e e/Contract Labor ete this form.		Transportation E Travel in District Travel Out of Di	
_	Total manage Calcadula F1.	1								_	Files ID	(Ethica Commission Filera)
1	Total pages Schedule F1: Sch: 45/163 Rpt:	ı	Hinojosa, Ju		Honorable	?)				3	Filer ID 00013805	(Ethics Commission Filers)
4	Date	5	Payee name									
	06/02/2025	l	Culligan Wa	ter of the	RGV							
6	Amount (\$) \$26.97		Payee address 1300 W. Bu P.O. Box 10 San Benito,	s. 77 29		State;	Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category _{(Se} Food/Bever			o of this sched	dule)	(b)		, TX,	de of Texas. Con officeholder livin	nplete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder n	ame	Of	ffice sou	ght			Office h	eld
	Date		Payee name									
	06/30/2025	├	Culligan Wa					_				
	Amount (\$)		Payee addres	ss; Cit	y;	State;	Zip Co	de				
	\$34.96		1300 W. Bu	s. 77								
			P.O. Box 10	29								
			San Benito,	TX 7858	6-0010							
	PURPOSE OF EXPENDITURE		Category (Se Food/Bever			of this sched	dule)	(b)	=	, TX,	de of Texas. Con officeholder livin	nplete Schedule T. g expense
	Complete ONLY if direct		Candidate/Offic	ceholder n	ame	Of	ffice sou	ght			Office h	eld
	expenditure to benefit C/OI	Η										
	Date	ı	Payee name									
L	01/10/2025		De Correa,	Yesenia ((Ms.)							
	Amount (\$) \$315.00	ı	Payee addres 5001 Jay Av		y;	State;	Zip Co	de				
			McAllen, TX	78504-6	513							
	PURPOSE OF EXPENDITURE	ı	Category _{(Se} Salaries/Wa	-			dule)	(b)		, TX,	officeholder living	nplete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder n	ame	Of	ffice sou	ght			Office h	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	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 NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 46/163 Rpt:		Hinojosa, J	uan (The Honora	able)					00013805	
4	Date	5	Payee name								
	01/24/2025		De Correa,	Yesenia (Ms.)							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$315.00		5001 Jay A	ve.							
			McAllen, TX	78504-6513							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ages/Contract La		,		=		de of Texas. Com	
	EXI ENDITORE							Janitorial serv		officeholder living	expense
								Janilonai sen	VICE	25	
_	Complete ONLY if direct	<u> </u>	Candidate /Off:	coholder neme		Office ee:	labt			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/OI		zariuluate/Oπi	ceholder name		Office sou	ugril			Office ne	au .
	Date		Payee name								
	02/10/2025		De Correa,	Yesenia (Ms.)							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$315.00		5001 Jay A	ve.							
			McAllen, TX	78504-6513							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			ages/Contract La		,		ш		de of Texas. Com	
	LA LADITORE									officeholder living	expense
								Janitorial ser	VICE	<i>t</i> 5	
L	Complete ONLY if direct	<u> </u>	Candidate /Off:	coholder neme		Office ee:	labt			Office he	ald
	Complete ONLY if direct expenditure to benefit C/OH		Ja⊓uiuate/O∏	ceholder name	C	Office sou	ugrit			Office ne	au
L	D :	_									
	Date		Payee name	Vacania (Ma.)							
	02/21/2025			Yesenia (Ms.)							
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$315.00		5001 Jay A	ve.							
			Modles T	70504 6510							
				78504-6513							
	PURPOSE OF	(a) 		ee Categories listed at th		edule)	(b)	Description	outo:	de of Texas. Com	nlete Schedulo T
	EXPENDITURE		Salaries/Wa	ages/Contract La	apor			ш		officeholder living	
								Janitorial serv			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ught			Office he	eld
	expenditure to benefit C/O	H									

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
-	Sch: 47/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/07/2025	De Correa, Yesenia (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Janitorial services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/20/2025	De Correa, Yesenia (Ms.)
	Amount (\$) \$315.00	Payee address; City; State; Zip Code 5001 Jay Ave.
	Φ315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Janitorial services
		Janitorial Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/04/2025	De Correa, Yesenia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Janitorial services
		outliterial services
	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
-	Sch: 48/163 Rpt:	Hinojosa, Juan (The Honorable)
4	Date	5 Payee name
	04/18/2025	De Correa, Yesenia (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Janitorial services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	05/02/2025	De Correa, Yesenia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
	φ010.00	5552 buy 7 tto.
		McAllen, TX 78504-6513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Janitorial services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	05/16/2025	De Correa, Yesenia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$315.00	5001 Jay Ave.
		McAllen, TX 78504-6513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Janitorial services
		Janitorial Services
\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 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

nt 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 complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 49/163 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	05/30/2025	De Correa, Yesenia (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$315.00	5001 Jay Ave.	
		McAllen, TX 78504-6513	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Calaries/ Wages/ Cortifact Easter	ravel outside of Texas. Complete Schedule T.
		Janitorial	ustin, TX, officeholder living expense
		Samona	Scrvices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0.1100 1.010
_	Date	Payee name	
	06/13/2025	De Correa, Yesenia (Ms.)	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$315.00	5001 Jay Ave.	
	φ010.00	occi day i we.	
		McAllen, TX 78504-6513	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if tr	I avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Cortifact Eabor	sustin, TX, officeholder living expense
		Janitorial	services
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to benefit C/Oi	1	
	Date	Payee name	
	06/27/2025	De Correa, Yesenia (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$315.00	5001 Jay Ave.	
		McAllen, TX 78504-6513	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	ravel outside of Texas. Complete Schedule T.
		☐ Check if A Janitorial	ustin, TX, officeholder living expense
		Samona	Scrivices
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	C
I			

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/Political Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	
Sch: 50/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
01/31/2025	DeLaGarza Garcia, Roxanne
6 Amount (\$) \$335.00	7 Payee address; City; State; Zip Code 605 E Acacia Avenue Alamo, TX 78516-4400
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplement
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2025	Delta Airlines
Amount (\$) \$166.97	Payee address; City; State; Zip Code 1030 Delta Blvd Atlanta, GA 30354-1989
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flight for staff to Austin-CG
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2025	Door Dash
Amount (\$) \$51.43	Payee address; City; State; Zip Code 303 2nd St.
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
Complete ONLY if direct expenditure to benefit C/OF	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 complete this form.	
1	Total pages Schedule F1: Sch: 51/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 06/02/2025	5 Payee name Door Dash	
6	Amount (\$) \$90.19	7 Payee address; City; State; Zip Code 303 2nd St.	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense eeting-Cabo Bob
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/16/2025 Amount (\$)	Payee name Doubletree Suites By Hilton Austin Payee address; City; State; Zip Code	
	\$331.34	303 West 15th Austin, TX 78701-1622	
	PURPOSE OF EXPENDITURE	Travel out of District	outside of Texas. Complete Schedule T. , TX, officeholder living expense Staff-SR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/16/2025	Payee name Doubletree Suites By Hilton Austin	
	Amount (\$) \$64.69	Payee address; City; State; Zip Code 303 West 15th	
		Austin, TX 78701-1622	
	PURPOSE OF EXPENDITURE	Traver out of District	outside of Texas. Complete Schedule T. , TX, officeholder living expense taff-SR
	Complete ONLY if direct expenditure to benefit C/OI	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 Com 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			Legal Services	oriais Expense			se s/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	Credit Card Payment		,	The Instructio	n Guide ex	plains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 52/163 Rpt:		Hinojosa, Ju	an (The Ho	norable)					00013805		
4	Date	5	Payee name					•	_			
	02/05/2025	ı	Downright A	ustin, Renai	ssance F	Hotel						
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	ode					
	\$449.10		701 E. 11th	St.								
			Austin, TX 7	8701-2622								
8	PURPOSE	(a)	Category (See	o Catogorios listo	d at the ten of	this echodulo)	(b)	Description				
	OF		Travel Out o		a at the top of	tilis scriedule)	l` ′		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							—		officeholder livin	g expense	
								Lodging for S	staf	t-CG		
							<u> </u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offic	eholder nam	Э	Office sou	ught			Office h	eld	
	•	_										
	Date		Payee name									
	01/31/2025		Downtown A	ustin-USPS	i 							
	Amount (\$)	ı	Payee addres	•		State; Zip Co	ode					
	\$13.02		823 Congres	ss Ave								
			Ste.150									
			Austin, TX 7	8701-2545								
	PURPOSE OF		Category (See				(b)	Description				
	EXPENDITURE		Office Overh	ead/Rental	Expense	!				de of Texas. Con officeholder livin	nplete Schedule T.	
								Postage for p				
								J 1		J		
	Complete ONLY if direct		Candidate/Offic	eholder name	e	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/17/2025		Downtown A	ustin-USPS	;							
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$5.58		823 Congres	ss Ave		·						
			Ste.150									
			Austin, TX 7	8701-2545								
	PURPOSE		Category (See		d at the ten of	this echodulo)	(b)	Description				
	OF		Office Overh				'		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE				·			_		officeholder livin	g expense	
								Certified mail	ро	stage		
	Commission ONU Wife allows	Ļ	Dandidet - 10°°			Off:				Office 1	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolaer nam	e	Office sou	ugnt			Office h	eiu	

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		nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 53/163 Rpt:		Hinojosa, Ju	ıan (The Honoı	rable)					00013805		
4	Date	5	Payee name									
	06/16/2025		Downtown A	Austin-USPS								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$226.00		823 Congre	ss Ave								
			Ste.150									
			Austin, TX 7	8701-2545								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the ton of this sch	edule)	(b)	Description				
	OF EXPENDITURE	l`´		nead/Rental Ex		euuie)	l` ´	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				•			□		officeholder living	expense	
								Campaign PC	ЭB	ox renewal		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ught		_	Office he	eld	
	Date		Payee name									
	05/02/2025		Downtown (Corpus Christi-I	USPS							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$3.15		802 N. Tano	cahua								
			Corpus Chri	sti, TX 78401								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		□		de of Texas. Com		
	EXPENDITORE									officeholder living		
								Postage for re	eso	olution to Ora	ange Grove	
	Complete ONLY if direct	Ļ	Condidate /Cff	anhalder = ====		Office as:	l abt			Office	NA .	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sou	ugnt			Office he	eiu	
L		_										
	Date		Payee name		–							
	01/10/2025		Dr. Hector F	P. Garcia Memo	orial Foundat	tion						
	Amount (\$)		Payee addres		State;	Zip Co	ode					
	\$500.00		PO Box 103	307								
			Corpus Chr	sti, TX 78460-0	0307							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By					de of Texas. Com		
			Candidate/0	Officeholder/Po	litical Comm	ittee				officeholder living		
								Memorial Fou	ai iÜ	auon iunene	UII	
	Complete ONLY if direct	Ļ	`andidata/Offi	ceholder name		Office sou	labt.			Office he	nld	
	expenditure to benefit C/O		ai iuiuale/OIII	centituel Haine	C	7111CG 200	agrit			Office He	สน	

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 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: 54/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/14/2025	Drury Inn & Suites Austin North
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$168.47	6711 N. I35 Frontage Rd
		Austin, TX 78752
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for Staff-CG
		Loughing for Staff CO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	06/02/2025	Eddie V's Prime Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.89	301 E 5th Street
		Austin, TX 78701-3615
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		End of session staff dinner
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	06/20/2025	Edinburg Chamber Of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	PO Box 85
		Edinburg, TX 78540-0085
	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
		Membership dues
	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/Political Credit Card Payment	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: 55/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
06/17/2025	Education Is Our Freedom GED College Scholarship
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 10307 Corpus Christi, TX 78460-0307
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scholarship luncheon sponsor
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Enterprise Rent A Car
Amount (\$)	Payee address; City; State; Zip Code
\$193.58	816 Colorado St.
	Austin, TX 78701
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 Car rental-LJM
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/13/2025	Falfurrias Facts
Amount (\$)	Payee address; City; State; Zip Code
\$55.00	PO Box 619
	Falfurrias, TX 78355-0619
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 1 yr subscription renewal
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)
1	Sch: 56/163 Rpt:	FILER NAME Hinojosa, Juan (The Honorable)	00013805
4	Date	Payee name	
	05/30/2025	Family Dollar	
_			
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.53	1500 E. Nolana Loop	
		Pharr, TX 78577-8043	
8	PURPOSE	A) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	ide of Texas. Complete Schedule T.
	EXPENDITURE		, officeholder living expense
		Cases for crayo	ns/Gonzalez Elem.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	05/29/2025	Five Below	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.73	1700 Murphey Ave	
		Donna, TX 78537-4165	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	ide of Texas. Complete Schedule T.
	LAFLINDITORE		, officeholder living expense
		Crayons for Gor	nzalez Elementary
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	03/24/2025	Flame-Out Fire Extinguishers	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.78	P.O. Box 3760	
	φιυ./ο	1.O. DOX 3700	
		Edinburg, TX 78540-3760	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	ide of Texas. Complete Schedule T.
	LAI LINDITOILE		, officeholder living expense
		Maintenance/fire	e extinguishers EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 57/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/27/2025	FoodHeads
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.72	616 W. 34th St.
		Austin, TX 78705-1203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff lunch meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/28/2025	Four Seasons Live Oak
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.87	98 San Jacinto Blvd
		Austin, TX 78701-4082
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	Four Seasons Live Oak
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.20	98 San Jacinto Blvd
		Austin, TX 78701-4082
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner Meeting
		Difficit moduling
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/01/2025	Four Seasons Live Oak
6	Amount (\$) \$140.83	7 Payee address; City; State; Zip Code 98 San Jacinto Blvd
		Austin, TX 78701-4082
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner Meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/16/2025	Four Seasons Live Oak
	Amount (\$) \$145.83	Payee address; City; State; Zip Code 98 San Jacinto Blvd
		Austin, TX 78701-4082
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/28/2025	Payee name Four Seasons Live Oak
	Amount (\$) \$207.12	Payee address; City; State; Zip Code 98 San Jacinto Blvd
		Austin, TX 78701-4082
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner Meeting
	Complete ONLY if direct expenditure to benefit C/OI	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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 59/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		
	04/29/2025	Four Seasons Live Oak		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$118.51	98 San Jacinto Blvd		
l				
L		Austin, TX 78701-4082		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Dinner Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L	experionality to benefit C/O	1		
l	Date	Payee name		
	05/08/2025	Four Seasons Live Oak		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$157.32	98 San Jacinto Blvd		
L		Austin, TX 78701-4082		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Chask if traval sutside of Taylor Complete Schoolule T
l	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Dinner Meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
L	expenditure to benefit C/OI	1		
l	Date	Payee name		
L	05/19/2025	Four Seasons Live Oak		
l	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$145.83	98 San Jacinto Blvd		
l		A TV 70704 4000		
L		Austin, TX 78701-4082	1	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
l				Dinner Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	capenditure to benefit C/OI	1		

SCHEDULE F1

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

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/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/23/2025	Four Seasons Live Oak
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.83	98 San Jacinto Blvd
		Austin, TX 78701-4082
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner Meeting
		Diffict Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/26/2025	Four Seasons Live Oak
H	Amount (\$)	Payee address; City; State; Zip Code
	\$117.02	98 San Jacinto Blvd
	¥==::0=	
		Austin, TX 78701-4082
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner Meeting
		Simol modaling
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/30/2025	Four Seasons Live Oak
H	Amount (\$)	Payee address; City; State; Zip Code
	\$122.02	98 San Jacinto Blvd
		Austin, TX 78701-4082
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Dinner Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/V	Vages	s/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	EII ER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 61/163 Rpt:	ı	Hinojosa, Juan (The Honorable)			00013805	(
4	Date	5	Payee name			· ·		
	02/04/2025	ı	Freebirds					
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode			
	\$77.59	ı	1000 E 41st St					
	, , , , , ,							
			Austin, TX 78751-4810					
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense				side of Texas. Comp	
						Staff lunch mee	X, officeholder living	expense
						stan functi mee	ung	
_	Complete ONLY !! -!!!	Ļ	Condidate/Office helder	O#:	10 P t		O#:!	Id
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ignt		Office he	ılu
L	· 	_						
	Date		Payee name					
L	01/24/2025		GM Financial					
	Amount (\$)		Payee address; City;	State; Zip Co	ode			
	\$1,173.33		4001 Embarcadero					
		⊢	Arlington, TX 76014-4106		I			
	PURPOSE OF		Category (See Categories listed at the top		(b)	Description	-:	oleke Oekeedule T
	EXPENDITURE		Office Overhead/Rental Expens	se			side of Texas. Comp X, officeholder living	
						JJH vehicle leas		скропас
						2323010.104	· 	
\vdash	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Iaht		Office he	ld
	expenditure to benefit C/O		The state of the s	200 000	gr.		200 110	
H	Date	Π	Payoo namo					
	02/25/2025		Payee name GM Financial					
		_		Ot-1 =: -				
	Amount (\$)	ı	Payee address; City;	State; Zip Co	oae			
	\$1,173.33		4001 Embarcadero					
L		L	Arlington, TX 76014-4106					
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expens	se			side of Texas. Comp	
						JJH vehicle leas	X, officeholder living	expense
						Joi i verilcie lea	.50	
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	laht		Office he	ld.
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeriolder Hattle	Office Sou	igill		Office ne	iu

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T-t-1	<u> </u>	_
1	Total pages Schedule F1:		
L	Sch: 62/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	03/24/2025	GM Financial	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,173.33	4001 Embarcadero	
	Ψ±1,±10.00		
		A Footo TV 7004 4 4400	
		Arlington, TX 76014-4106	
8	PURPOSE OF	(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 JJH vehicle lease	
		JULI VEHICLE LEASE	
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/25/2025	GM Financial	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,173.33	4001 Embarcadero	
	•		
		Arlington, TX 76014-4106	
_	DUDDOCE		
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		JJH vehicle lease	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash	Data		_
	Date	Payee name CM Financial	
	05/21/2025	GM Financial	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,173.33	4001 Embarcadero	
		Arlington, TX 76014-4106	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		JJH vehicle lease	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			\neg
			1

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

t/Reimbursement

/Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (enter a category not listed above)

	Contributing 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: 63/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/24/2025	GM Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,173.33	4001 Embarcadero
		Arlington, TX 76014-4106
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		JJH vehicle lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/O	
	Date	Payee name
	01/19/2025	Gabriella's
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.73	900 E. 7th St
	·	
		Austin, TX 78702-3217
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Dinner for staff
	0 1: 0:11:4"	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- cxportantaro to sometic o, or	
	Date	Payee name
	01/10/2025	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.48	1000 W Lynn Street
		Austin, TX 78703-3949
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for Capitol staff
_	Operation Objects "	Overflideta (Office helder and a control of the con
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- parametric 20 20110111 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 64/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/28/2025	Galaxy Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.93	1000 W Lynn Street
		Austin, TX 78703-3949
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	03/05/2025	Galaxy Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.93	1000 W Lynn Street
	410.00	
		Austin, TX 78703-3949
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/23/2025	Galaxy Cafe
		·
	Amount (\$) \$41.26	Payee address; City; State; Zip Code 1000 W Lynn Street
	Φ41.20	1000 W Lyfiif Street
		Austin, TX 78703-3949
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for Capitol staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	л -

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

pense Travel (gense Travel (gages/Contract Labor OTHER

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	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: 65/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/08/2025	Galaxy Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.93	1000 W Lynn Street
		Austin, TX 78703-3949
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/19/2025	Galaxy Cafe
H	Amount (\$)	Payee address; City; State; Zip Code
	\$132.30	1000 W Lynn Street
	4102.00	2000 W 25mm 3m300
		Austin, TX 78703-3949
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for Capitol staff
		23.101.101.034.101.034.1
┢	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experience to borione Gro	
	Date	Payee name
	06/30/2025	Gannett Co., Inc.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$105.53	1675 Broadway
		23rd Floor
		New York, NY 10019-7787
H	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
		Corpus Christi Caller Times subs
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 66/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/26/2025	Garcia, Gabriella
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1911 Malachi St.
		Edinburg, TX 78542
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/14/2025	Goin Postal
	Amount (\$) \$5.77	Payee address; City; State; Zip Code 1519 S. McColl Rd
	ФЭ.11	
		Ste. 4
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage for package
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/05/2025	Gonzalez, Cindie
	Amount (\$)	Payee address; City; State; Zip Code 3706 Castle Forest Circle
	\$273.99	3700 Castie Folest Circle
		Compute Christi: TV 70410-2002
		Corpus Christi, TX 78410-3602
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

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	y - al Cor	nmittee	Gift/Awards/Memorial Legal Services	•		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
Ļ				The Instruction G	uiue expiains	HOW to cor	iihie	te uns ioim.	_			
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)	
	Sch: 67/163 Rpt:	<u> </u>		uan (The Hono	rable)					00013805		
4	Date	5	Payee name									
L	03/12/2025		Gonzalez, (Cindie								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$12.88		3706 Castle	Forest Circle								
			Corpus Chr	isti, TX 78410-	3602							
8	PURPOSE	(a)	Category (Si	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel In Di			´					nplete Schedule T.	
	LAFLINDITORE									officeholder livin	g expense	
								Mileage reiml	bur	sement		
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght		_	Office h	eld	
L	expenditure to benefit C/OI	п										
	Date		Payee name									
	04/07/2025		Gonzalez, 0	Cindie								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$24.07		3706 Castle	Forest Circle								
			Corpus Chr	isti, TX 78410-	3602							
	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Travel In Di	strict				=			nplete Schedule T.	
								Mileage reiml		officeholder living	y expense	
								wineage reiill	Jui	SCHICH		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office soug	thr			Office h	eld	
	expenditure to benefit C/OI		zariaiuut6/OIII	continuer name		omoc sou(9111			Onice II	o.u	
\vdash	Date	l	Dayleo nomo									
	05/09/2025		Payee name Gonzalez, (indie								
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$90.48		3706 Castle	Forest Circle								
			Corpus Chr	isti, TX 78410-	3602							
	PURPOSE	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel In Di	strict							nplete Schedule T.	
								Mileage reiml		officeholder living	y expense	
								wineage reiill	Jui	SCHICHL		
	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name	-	Office soug	thr			Office h	eld	
	expenditure to benefit C/OI		Januiuale/UIII	conduct name		onice sou(grit			Office II	Ciu	
_												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 68/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/06/2025	Gonzalez, Cindie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.58	3706 Castle Forest Circle
	Ψ23.30	5700 Oddie Forest Office
		Corpus Christi, TX 78410-3602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Mileage reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payao namo
	06/30/2025	Payee name Gonzalez, Cindie
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.66	3706 Castle Forest Circle
		Corpus Christi, TX 78410-3602
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mileage reimbursement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
L	04/21/2025	Gus's Fried Chicken
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.32	117 San Jacinto Blvd
		Austin, TX 78701-4025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner for staff.
		Diffici for stall.
_	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	onpenditure to beliefft C/OI	·

SCHEDULE F1

Advertising Expense Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By 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: 69/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805				
4	Date	5 Payee name				
	01/31/2025	Gutierrez, Carlos				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$302.00	600 S Peking Street				
		3				
		McAllen, TX 78501-9044				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Supplement				
		Supplement				
_	Operation ONE Wife disease	Open Helder (Office helder warms and Office and helder (Office helder)				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/30/2025	Gutierrez, Carlos				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$21.46	600 S Peking Street				
		McAllen, TX 78501-9044				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE		Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Mileage reimbursement				
		inneage remisereement				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	ŭ .				
	Date	Payee name				
	01/07/2025	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$63.07	2700 W Freddy Gonzalez Drive				
		Edinburg, TX 78539-7312				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Consumables for EDO				
	0 1. 0					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Emportance to bonont 0/01					

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/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: 70/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/10/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$194.85	2652 Lake Austin Blvd
		Austin, TX 78703-4429
8	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 Flowers for Cap. office/opening day
		Flowers for Cap. Office/opening day
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	01/17/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.37	3500 Leopard St.
		Corpus Christi, TX 78408
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Consumables for CCDO
		Consumables for CCDC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	01/26/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.34	2965 IH 35 N
		New Braunfels, TX 78130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Consumables for Consetf
		Consumables for Cap. off.
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al 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: 71/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
01/31/2025	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.98	901 Trenton Road
	McAllen, TX 78504-7705
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Consumables for EDO
	Consumables for EDO
O Commission Chill Mile disc.	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/02/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$9.70	8801 S. Congress
	Austin, TX 78745-7389
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Consumables for Cap. office
	Consumables for Cap. office
Operation ONE Wife discout	Out in the 10th of the later course of the c
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
02/09/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$44.98	1340 E. Court St
	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Consumables for Cap. office
Orange Children	On distance (Office healther manner
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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/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: 72/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/17/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.04	3500 Leopard St.
		Corpus Christi, TX 78408
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consumables for CCDO
		Consumables for CCDO
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientere to benefit over	'
	Date	Payee name
	02/17/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.90	1600 Wildcat Dr
	, , , , ,	
		Portland, TX 78374-2816
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Consumables for CCDO
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	02/23/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.28	1340 E. Court St
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 73/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805	
4	Date 02/26/2025	5 Payee name HEB	
6	Amount (\$) \$87.91	7 Payee address; City; State; Zip Code 7025 Village Center Dr	
_		Austin, TX 78731-3023	_
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/10/2025	Payee name HEB	
	Amount (\$) \$7.67	Payee address; City; State; Zip Code 11100 Leopard St. Corpus Christi, TX 78410-2612	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for CCDO	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	_
	Date 03/17/2025	Payee name HEB	
	Amount (\$) \$199.32	Payee address; City; State; Zip Code 1000 E. 41st St.	
		Austin, TX 78751-4810	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office	
	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

	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: 74/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/27/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.86	1000 E. 41st St.
		Austin, TX 78751-4810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/02/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.14	3500 Leopard St.
		Corpus Christi, TX 78408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consumables for CCDO
		Consumation for CODC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/14/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.42	1000 E. 41st St.
	Ψ142.42	1000 E. 415t St.
		A
		Austin, TX 78751-4810
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule I
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 F	ILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 75/163 Rpt:	F	linojosa, Juan (The Honorable)			0001380	05
4	Date	5 F	ayee name				
	04/28/2025	F	HEB .				
6	Amount (\$)	l		State; Zip Co	de		
	\$161.99	2	508 E. Riverside Dr.				
			Austin, TX 78741				
8	PURPOSE OF		Category (See Categories listed at the top of th	is schedule)	(b)	Description Check if travel outside of Texas. (Complete Schodule T
	EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder I	· ·
						Consumables for Cap off	i.
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght	Office	e held
	experiditure to benefit C/Or						
	Date	F	ayee name				
	04/29/2025	H	HEB				
	Amount (\$)	ı		State; Zip Co	de		
	\$300.00	3	500 Leopard St.				
			Corpus Christi, TX 78408				
	PURPOSE OF		Category (See Categories listed at the top of th	is schedule)	(b)	Description	0 1 0 1 7
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	nmmittee		Check if travel outside of Texas. (Check if Austin, TX, officeholder I	·
			difficulties of the choice of the care of			ப Teacher Appreciation Gif	
	Complete ONLY if direct		ındidate/Officeholder name	Office sou	ght	Office	e held
	expenditure to benefit C/O	Η					
	Date	F	ayee name				
	05/12/2025	H	HEB .				
	Amount (\$)	l		State; Zip Co	de		
	\$104.31	2	508 E. Riverside Dr.				
		A	Austin, TX 78741				
	PURPOSE OF		Category (See Categories listed at the top of th	is schedule)	(b)	Description	Occupation Coloradale T
	EXPENDITURE	F	Food/Beverage Expense			Check if travel outside of Texas. (Check if Austin, TX, officeholder I	
						ப Consumables for Cap off	- '
	Complete ONLY if direct		ındidate/Officeholder name	Office sou	ght	Office	e held
	expenditure to benefit C/O	H					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	9 Files NAME
1	Total pages Schedule F1: Sch: 76/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
Ļ	·	
4	Date	5 Payee name
	05/14/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.79	1000 E. 41st St.
		Austin, TX 78751-4810
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u>'</u>	
	Date	Payee name
	05/19/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$171.22	1000 E. 41st St.
		Austin, TX 78751-4810
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	
	EXPENDITURE	Food/Beverage Expense Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
		Consumables for Cap. Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/26/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.40	1000 E. 41st St.
		Austin, TX 78751-4810
	DUDDOCT	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 77/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/31/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$123.81	1000 E. 41st St.
		Austin, TX 78751-4810
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for Cap. office
		Consumusies for Cup. Office
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/16/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	901 Trenton Road
		McAllen, TX 78504-7705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for EDO
		Consumusios for EBC
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/27/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.59	3500 Leopard St.
		Corpus Christi, TX 78408
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Consumables for CCDO
		Consumables for CCDO
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	•

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

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: 78/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/06/2025	HP Instant Ink
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.72	1501 Page Mill Rd
		Palo Alto, CA 94304-1126
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ink for campaign printer
		The for earnpaigh printer
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/03/2025	HP Instant Ink
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.72	1501 Page Mill Rd
		Palo Alto, CA 94304-1126
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ink for campaign printer
		illik for eampaigh printer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	06/02/2025	HP Instant Ink
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.97	1501 Page Mill Rd
		Palo Alto, CA 94304-1126
	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
		Ink for campaign printer
	2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

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

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

			gory not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (E	thics Commission Filers)
	Sch: 79/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	02/05/2025	Haddassah Temple Emanuel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00		
		MCAllen, TX 78504-2652	
8	PURPOSE		
٠	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete	Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living exp	ense
		Donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorare to berieff C/O	Jn	
	Date	Payee name	
	03/14/2025	Hadian, Ahmad	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1705 N. Greenville Ave	
		Apt. 159	
		Richardson, TX 75081-1828	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	
	LAI LINDITORE	Check if Austin, TX, officeholder living exp	ense
		Returned contribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Data		
	Date 06/20/2025	Payee name Harvard Men's Health Watch	
	Amount (\$) \$42.00	Payee address; City; State; Zip Code PO Box 5900	
	\$42.00	FO BOX 3500	
		Dia Cond. TV 75755 5001	
		Big Sandy, TX 75755-5001	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pantal Expanse (b) Description Check if travel outside of Texas. Complete	s Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exp	
		Subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	OH Control of the con	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

se Travei ir nse Travel C es/Contract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 80/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
_	Date	
	02/05/2025	5 Payee name Hill Country Springs
6	Amount (\$) \$76.04	7 Payee address; City; State; Zip Code P.O. Box 2220 Manchaca, TX 78652
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water for Cap. off.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	Hill Country Springs
	Amount (\$) \$64.65	Payee address; City; State; Zip Code P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water for Cap. off.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/04/2025	Payee name Hill Country Springs
	Amount (\$) \$49.65	Payee address; City; State; Zip Code P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water for Cap. off.
	Complete ONLY if direct expenditure to benefit C/OI	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 -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: 81/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/09/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.65	P.O. Box 2220
		Manchaca, TX 78652
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for Cap. off.
		water for Cap. on.
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.65	P.O. Box 2220
		Manchaca, TX 78652
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for Cap. off.
		Water for Sup. on.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	06/02/2025	Hilton Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.46	500 E. 4th St.
		Austin, TX 78701
	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
		Valet parking-LJM/Session event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	OTIGITATION TO DOTTONE OF OT	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

xpense Travel in District Travel Out of Wages/Contract Labor OTHER (enter the Contract Labor Travel OTHER (enter the Contract Labor Travel OTHER (enter the Contract Labor Travel In District Contract Co

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 82/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/30/2025	Hinojosa, Juan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.64	1508 S. Lone Star Way
		Suite 5
		Edinburg, TX 78539-3603
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Prorated reimb. for fuel receipts not associated with
		state voucher.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/17/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	5425 S Padre Island Drive
		Suite 13
		Corpus Christi, TX 78411-5301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reframed resolution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/25/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	5425 S Padre Island Drive
		Suite 13
		Corpus Christi, TX 78411-5301
	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
		Reframed resolution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 83/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/25/2025	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$174.78	5425 S Padre Island Drive
		Suite 13
		Corpus Christi, TX 78411-5301
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 Office supplies/reframed proclamation
		Cinde Supplies/Terramed productination
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.11	5425 S Padre Island Drive
		Suite 13
		Corpus Christi, TX 78411-5301
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies for CCDO
		Cinco dappines ioi della
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/18/2025	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.99	1200 Barbara Jordan Blvd
		Austin, TX 78723-2909
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Heater for Capitol office
		Treater for Suprior Since
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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/Officeholder/Politica Credit Card Payment	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: 84/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/12/2025	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.82	801 Trenton Rd
		McAllen, TX 78504-7704
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 Light bulbs for EDO
		Eight bails for EBO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	02/13/2025	Hyatt Centric
	Amount (\$)	Payee address; City; State; Zip Code
	\$757.18	721 Congress Ave
		Austin, TX 78701-3216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging for Staff-SR
		Loughly for stail of
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	David and the second se
	Date	Payee name
	01/28/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.01	2800 E. Commerce Center Place
L		Tucson, AZ 85706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Quickbooks subscription fee
		Quickbooks subscription lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	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: 85/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/28/2025	Intuit, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$142.84	2800 E. Commerce Center Place
		Tucson, AZ 85706
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Quickbooks subscription fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Of	
	Date	Payee name
	03/28/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.84	2800 E. Commerce Center Place
		Tucson, AZ 85706
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Quickbooks subscription fee
		Quiekbooks subscription rec
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	04/28/2025	Intuit, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.84	2800 E. Commerce Center Place
	Φ142.84	2000 L. Commerce Center Flace
		T 47 05700
		Tucson, AZ 85706
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Quickbooks subscription 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 86/163 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	<u> </u>
	05/28/2025	Intuit, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$142.84	2800 E. Commerce Center Place	
		Tucson, AZ 85706	
8	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
l			Quickbooks subscription fee
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
L	06/28/2025	Intuit, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$142.84	2800 E. Commerce Center Place	
l			
l		Tucson, AZ 85706	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Quickbooks subscription fee
			Quionacono cuascanpuon loc
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	01/13/2025	Jason's Deli	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$139.56	9600 S. 135	
	,		
l		Austin, TX 78748	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dod/Beverage Expense	Check if Austin, TX, officeholder living expense
			staff lunch meeting
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft C/OI	,	

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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 87/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/06/2025	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.50	1000 E 41st Street
		Suite 940
		Austin, TX 78751-4856
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense Lunch for Senate Finance cmte
		Lunch for Senate Finance Citie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/12/2025	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.88	1000 E 41st Street
		Suite 940
		Austin, TX 78751-4856
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff lunch meeting
		Stan lanen meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
-	Date	Payee name
	04/04/2025	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.62	4100 N 2nd Street
	Ψ11.02	4100 N Zhu Street
		McAllen, TX 78504-2470
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch Meeting
_	Complete ONU V if alice	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/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: 88/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/09/2025	Jason's Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.92	4100 N 2nd Street
		McAllen, TX 78504-2470
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for EDO staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/08/2025	Jimmy John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.59	515 Congress Ave
	Ψ00.00	old Congress / We
		Austin, TX 78701-3504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/24/2025	Jimmy John's
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.87	515 Congress Ave
	4.0.0.	0_0 00.1g, 000 / 110
		Austin, TX 78701-3504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		staff lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	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/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 89/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4 Date	5 Payee name		
01/31/2025	Jimmy John's		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$81.19	515 Congress Ave		
	Austin, TX 78701-3504		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense eeting
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Date	Payee name		
04/03/2025	Jimmy John's		
Amount (\$)	Payee address; City; State;	Zip Code	
\$99.61	515 Congress Ave		
	Austin, TX 78701-3504		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense eeting
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office held
Date	Payee name		
05/02/2025	Jimmy John's		
Amount (\$) \$82.71	Payee address; City; State; 515 Congress Ave	Zip Code	
	Austin, TX 78701-3504		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense eeting
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations N

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	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 90/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/31/2025	Jimmy John's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.71	515 Congress Ave
		Austin, TX 78701-3504
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lunch meeting
		otali idilori illocalig
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Juany Cleaning Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	2800 S. I35 Service Rd
		Ste. 200
		Austin, TX 78704
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Deposit for session house cleaning
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	03/07/2025	Juliet Italian Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.78	1500 Barton Springs
		Austin, TX 78704-1013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff lunch meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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/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: 91/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/02/2025	KPSO FM Radio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	304 E Rice Street
		Falfurrias, TX 78355-3624
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Baseball season radio ads
		Dasebali seasoii raulo aus
_	Compulate ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/14/2025	Kiplinger
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.95	PO Box 37232
		Boone, IA 50037-0232
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2 yr subscription renewal
		2 yr sabscription renewar
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/25/2025	LAZ Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.00	110 San Jacinto St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZAI ZIADITORZ	Check if Austin, TX, officeholder living expense
		Parking fee-LJM
_	Occupation ONE VIII	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Onanara to bonom O/OI	

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		nmittee	Gift/Awar Legal Ser		Expense		Expens /Wages			Travel in Distric Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission F	ilers)
L	Sch: 92/163 Rpt:		Hinojosa, Ju	uan (Th	ne Honora	ıble)					00013805		
4	Date	5	Payee name										
L	06/30/2025		League Of \	Nomer —	n Voters-C	Corpus Chr	isti Are	a_					
6	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip C	Code					
	\$400.00		PO Box 827	76									
			Corpus Chr	isti, TX	78468-82	276							
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution				:				ide of Texas. Con , officeholder livin	nplete Schedule T.	
			Candidate/0	Jπicen	older/Polit	icai Comm	iittee		Women's Eq				
											,,		
9	Complete ONLY if direct		Candidate/Offi	ceholde	er name		Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	01/24/2025		Legislative I	News N	Media Ser	vices							
	Amount (\$)		Payee addres	ss;	City;	State	; Zip C	Code					
	\$300.00		PO Box 774	1									
			Edinburg, T	X 7854	10-0774								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising			•	,		ш			nplete Schedule T.	
	EXI ENDITORE										, officeholder livin		
									ad icon/edinb	Juit	յ բ սույշ5.c0Ո	· ·	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholde	er name	(Office so	l ought			Office h	eld	
	expenditure to benefit C/O							9.10			20011		
H	Date		Payee name										
	02/14/2025		Legislative I	News N	Media Ser	vices							
	Amount (\$)		Payee addres		City;		; Zip C	Code					
	\$300.00		PO Box 774	-	J.C.J.,	Sidio,	, <u>-</u> .p (-040					
	+233.00												
			Edinburg, T	X 7854	10-0774								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expen	se				ш			nplete Schedule T.	
									ad icon/edink		, officeholder livin apolitics.com		
									aa iooii/ouiik	- u 1 E	5 C C C C C C C C C C C C C C C C C C C	•	
	Complete ONLY if direct		Candidate/Offi	ceholde	er name	(Office so	<u> </u>			Office h	eld	
	expenditure to benefit C/O							9					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Office headed/Politics Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Donations Made By Officeholder/Politica ayment		Legal S	ards/Memorials Exp services nstruction Guid			ages/	Contract Labor		Travel Out of Di OTHER (enter a		not listed above)	
1 Total pages	Schedule E1:	2 511 51	R NAME						3	Filer ID	(Ethic	s Commission File	rs)
	/163 Rpt:			Γhe Honorab	le)					00013805	(Lune.		13)
4 Date		5 Paye	e name										
03/20/2025	5			Media Servi	ces								
6 Amount (\$)	\$300.00	1	e address; Box 774	City;	State;	Zip Coc	de						
			burg, TX 785										
8 PURPOS	SE			gories listed at the t	top of this schedu	ule)	(b)	Description					
EXPENDIT	TURE	Adve	ertising Expe	nse				=		de of Texas. Con			
								—		officeholder livin		:	
								ad icon/edinb	Jurg	politics.com	l		
0 0	NIL XZ (# =U- ·	<u> </u>	lata/Office 1	dan ma	~"		ule 4			Ott	ماما		
	NLY if direct to benefit C/O		late/Officehold	der name	Off	ice soug	ght			Office h	eld		
Date		Paye	e name										
04/15/2025	5	Legis	slative News	Media Servi	ces								
Amount (\$)		Paye	e address;	City;	State;	Zip Coc	de						
	\$300.00	PO E	3ox 774										
		-	burg, TX 785										
PURPOS OF	SE	1		gories listed at the t	op of this sched	ule)	(b)	Description					
EXPENDIT	TURE	Adve	ertising Expe	nse				—		de of Texas. Con officeholder livin			
								ad icon/edinb				7	
								aa icon/camb	Juig	pontics.com	•		
	NLY if direct to benefit C/O		late/Officehold	der name	Off	ice soug	ght			Office h	eld		
- 1													
Date		1 1	e name										
05/16/2025	5	Legis	slative News	Media Servi	ces								
Amount (\$)		Paye	e address;	City;	State;	Zip Coc	de						
	\$300.00	PO E	3ox 774										
		Edinl	burg, TX 785	540-0774									
PURPOS OF	SE	1		gories listed at the t	top of this schedu	ule)	(b)	Description					
EXPENDIT	TURE	Adve	ertising Expe	nse				—		de of Texas. Con			
								ш		officeholder livin			
								ad icon/edinb	Jui	jponues.com	I		
Complete	All V if direct	Candid	loto/Officabala	dor nama	0"	ioo cour	nh+			Office	old		
	NLY if direct to benefit C/O		late/Officeholo	iei iidiiie	Oπ	ice soug	JIIL			Office h	eiu		
•													

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

	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 Filer	rs)
	Sch: 94/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	06/16/2025	Legislative News Media Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	PO Box 774	
		Edinburg, TX 78540-0774	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		ad icon/edinburgpolitics.com	
9	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/O		
_			
	Date	Payee name	
	01/31/2025	Longhorn 5431	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$137.42	7401 N. 10th Street	
		McAllen, TX 78504-7731	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		EDO staff lunch mtg	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/13/2025	Mail-Pak	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$146.00	5111 N 10th Street	
	,		
		McAllen, TX 78504-2835	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Cry Beschiption Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		2 rolls of stamps for EDO	
	Complete ONLY if direct expenditure to benefit C/OH	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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 95/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 03/17/2025	5 Payee name Mail-Pak	
6	Amount (\$) \$12.65	7 Payee address; City; State; Zip Code 5111 N 10th Street	
8	PURPOSE OF EXPENDITURE	McAllen, TX 78504-2835 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense USPS priority mail-Austin
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/28/2025	Payee name Mail-Pak	
	Amount (\$) \$41.03	Payee address; City; State; Zip Code 5111 N 10th Street McAllen, TX 78504-2835	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense USPS priority mail-Austin
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2025	Payee name Mail-Pak	
	Amount (\$) \$104.15	Payee address; City; State; Zip Code 5111 N 10th Street	
		McAllen, TX 78504-2835	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FedEx overnight package-Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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/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: 96/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/13/2025	Mandola's Italian Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.41	4700 W. Guadalupe
		Austin, TX 78751-3682
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense staff lunch meeting
		Stail lation meeting
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	01/06/2025	McAlister's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.12	3832 S. McColl
		Edinburg, TX 78539-9620
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		EDO staff lunch mtg
		250 Starrituner mag
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/14/2025	McAlister's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.01	3832 S. McColl
		Edinburg, TX 78539-9620
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		EDO staff lunch mtg
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

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 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 97/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/05/2025	Mcallen Grace Brethren Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 3751
		2601 Buddy Owens Blvd
		McAllen, TX 78502-3751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		SSUI AIIIUAI NDE DAA POW WOW
<u>_</u>	Commission ONE V. C. P.	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Mcallen International Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	2500 Bicentennial Blvd
		McAllen, TX 78503-3121
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking for Staff-CG
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	04/03/2025	Microsoft
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$211.38	One Microsoft Way
	ΦΖ11.38	One wholosoft way
		Redmond, WA 98052
	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 Microsoft Ste. Subs. renewal
		iviiciosoit Ste. Subs. Teriewai
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

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 Comi

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 98/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/08/2025	Moreno, Luis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	1300 Cordova Loop
		Seguin, TX 78155-1254
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Supplement
		Саррынен
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/31/2025	Moreno, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1300 Cordova Loop
		Seguin, TX 78155-1254
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Supplement
		<u> Опристот</u>
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/24/2025	Moreno, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1300 Cordova Loop
		Seguin, TX 78155-1254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Session supplement
	Operation ONLY if all part	Our distance (Office health an agree Office health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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	
<u> </u>	T-+-1	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 99/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
L	05/01/2025	Moreno, Luis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1300 Cordova Loop
		Seguin, TX 78155-1254
8	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
		Session supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	06/01/2025	Moreno, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1300 Cordova Loop
		Seguin, TX 78155-1254
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Session supplement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	06/05/2025	NAACP Corpus Christi Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 60715
		Corpus Christi, TX 78466-0715
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LA LIBITORE	Candidate/Officeholder/Political Committee
		Juneteenth Celebration
	Operation Children	Openhildets (Office helder grown
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorde to belieff 0/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment Credit Card Payment Credit Card Payment The Instruction Guide explains how to complete this form.					e)					
1	Total pages Schedule F1:	2 FILER NAME	-				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 100/163 Rpt:	l	uan (The Honorable	e)				00013805	•	,
4	Date	5 Payee name								
	02/28/2025	Newspaper	s.com							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$74.90	1300 W. Tra	averse Pkwy							
		Lehi, UT 84	043							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expen	se		_		de of Texas. Com		
						online subscr		officeholder living	expense	
						Orinine Subser	ipti	on renewa		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıaht			Office he	ıld	
ľ	expenditure to benefit C/O		denotati name	Office 300	agi it			Office fic	iiu	
	Date	Payee name								
	04/24/2025	Nothing Bu	ndt Cake							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$43.00	1201 Barba	ıra Jordan Blvd							
		Austin, TX	78723-3083							
	PURPOSE OF	(a) Category (Se	ee Categories listed at the top	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bever	age Expense					de of Texas. Comp officeholder living		
						Consumables				
						Consumasics	<i>.</i>	n oup. omee		
	Complete ONLY if direct		ceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	H 								
	Date	Payee name								
	06/30/2025	Nueces Co	unty Democratic Pa	ırty						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$1,000.00	6102 Ayers	St							
		Ste 107								
		Corpus Chr	isti, TX 78415-5697	7						
	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made					de of Texas. Com		
		Candidate/0	Officeholder/Politica	al Committee		3rd Annual Se		officeholder living		
						Siu Alliuai Si	Ο.	I A Strong Bo	anquei	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	<u>l</u> ıaht			Office he	eld	
	expenditure to benefit C/OI		2 2 2	200 000	J			200 110		
I										

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

	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: 101/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	04/04/2025	Nueces County Inland Parks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	415 Mainer Rd	
		Robstown, TX 78380-2155	
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 Check if Austin, TX, officeholder living expense	
		Easter Egg hunt	
Ļ	0 1: 0 1: 0		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/30/2025	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.75	201 Springtown Way	
		San Marcos, TX 78666-7103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for campaign office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_			_
	Date	Payee name	
	04/18/2025	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.98	1500 E. Court St.	
		Seguin, TX 78155-5267	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office supplies for Cap. office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made

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 Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	
_	Total pages Schedule F1: Sch: 102/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers 00013805	,
4	Date	5 Payee name	
	06/30/2025	Otter.ai, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.11	800 W. El Camino Real	
		Suite 170	
		Mountain View, CA 94040-2592	
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	
		Subscription	
<u>_</u>	Commisto ONUVIII	Condidate/Officeholder norm	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
H	Date	Davida nama	
	02/04/2025	Payee name PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,355.07	PO Box 71335	
		Philadelphia, PA 19176-1335	
	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	
		Credit Card Payment for Expenses Itemized in Schedule F4	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	
	Date	Payee name	
	03/03/2025	PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$126.79	PO Box 71335	
		Philadelphia, PA 19176-1335	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit Card Payment for Expenses Itemized in	
		Schedule F4	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 103/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/01/2025	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$278.37	PO Box 71335
		Philadelphia, PA 19176-1335
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment for Expenses Itemized in
		Schedule F4
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/02/2025	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.94	PO Box 71335
		Philadelphia, PA 19176-1335
	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 Credit Card Payment for Expenses Itemized in
		Schedule F4
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
	Date	Payee name
	06/02/2025	PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$672.85	PO Box 71335
		Philadelphia, PA 19176-1335
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXFLINDITORL	Check if Austin, TX, officeholder living expense
		Credit Card Payment for Expenses Itemized in Schedule F4
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/61	<u>'</u>

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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 104/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/30/2025	PNC Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$283.36	PO Box 71335
		Philadelphia, PA 19176-1335
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment for Expenses Itemized in
		Schedule F4
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	T -
	Date	Payee name
	06/17/2025	Pens.com Pens.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$885.74	342 Shelbyville Mills Rd
		Shelbyville, TN 37160-3833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign items/Robstown donation
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	·	
	Date	Payee name
	06/24/2025	Piryx, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.50	144 2nd Street
		San Francisco, CA 94105-3716
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transaction Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 105/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		•
	01/13/2025	Pizza Hut		
6	Amount (\$) \$66.94	7 Payee address; City; State; Zip Cod 2021 E. Riverside Dr	e	
	, , , ,			
		Austin, TX 78741-1324		
8	PURPOSE OF	,	b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Food for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
_	Data			
	Date 02/28/2025	Payee name Pizza Hut		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$13.07	2021 E. Riverside Dr		
		Austin, TX 78741-1324		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Food for staff
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	1		
-	Date	Payee name		
	04/11/2025	Pizza Hut		
	Amount (\$)	Payee address; City; State; Zip Cod	e	
	\$36.77	2021 E. Riverside Dr		
		Austin, TX 78741-1324		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Food for staff
L	Complete ONII V if allow	Condidate (Office helder news	la t	Office In-1-1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ΠÜ	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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		
_	T	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 106/163 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)Hinojosa, Juan (The Honorable)00013805	
4	Date	5 Payee name	
	05/22/2025	Pizza Hut	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$36.77	2021 E. Riverside Dr	
		Auctin TV 70741 1224	
		Austin, TX 78741-1324	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Food for staff	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	05/25/2025	Pizza Hut	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.96	2021 E. Riverside Dr	
		Austin, TX 78741-1324	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Food for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Payee name	
	06/01/2025	Pizza Hut	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.96	2021 E. Riverside Dr	
		Austin, TX 78741-1324	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Food for Capitol staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 107/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date 04/30/2025	5 Payee name Polkadots
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 944 E. 51st St
		Austin, TX 78751-2241
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/01/2025	Payee name Polkadots
	Amount (\$) \$60.00	Payee address; City; State; Zip Code 944 E. 51st St
		Austin, TX 78751-2241
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/03/2025	Payee name QI Austin
	Amount (\$) \$85.94	Payee address; City; State; Zip Code 835 W. 6th St.
		Austin, TX 78703-5403
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff lunch meeting
	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 Comn 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 108/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/31/2025	Ramirez, Dariel
6	Amount (\$) \$384.00	7 Payee address; City; State; Zip Code 3247 High Visa Dr. Dallas, TX 75234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplement
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Ramirez, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$501.00	108 Timbertrail Circle
		Portland, TX 78374-2924
	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
		Supplement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/05/2025	Ramirez, Sylvia
	Amount (\$) \$332.92	Payee address; City; State; Zip Code 108 Timbertrail Circle
	,	
		Portland, TX 78374-2924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage reimbursement
	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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commissi	on Filers)
Sch: 109/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805	
4 Date	5 Payee name		•	
03/12/2025	Ramirez, Sylvia			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$283.04	108 Timbertrail Circle			
	Portland, TX 78374-2924			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	Check if trav	rel outside of Texas. Complete Schedule T.	
LAI LINDITORL			stin, TX, officeholder living expense	
		willeage rei	mbursement	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		gni	Office field	
Date	Payee name			
06/06/2025	Ramirez, Sylvia			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$20.88	108 Timbertrail Circle			
	Portland, TX 78374-2924			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Travel In District	<u> </u>	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
			mbursement	
		3		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
06/30/2025	Ramirez, Sylvia			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$40.60	108 Timbertrail Circle			
	Portland, TX 78374-2924			
PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Travel In District		rel outside of Texas. Complete Schedule T.	
EXPENDITURE	Haver in District	Check if Aus	stin, TX, officeholder living expense	
		Mileage rei	mbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
experiorale to belief C/O	11			

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: 110/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805	
4	Date	5 Payee name	
	06/26/2025	Rendon Jewelers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	1701 W. Dove Ave.	
		McAllen, TX 78504-3954	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Battery replacement for EDO clock	
		, ₁ , ₁ ,	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/23/2025	Reyna's BBQ & Cocina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.83	7912 N. 10th St.	
		McAllen, TX 78504-7725	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		EDO staff breakfast meeting	
		g and a second g	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/10/2025	Rivera, Julianna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	426 Cape Cod Dr.	
		Corpus Christi, TX 78412-2623	
	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 Leg. Session Apt/staff	
		Log. Coccion Aprotan	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	
1	Total pages Schedule F1:	
L	Sch: 111/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/21/2025	Rivera, Julianna
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$2,500.00	426 Cape Cod Dr.
	Ψ2,300.00	420 Cupe Cou D1.
		Corpus Christi, TX 78412-2623
8	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
		Leg. Session Apt/staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorale to belief C/OI	1
	Date	Payee name
	03/21/2025	Rivera, Julianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	426 Cape Cod Dr.
	+-,	
		Compus Christi, TV 70.412, 2022
		Corpus Christi, TX 78412-2623
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Leg. Session Apt/staff
		Leg. Session Apustan
	Operation ONE Wife disease	One districts (Office healths grown
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/22/2025	Rivera, Julianna
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	426 Cape Cod Dr.
		Corpus Christi, TX 78412-2623
H	PURPOSE	1
	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	Chicke Overhead/Rental Expense
		Leg. Session Apt/staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Lab The Instruction Guide explains how to complete this form		OTHER (enter a	category not listed above)	
1	Total pages Cabadula F1:			Filer ID	(Ethics Commission Filers)	
_	Total pages Schedule F1: Sch: 112/163 Rpt:	Hinojosa, Juan (The Honorable)	ľ	00013805	(Ethics Commission Filers)	
1	Date					
4	05/21/2025	5 Payee name Rivera, Julianna				
_						
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,500.00	426 Cape Cod Dr.				
		Corpus Christi, TX 78412-2623				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Onice overnead/Nerital Expense		side of Texas. Com X, officeholder living		
		Leg. Ses			у олроноо	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/31/2025	Rivera, Miguel				
	Amount (\$)	Payee address; City; State; Zip Code				_
	\$300.00	426 Cape Cod Dr.				
		Corpus Christi, TX 78412-2623				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		side of Texas. Com		
	-	Supplem		X, officeholder living	g expense	
		Зиррен	iciit			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld	_
	expenditure to benefit C/OI	· ·				
	Date	Payee name				_
	04/22/2025	Robstown ISD Education Foundation				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$150.00	PO Box 10307				
	Ψ100.00	1 0 Box 10001				
		Corpus Christi, TX 78460-0307				
	PURPOSE	1				
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By		side of Texas. Com	plete Schedule T.	
	EXPENDITURE		Austin, T	X, officeholder living	g expense	
		Donation	n for Ar	nnual Banque	et	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld	
	experiulture to beriefft C/OI	1				

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 Com

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: 113/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	02/28/2025	Rodriguez, Sylvia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	5954 Diamondback Dr.	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		February stipend	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		
	Date	Payee name	
	03/31/2025	Rodriguez, Sylvia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	5954 Diamondback Dr.	
		Brownsville, TX 78526	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		March stipend	
		maion supona	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	05/01/2025	Rodriguez, Sylvia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	5954 Diamondback Dr.	
		Brownsville, TX 78526	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense	
		April stipend	
_	Operation ONE VIII II	On didn't 10 ff a balden name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 114/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	
4	Date	5 Payee name	
	05/31/2025	Rodriguez, Sylvia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	5954 Diamondback Dr.	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense May Stipend	
		May Superiu	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Date		
	05/25/2025	Payee name Rosita's Al Pastor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$81.68	1801 E. Riverside	
		Austin, TX 78741-1321	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff lunch meeting	
		Catal land in the catal g	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	05/13/2025	Rudy's Country Store	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.26	3914 N. Lamar Blvd	
		Austin, TX 78756	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		LJM/staff dinner mtg	
	Complete ONU V if allow	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

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		Travel Out of District OTHER (enter a category not listed above)
_	T-+-1 C- -	· · · · · · · · · · · · · · · · · · ·	File v ID (Ethica Commission Files)
1	Total pages Schedule F1: Sch: 115/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name	
	03/24/2025	Ruth's Chris Steakhouse	
6	Amount (\$) \$60.63	7 Payee address; City; State; Zip Code 107 W 6th Street Austin, TX 78701-2913	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	04/02/2025	Ruth's Chris Steakhouse	
	Amount (\$) \$224.03	Payee address; City; State; Zip Code 107 W 6th Street	
		Austin, TX 78701-2913	
	PURPOSE OF EXPENDITURE	1 Toda/Beverage Expense	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	04/15/2025	Ruth's Chris Steakhouse	
	Amount (\$) \$293.57	Payee address; City; State; Zip Code 107 W 6th Street	
		Austin, TX 78701-2913	
	PURPOSE OF EXPENDITURE	1 000/beverage Expense	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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: 116/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/30/2025	Ruth's Chris Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$212.54	107 W 6th Street
		Austin, TX 78701-2913
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner Meeting
		g
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨		
l	Date	Payee name
L	06/17/2025	Ruth's Chris Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.57	107 W 6th Street
		Austin, TX 78701-2913
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner for staff
		Diffici for start
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨		
	Date	Payee name
	03/06/2025	S. Duane McCune, CPA
l	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1129 Mossy Ln
l		
		Schertz, TX 78154
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
1		Staff 1099's
ldash		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

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/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: 117/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/18/2025	S. Klein Galleries
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.36	521 N Main Street
		Mcallen, TX 78501-4636
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reframed proclamation
		Renamed produmation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Para a same
		Payee name
	06/17/2025	S. Klein Galleries
	Amount (\$)	Payee address; City; State; Zip Code
	\$413.52	521 N Main Street
		Mcallen, TX 78501-4636
	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 Framed picture for EDO
		Trained plotale for EBC
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/20/2025	S. Klein Galleries
	Amount (\$)	
	\$257.64	521 N Main Street
		Mcallen, TX 78501-4636
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Framed resolution
	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 Candidate/Officeholder/Political Committee

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/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: 118/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805				
4	Date	5 Payee name				
	04/22/2025	Saldana, Susie				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00	4710 Hakel Dr				
		Corpus Christi, TX 78415				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Breakfast for teachers				
		Dicariast for teachers				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
\vdash	Data	David and the second se				
	Date	Payee name				
	01/13/2025	Sam's Club Online				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$56.96	608 SW 8th St.				
		Bentonville, AR 72712-6207				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Consumables for EDO				
		Consumables for EDO				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·				
_	Data					
	Date	Payee name Sam's Club Online				
	01/26/2025					
	Amount (\$)	Payee address; City; State; Zip Code				
	\$33.34	608 SW 8th St.				
		Bentonville, AR 72712-6207				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Consumables for CCDO				
		Consumatics for CCDO				
_	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/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 119/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/06/2025	Sam's Club Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.92	608 SW 8th St.
		Bentonville, AR 72712-6207
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consumables for Capitol office
		Consumation of Capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/09/2025	Sam's Club Online
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.48	608 SW 8th St.
		Bentonville, AR 72712-6207
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for CCDO
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/12/2025	Sam's Club Online
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.48	608 SW 8th St.
		Bentonville, AR 72712-6207
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Water for CCDO
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By - Giff/Awa

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E: Legal Services The Instruction Guid	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 120/163 Rpt:		Hinojosa, Ju	ıan (The Honoral	ole)					00013805		
4	Date	5	Payee name									
	05/16/2025		Sam's Club	Online								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$35.92		608 SW 8th	St.								
			Bentonville,	AR 72712-6207								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Expe				_ ·	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE			•				—		officeholder living	expense	
								Supplies for C	CCE	00		
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	С	Office sou	ght			Office he	eld	
	Date		Payee name									
	05/31/2025		Sam's Club	Online								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$4.98	l	608 SW 8th	-	•	•						
			- 4									
			Bentonville,	AR 72712-6207								
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				—			plete Schedule T.	
								Water for CCI		officeholder living	i evhelise	
								vvalor for COI				
\vdash	Complete ONLY if direct		andidate/Offi	ceholder name		Office sou	aht			Office he	eld	
	expenditure to benefit C/O		a. raidato/OIII	Jonoldon Hame	O	c 30u	Ailt			Office He		
 	Data											
	Date	l	Payee name	Online								
	06/20/2025	<u> </u>	Sam's Club									
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$4.98		608 SW 8th	St.								
			Bentonville,	AR 72712-6207								
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	ı		age Expense	-	•					plete Schedule T.	
	LAI LINDITURE							_		officeholder living	expense	
								Water for CCI	טט			
	0 1. 0	ــِـــا	P. L							0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	C	Office sou	ght			Office he	eia	

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 121/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/12/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.06	7601 N. 10th St.
		McAllen, TX 78504-7737
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 AC air filters for EDO
		A diffinition of the control of the
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	Payee name
	01/20/2025	San Antonio Express-News
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
	Ψ21112	TO BOX ELTT
		San Antonio, TX 78297-2171
	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 Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/14/2025	San Antonio Express-News
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
	,	
		San Antonio, TX 78297-2171
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 122/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/14/2025	San Antonio Express-News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
		San Antonio, TX 78297-2171
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
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/13/2025	San Antonio Express-News
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
		San Antonio, TX 78297-2171
	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 Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/09/2025	San Antonio Express-News
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
		San Antonio, TX 78297-2171
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Subscription
	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 Committ

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 123/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/06/2025	San Antonio Express-News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.72	PO Box 2171
_		San Antonio, TX 78297-2171
8	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2025	Santa Fe Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$374.00	1918 S. 10th St
		Madley, TV 70500
		McAllen, TX 78503
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Santa Fe Wine Classic
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	<u>'</u>
	Date	Payee name
	01/24/2025	Scribd, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	460 Bryant St.
		0 5
		San Francisco, CA 94107-2594
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 124/163 Rpt:	Hinojosa, Juan (The Honorable)	00013805				
4	Date	5 Payee name					
	02/25/2025	Scribd, Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$12.98	460 Bryant St.					
	l	San Francisco, CA 94107-2594					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	vel outside of Texas. Complete Schedule T.				
		Subscriptio	stin, TX, officeholder living expense				
		Cassonpac					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O						
_	Date	Payee name					
	03/25/2025	Scribd, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.98	460 Bryant St.					
		400 Biyani Su					
		San Francisco, CA 94107-2594					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if trav	vel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Onice Overnedd/Nerital Expense I	stin, TX, officeholder living expense				
		Subscription	on				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	п					
	Date	Payee name					
	04/25/2025	Scribd, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.98	460 Bryant St.					
		San Francisco, CA 94107-2594					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	vel outside of Texas. Complete Schedule T.				
	LXI LINDITORE	1 –	stin, TX, officeholder living expense				
		Subscriptio)TI				
	Complete ONL V if direct	Condidate/Officeholder name Office equals	Office held				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held				
	·						

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/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 125/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/25/2025	Scribd, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.98	460 Bryant St.
		San Francisco, CA 94107-2594
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 Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/25/2025	Scribd, Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	460 Bryant St.
		San Francisco, CA 94107-2594
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/31/2025	Seargeant Wilson, Suzanna
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	8721 Belknap Rd.
		Austin, TX 78747-2825
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplement
		Supplement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Cara r ayment	The Instruction Guide explains how to con	nple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 126/163 Rpt:	Hinojosa, Juan (The Honorable)			00013805	
4	Date	5 Payee name		I		
	01/07/2025	Senate Ladies Club				
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de			
	\$550.00	PO Box 12068				
		Austin, TX 78711-2068				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Event Expense	` '	Check if travel outside	of Texas. Comp	olete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, or		expense
				Session dinner ev	ent ent	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght		Office he	ld
	Date	Payee name				
	03/25/2025	Silverado Smokehouse				
	Amount (\$)	Payee address; City; State; Zip Coo	de			
	\$33.62	4522 Weber Rd				
		Corpus Christi, TX 78411-3502				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside		
				Check if Austin, TX, of CCDO staff/const		
				CCDO stan/const	ituerits iurit	in mig
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht		Office he	ld .
	expenditure to benefit C/OI		,,,,		Omee ne	id
_	Data	Deuts name				
	Date 01/10/2025	Payee name Spaw Senate Account				
		•				
	Amount (\$)	Payee address; City; State; Zip Coo	ae			
	\$1,100.00	PO Box 12068				
		A TV 70744 0000				
		Austin, TX 78711-2068				
	PURPOSE OF	,	(b)	Description	<i>(</i> - 0	
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside Check if Austin, TX, or		
				Senate members		САРСПЭС
					5	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht		Office he	ld
	expenditure to benefit C/OI		, -			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 127/163 Rpt:	Hinojosa, Juan (The Honorable)		00013805
4	Date	5 Payee name		-
	04/24/2025	Spaw Senate Account		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$165.00	PO Box 12068		
		Austin, TX 78711-2068		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	•		Check if Austin, TX, officeholder living expense
				Gift for Lt. Governor
_			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	05/22/2025	Spaw Senate Account		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$361.25	PO Box 12068		
		Austin, TX 78711-2068		
	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		Check if Austin, TX, officeholder living expense Contribution for kitchen staff
				Contribution for kitchen stan
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
	expenditure to benefit C/OI		giit	Cinice Held
	Date	Davisa nama		
	01/02/2025	Payee name Sprouts		
		•		
	Amount (\$) \$11.69	Payee address; City; State; Zip Co 5800 N. 10th St.	oue	
	\$11.09	Ste. 200		
		McAllen, TX 78504-3996		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Chaple if travel outside of Taylor Complete Schodule T
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Consumables for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI			

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/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: 128/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	01/07/2025	Sprouts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.69	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Consumables for EDO
		Consumation for EDC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/22/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.69	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for EDO
		33.134.114.3133 131 23 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/31/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.90	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Consumables for EDO
		Consumables for EDO
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gitt/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel Out of D OTHER (enter	District a category not listed above	re)				
L		_			uiae expiains	110W to col	ınpıe	ete tnis form.	_			
1	Total pages Schedule F1:	2							3		(Ethics Commissio	n Filers)
	Sch: 129/163 Rpt:		Hinojosa, Jı	uan (The Honoi	rable)					00013805		
4	Date	5	Payee name									
	02/14/2025		Sprouts									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$5.90		5800 N. 10t	h St.								
			Ste. 200									
			McAllen. TX	(78504-3996								
8	PURPOSE	(a)		ee Categories listed at	the ten of this	, adula)	(b)	Description				
	OF	رس		ee Categories listed at age Expense	tne top of this sch	nedule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1 OOG/DEVEL	age Expense				_		, officeholder livir		
								Consumables	s fo	r EDO		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld	
L	expenditure to benefit C/OF	-										
Γ	Date	Γ	Payee name									
	03/06/2025		Sprouts									
	Amount (\$)	Г	Payee addres	ss; City;	State;	; Zip Co	de					
	\$24.67		5800 N. 10t	h St.								
			Ste. 200									
			McAllen. TX	(78504-3996								
-	PURPOSE	(a)		ee Categories listed at	the ten of this sale	rodulo)	(b)	Description				
	OF	(~)		ee Categories listed at age Expense	uie top of this sch	ieuuie)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		. CCG/DCVCI	ago Expense				=		, officeholder livir		
								Consumables	s fo	r EDO		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OF	1										
	Date		Payee name									
	03/14/2025		Sprouts									
	Amount (\$)	Г	Payee addres	ss; City;	State	; Zip Co	de					
	\$5.79		5800 N. 10t	h St.								
			Ste. 200									
				(78504-3996								
	PURPOSE	(a)		ee Categories listed at	the ten of this sale	rodulo)	(b)	Description				
	OF	رس		ee Categories listed at age Expense	uie top of this sch	ieuuie)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		. CCG/DCVCI	ago Expense						, officeholder livir		
								Consumables	s fo	r EDO		
							I					
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OF	H										

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 130/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/21/2025	Sprouts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.49	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORL	Check if Austin, TX, officeholder living expense
		Consumables for EDO
_	Complete ONLY if direct	Condidate/Office helder notes Office accords
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	03/28/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.79	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Consumables for EDO
		Solida Madios Iol 250
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.87	5800 N. 10th St.
	ΨΖΖ.01	
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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: 131/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/17/2025	Sprouts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.79	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Consumables for EDO
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
_	Date	
		Payee name
	04/24/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.58	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Consumables for EDO
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.90	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consumables for EDO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 132/163 Rpt:	FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
4	Date 05/09/2025	Payee name Sprouts	
	Amount (\$) \$5.79	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996	
8	PURPOSE OF EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense es for EDO
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/15/2025	Payee name Sprouts	
	Amount (\$) \$23.87	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996	
	PURPOSE OF EXPENDITURE	1 Odd/Beverage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense es for EDO
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/03/2025	Payee name Sprouts	
	Amount (\$) \$23.67	Payee address; City; State; Zip Code 5800 N. 10th St. Ste. 200 McAllen, TX 78504-3996	
	PURPOSE OF EXPENDITURE	1 ood/beverage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense es for EDO
	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 -

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: Sch: 133/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
Ļ		
4	Date	5 Payee name
	06/10/2025	Sprouts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.69	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Consumables for EDO
		Consumables for EDO
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	06/12/2025	Sprouts
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.58	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consumables for EDO
		Consumables for EDO
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Power name
	06/16/2025	Payee name Sprouts
		'
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.69	5800 N. 10th St.
		Ste. 200
		McAllen, TX 78504-3996
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for EDO
		Consumation for EDO
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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					
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
_	Sch: 134/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805				
4	Date	5 Payee name				
	06/23/2025	Sprouts				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$11.69	5800 N. 10th St.				
		Ste. 200				
		McAllen, TX 78504-3996				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Food/Beverage Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Consumables for EDO				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/25/2025	Sprouts				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.79	5800 N. 10th St.				
	,	Ste. 200				
		McAllen, TX 78504-3996				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Consumables for EDO				
		Consumation for EBC				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/27/2025	Sprouts				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.79	5800 N. 10th St.				
		Ste. 200				
		McAllen, TX 78504-3996				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	LAI LINDITORE	Check if Austin, TX, officeholder living expense				
		Consumables for EDO				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	expenditure to benefit C/OH					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1: Sch: 135/163 Rpt:	FILER NAME Hinojosa, Juan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00013805
	Date 01/16/2025	5 Payee name Starbucks		00010000
	Amount (\$) \$19.29	7 Payee address; City; State; Zip Coo 1920 E. Riverside	de	
8	PURPOSE OF EXPENDITURE	Austin, TX 78741-1342 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office mtg
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date 02/03/2025	Payee name Starbucks		
,	Amount (\$) \$18.27	Payee address; City; State; Zip Coo 1920 E. Riverside Austin, TX 78741-1342	de	
	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office mtg
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 04/17/2025	Payee name Starbucks		
,	Amount (\$) \$8.34	Payee address; City; State; Zip Coo 501 W 15th Street	de	
		Austin, TX 78701-1516		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office mtg
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	-		Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
-	Total pages Cabadala Etc				1	2	Filer ID	(Ethics Commission Filer-)
1	Total pages Schedule F1: Sch: 136/163 Rpt:	-ilek NAME Hinojosa, Juan (The Hond	orable)			3	00013805	(Ethics Commission Filers)
4	Date	Payee name						
	06/09/2025	Stripes 9650						
6	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$43.81	201 W Nolana Avenue						
		McAllen, TX 78504-2500						
8	PURPOSE	Category (See Categories listed a	at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In District						plete Schedule T.
					\Box		officeholder living	or leased vehicle not tie
					to state vouch		110 to 5511 to	or leased verileic flot lie
_	0 1: 0 1 1 1 1	"	O.(;;	<u> </u>			000	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ugnt			Office he	ela
	Date	Payee name						
	06/15/2025	Stripes 9650						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$70.00	201 W Nolana Avenue						
		McAllen, TX 78504-2500						
	PURPOSE OF	Category (See Categories listed a	at the top of this schedule)	(b)	Description			
	EXPENDITURE	Travel In District					de of Texas. Com officeholder living	plete Schedule T.
					ш			or leased vehicle not tie
					to state vouch			
	Complete ONLY if direct	andidate/Officeholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI							
	Date	Payee name						
	06/19/2025	Stripes 9650						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$48.87	201 W Nolana Avenue						
		McAllen, TX 78504-2500						
	PURPOSE	Category (See Categories listed a	at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In District						plete Schedule T.
							officeholder living	or leased vehicle not tie
					to state vouch		110 (0 3311 10	or leased verilicle flot tier
_	Complete CNLV if direct	andidata/Officeholder norma	Office	labt			Office he	nld
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	agrit			Office ne	tiu

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
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	s/Contract Labor		OTHER (enter a	strict a category not listed above))
		_		The Instruction G	Guide explains l	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 137/163 Rpt:		Hinojosa, Ju	ıan (The Hono	rable)					00013805		
4	Date	5	Payee name									
	06/26/2025		Stripes 9650)								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$47.60		201 W Nola	ına Avenue								
			McAllen, TX	78504-2500								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis			,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE							\Box		officeholder livin		
										mb to JJH f	or leased vehicle i	not tied
								to state vouch	ner			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experioration benefit C/O	п										
	Date		Payee name									
	01/09/2025		TWC Unem	ployment Tax :	Service							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,130.31		101 E. 15th	St.								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	abor						plete Schedule T.	
								_		officeholder livin	g expense	
								Unemployme	יוונ נ	axes		
	Complete ONLY if direct	Ц	Candidate/Offic	oholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	zenoluei name		Jilice Sou	gni			Office II	eiu	
		_										
	Date		Payee name	T	3 i							
	04/08/2025			ployment Tax :								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$361.81		101 E. 15th	St.								
			Austin, TX 7	8701								
	PURPOSE	(a)		e Categories listed at		edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	.ges/Contract L	abor						plete Schedule T.	
								Unemployme		officeholder livin	g expense	
								Chemployine	יונ נ	unes		
_	Complete ONLY if direct	Ц,	Candidate/Offic	reholder name		Office sou	aht			Office h	eld.	
	expenditure to benefit C/OI		Januiuale/OIII	CHOIGEI HAIHE		71110G 20U	grit			Onice II	Ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 138/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805				
4	Date	5 Payee name				
	01/03/2025	Taco Palenque				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$23.31	7805 N. 10th St.				
		McAllen, TX 78504				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Breakfast for EDO staff mtg				
		Breaklast for EBO stall mitg				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
L						
	Date	Payee name				
	01/17/2025	Taco Palenque				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.31	7805 N. 10th St.				
		McAllen, TX 78504				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Breakfast for EDO staff mtg				
		Dicardast for EBO stall mig				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	5 .					
	Date	Payee name				
	01/24/2025	Taco Palenque				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$23.31	7805 N. 10th St.				
		McAllen, TX 78504				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Breakfast for EDO staff mtg				
	0 1. 0					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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

	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: 139/163 Rpt:	Hinojosa, Juan (The Honorable)	00013805
4	Date	5 Payee name	
	01/31/2025	Taco Palenque	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$19.86	7805 N. 10th St.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	itside of Texas. Complete Schedule T.
	EXPENDITURE	,	TX, officeholder living expense
		Breakfast for E	EDO staff mtg
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	03/07/2025	Taco Palenque	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.48	7805 N. 10th St.	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/Develage Expense	itside of Texas. Complete Schedule T. FX, officeholder living expense
		Breakfast for E	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
-	Date	Payee name	
	03/14/2025	Taco Palenque	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.86	7805 N. 10th St.	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		itside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, 1	TX, officeholder living expense
		Breakfast for E	EDO staff mtg
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 140/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/21/2025	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.31	7805 N. 10th St.
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for EDO staff mtg
		Distantast for EBO stail mitg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/21/2025	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.04	3020 N 10th Street
		McAllen, TX 78501-1919
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast for meeting
		Dicarrast for meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/25/2025	Payee name Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.76	3020 N 10th Street
		McAllen, TX 78501-1919
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		EDO staff breakfast meeting
\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 Candidate/Officeholder/Political Cou

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	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 141/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/02/2025	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.76	3020 N 10th Street
		McAllen, TX 78501-1919
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense EDO staff breakfast meeting
		EDO Stati Diedkidst intesting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	06/06/2025	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.21	3020 N 10th Street
		McAllen, TX 78501-1919
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense EDO staff breakfast meeting
		EDO Stati breaklast meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davies name
	06/13/2025	Payee name Taco Palenque
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.08	3020 N 10th Street
		McAllen, TX 78501-1919
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense EDO staff breakfast meeting
		EDO Stati breaklast meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 142/163 Rpt:		uan (The Honorable	e)				00013805	
4	Date	5 Payee name							
	06/20/2025	Taco Palen	que						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$32.80	3020 N 10	th Street						
		McAllen, T	K 78501-1919						
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			므		de of Texas. Com officeholder living	
						EDO staff/DP			
									· · · · · · · · · · · · · · · · ·
9	Complete ONLY if direct		ceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	06/27/2025	Taco Palen	que						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$26.76	3020 N 10	h Street						
		McAllen, T	< 78501-1919						
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bevei	age Expense			=		de of Texas. Com officeholder living	
						EDO staff bre			
\vdash	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	06/20/2025	Target Onli	ne						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$166.29	1000 Nicoll	et Mall						
		Minneapolis	s, MN 55403						
	PURPOSE		ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense					de of Texas. Com	
						Consumables		officeholder living	
						Consumants	اد رد	applies for E	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI				-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politic Credit Card Payment	al 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: 143/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
01/15/2025	Target
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$277.55	7400 N 10th Street
	McAllen, TX 78504-7700
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Supplies/consumables for EDO
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit eye	
Date	Payee name
01/23/2025	Target
Amount (\$)	Payee address; City; State; Zip Code
\$4.09	7400 N 10th Street
	McAllen, TX 78504-7700
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Consumables for EDO
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davide name
02/18/2025	Payee name Target
Amount (\$)	Payee address; City; State; Zip Code
\$19.23	5621 N Interstate 35
	Austin, TX 78723-2431
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Consumables for Con off
	Consumables for Cap.off.
Complete ONLY if alice -	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
,	

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

	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: 144/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/21/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.85	7400 N 10th Street
		McAllen, TX 78504-7700
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for EDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/03/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.16	7400 N 10th Street
		McAllen, TX 78504-7700
	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
		Supplies for EDO
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.02	7400 N 10th Street
		McAllen, TX 78504-7700
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables/supplies for EDO
		The state of the s
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 145/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/07/2025	Texas Senate Democratic Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	P.O. Box 1042
		Austin, TX 78767-1042
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 Caucus dues
		Caucus dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
⊨	Date	
	Date	Payee name
L	05/08/2025	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.50	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		10 state cotton flags
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name The Affordable Attic II
	01/02/2025	The Affordable Attic II
	Amount (\$)	Payee address; City; State; Zip Code
	\$534.00	6304 N 10th Street
		McAllen, TX 78504-3233
	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 3 mo. a/c storage
		3 mo. arc storage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 146/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/04/2025	The Affordable Attic II
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$534.00	6304 N 10th Street
		McAllen, TX 78504-3233
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		3 mo. a/c storage
		o mor are storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	02/17/2025	The Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
		Dallas, TX 75201-5205
	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 Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	03/16/2025	The Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
		Dallas, TX 75201-5205
	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
		Subscription
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 -

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	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: 147/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	04/17/2025	The Dallas Morning News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
		Dallas, TX 75201-5205
8	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
		Subscription
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	The Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.06	1954 Commerce St
		Dallas, TX 75201-5205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
		Cassonption
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	06/16/2025	Payee name The Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.51	1954 Commerce St
		Dallas, TX 75201-5205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
		Subscription
_	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 Co

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: 148/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/23/2025	The Economist
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$344.52	PO Box 46970
		Saint Louis, MO 63146-6970
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 Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/27/2025	The Hat Store
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,402.50	5587 Richmond Ave
	Ψ1,402.00	3307 Normania 7 VC
		Houston, TX 77056-6615
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Gift for Senate Committee Chair/Flores
		Gilt for Seriate Confinitiee Chair/Flores
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/06/2025	The Monitor
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1400 E Nolana Avenue
	Ψ230.00	1400 E Notalia / Wellac
		McAllen, TX 78504-6111
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		N.I.E. sponsorship-Pearson Elem.
L	Complete ONII V if direct	Candidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 149/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
_	•	
4	Date	5 Payee name
L	01/19/2025	The New York Times Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.28	620 8th Avenue
		Now York NV 10019 1619
L		New York, NY 10018-1618
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
		Subscription
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payae name
	02/16/2025	Payee name The New York Times Company
		The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.28	620 8th Avenue
		New York, NY 10018-1618
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	Davies name
	Date	Payee name
	03/18/2025	The New York Times Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.76	620 8th Avenue
		New York, NY 10018-1618
		I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 150/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4 Date	5 Payee name
04/13/2025	The New York Times Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77.76	620 8th Avenue
	New York, NY 10018-1618
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/13/2025	The New York Times Company
Amount (\$)	Payee address; City; State; Zip Code
\$77.76	620 8th Avenue
ΨΠ.ΤΟ	020 oth Avenue
	New York, NY 10018-1618
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 Subscription
	Gubsenpuon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Power name
06/10/2025	Payee name The New York Times Company
Amount (\$) \$77.76	Payee address; City; State; Zip Code 620 8th Avenue
\$11.10	020 otil Avenue
	New York, NY 10018-1618
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
	Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense 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/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 151/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	03/17/2025	The Roaring Fork
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.95	701 Congress Avenue
		Austin, TX 78701-3216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense LJM lunch mtg
		Low which mig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payros namo
	04/04/2025	Payee name The Roaring Fork
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	701 Congress Avenue
L		Austin, TX 78701-3216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense LJM lunch mtg
		Low lands mig
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/21/2025	The Roaring Fork
L	Amount (\$)	
	\$226.73	Payee address; City; State; Zip Code
	Φ220.73	701 Congress Avenue
		A
L		Austin, TX 78701-3216
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner Meeting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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: 152/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	06/12/2025	The UPS Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.80	7017 N. 10th 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 Austin, TX, officeholder living expense Shipping for package to EDO
		Shipping for package to LDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	06/25/2025	Total Wine
_	Amount (\$)	Payee address; City; State; Zip Code
	\$44.37	5425 SPID
	71	#136C
		Corpus Christi, TX 78411-5377
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consumables for CCDO mtg
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	USLege, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1620 E. Riverside Dr
		#4069
		Austin, TX 78741-1028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 153/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date 02/17/2025	5 Payee name USLege, Inc
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1620 E. Riverside Dr #4069 Austin, TX 78741-1028
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 Subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/17/2025	Payee name USLege, Inc
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1620 E. Riverside Dr #4069 Austin, TX 78741-1028
	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 Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/17/2025	Payee name USLege, Inc
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1620 E. Riverside Dr #4069 Austin, TX 78741-1028
	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 Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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: 154/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/17/2025	USLege, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1620 E. Riverside Dr
		#4069
		Austin, TX 78741-1028
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 Subscription
		Cassanption
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/17/2025	USLege, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1620 E. Riverside Dr
		#4069
		Austin, TX 78741-1028
	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 Subscription
		Casconpact.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2025	United Corpus Christi Chamber of Commerce Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	602 N. Staples St.
		Ste.150
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		TICKEL TOLICO LO ATA 2023 EVETIL
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		e)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
_	Sch: 155/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805	,
4	Date	5 Payee name	
	01/03/2025	United States Department of the Treasury	
6	Amount (\$) \$893.41	7 Payee address; City; State; Zip Code PO Box 37941 Hartford, CT 06176	
8	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 Payroll tax pymt	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/13/2025	United States Department of the Treasury	
	Amount (\$) \$3,360.09	Payee address; City; State; Zip Code PO Box 37941 Hartford, CT 06176	
_	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 Payroll tax pymt	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/13/2025	United States Department of the Treasury	
	Amount (\$) \$336.00	Payee address; City; State; Zip Code PO Box 37941	
		Hartford, CT 06176	
	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 Payroll tax pymt	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 156/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date 02/03/2025	5 Payee name Walgreens
6	Amount (\$) \$44.71	7 Payee address; City; State; Zip Code 1920 E. Riverside Dr
		Austin, TX 78741-1342
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/21/2025	Payee name Walmart Online
	Amount (\$) \$202.69	Payee address; City; State; Zip Code 702 SW 8th St.
		Bentonville, AR 72716-6209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables/Supplies for EDO
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/31/2025	Payee name Walmart Online
	Amount (\$) \$24.88	Payee address; City; State; Zip Code 702 SW 8th St.
		Bentonville, AR 72716-6209
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
	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 Commi

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: 157/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/08/2025	Walmart Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$161.83	702 SW 8th St.
		Bentonville, AR 72716-6209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables/supplies for EDO
		Consumation capping for EBC
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	06/10/2025	Walmart Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.18	702 SW 8th St.
		Bentonville, AR 72716-6209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consumables for EDO
		33.134.114.3.133 13. 2. 2. 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/24/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.31	4101 S McColl Road
	Φ49.31	4101 3 NICCOII RUQU
		Edinburg, TV 70520 0207
		Edinburg, TX 78539-8387
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office phone/consumables for EDO
	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 Comm

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

	Candidate/Officenoider/Politica dit Card Payment	The Instruction Guide explains how to co	-	e this form.	OTHER (efficit a	category not listed above)		
1 Tota	al pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
	sch: 158/163 Rpt:	Hinojosa, Juan (The Honorable)			00013805			
4 Date	•	5 Payee name						
01/2	26/2025	Walmart						
6 Amo	ount (\$)	7 Payee address; City; State; Zip Co	de					
	\$126.65	550 South 123 Bypass						
		Seguin, TX 78155						
8 F	PURPOSE OF		(b) [Description				
EX	PENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outs Check if Austin, TX				
			L	Electronic acces				
						ap. omoo		
9 Com	nplete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	7ld		
	enditure to benefit C/OI		giit		Office fic	Jiu .		
Doto								
Date		Payee name						
	29/2025	Walmart						
Amo	ount (\$)	Payee address; City; State; Zip Co	de					
	\$105.24	1030 Norwood Park Blvd						
		Austin, TX 78753-6600						
F	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
EX	OF PENDITURE	Food/Beverage Expense	Į	Check if travel outs				
		L		Check if Austin, TX, officeholder living expense Consumables for Cap. office				
			,	Consumables it	or Cap. Office	;		
Com	aplete ONL V if direct	Candidate/Officeholder name Office sour	abt		Office he	old.		
	nplete <u>ONLY</u> if direct enditure to benefit C/OI		gnı		Office ne	eiu		
Date		Payee name						
03/0	06/2025	Walmart						
Amo	ount (\$)	Payee address; City; State; Zip Co	de					
	\$32.45	2525 W. Anderson Ln						
		Austin, TX 78757-1105						
F	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) i	Description				
EY	OF PENDITURE	Office Overhead/Rental Expense	[Check if travel outs				
	FENDITORE			Check if Austin, TX				
			;	Sound amplifier	for Capitol o	office		
	nplete <u>ONLY</u> if direct enditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		Office he	eld		
СХРС	shaltare to benefit 6/01							

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/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: 159/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	05/29/2025	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.73	1421 Frontage Rd
		Alamo, TX 78516
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Coloning Books for Conzulez Elem.
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	06/03/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.08	4101 S McColl Road
		Edinburg, TX 78539-8387
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies for EDO
		Cinice Supplies for EBC
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/16/2025	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.91	4101 S McColl Road
		Edinburg, TX 78539-8387
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Consumables/supplies for EDO
	Operation Of the Control of the Cont	Open Highest (Office health an arms)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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

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		Travel Out of District OTHER (enter a category not listed above)
<u> </u>		<u> </u>	I
1	Total pages Schedule F1: Sch: 160/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00013805
L			00013003
4	Date	5 Payee name	
	06/23/2025	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.25	4101 S McColl Road	
		Edinburg, TX 78539-8387	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		, TX, officeholder living expense
		Office supplie	es for EDO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/25/2025	Walmart	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.02	4101 S McColl Road	
	+ 20.32		
		Edinburg, TX 78539-8387	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/beverage Expense	, TX, officeholder living expense
		Consumable	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	05/15/2025	Whole Foods Market	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.89	525 N Lamar Boulevard	
L		Austin, TX 78703-5411	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overriedd/Nerital Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		⊢iower arrang	gement for Cap. office
	Complete ONLY if direct	Condidate/Officeholder name	Office hold
	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 Com 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	
-	Total pages Cabadula 54:	<u>.</u>
1	Total pages Schedule F1: Sch: 161/163 Rpt:	2 FILER NAME Hinojosa, Juan (The Honorable) 3 Filer ID (Ethics Commission Filers) 00013805
4	Date	5 Payee name
	06/12/2025	Whole Foods Market
6	Amount (\$) \$26.99	7 Payee address; City; State; Zip Code 525 N Lamar Boulevard Austin, TX 78703-5411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consumables for Cap. office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2025	William Billy" Leo Foundation"
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 1
		La Joya, TX 78560-0001
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 6th Annual BBQ Cookoff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2025	Williams, RD
	Amount (\$) \$2,600.00	Payee address; City; State; Zip Code 8373 Distinctive Dr
		San Diego, CA 92108-2600
	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 JJH apt
	Complete ONLY if direct expenditure to benefit C/OI	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 162/163 Rpt:	Hinojosa, Juan (The Honorable) 00013805
4	Date	5 Payee name
	02/21/2025	Williams, RD
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,600.00	8373 Distinctive Dr
		San Diego, CA 92108-2600
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 JJH apt
		3311 αρτ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/21/2025	Williams, RD
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,600.00	8373 Distinctive Dr
		San Diego, CA 92108-2600
	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 JJH apt
		σοιταρι
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/22/2025	Payee name Williams, RD
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,600.00	8373 Distinctive Dr
		San Diego, CA 92108-2600
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		\times \text{Check if Austin, TX, officeholder living expense}} JJH apt
		σσιταρι
_	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/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	∃in/Awards/Memorials E Legal Services The Instruction Gui	Sal		ges/	Contract Labor		OTHER (ente	r a category not listed	i above)
_	T	_						1	_	E'' 15	(Filt.) - O	· · · · · · · · = · · · · · · · · · · ·
1	Total pages Schedule F1:									Filer ID	(Ethics Comm	ission Filers)
	Sch: 163/163 Rpt:		Hinojosa, Ju	an (The Honora	ble)					0001380	5	
4	Date	5	Payee name									
	05/21/2025		Williams, RD)								
6	Amount (\$)		Payee addres		State; Zi	p Code	е					
	\$2,600.00		8373 Distinc	tive Dr								
			San Diego (CA 92108-2600								
		_										
8	PURPOSE OF	(a)	Category (Ser	e Categories listed at the	e top of this schedule) (k	b)	Description				
	EXPENDITURE		Office Overh	ead/Rental Exp	ense			=			omplete Schedule T.	
								X Check if Austin,	, TX,	officeholder liv	ing expense	
								JJH apt				
9	Complete ONLY if direct		Candidate/Offic	eholder name	Office	e sough	ht			Office	held	
	expenditure to benefit C/O	Η										
H	Date											
			Payee name									
	06/20/2025		Williams, RD)								
	Amount (\$)		Payee addres	s; City;	State; Zi	p Code	е					
	\$2,600.00		8373 Distinc	tive Dr								
			Can Diago	CA 92108-2600								
	PURPOSE	(a)	Category (See	e Categories listed at the	e top of this schedule) (k	b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental Exp	ense			=			omplete Schedule T.	
								X Check if Austin,	, TX,	officeholder liv	ing expense	
								JJH apt				
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	e sough	ht			Office	held	
	expenditure to benefit C/O	┥										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers	3)				
Sch: 1/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805					
4 CREDIT CARD ISSUER		ncial institution Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$142.95	05/10/2025	06/02/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de				
	Grease Monkey #7	51	4515 N. 10th St.						
			McAllen, TX 78504-2909						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Office Overhead/Rent		Leased vehicle maintena	nce.					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$12.79	01/17/2025	02/04/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	de				
	The Washington Po	act	1301 K. Street NW						
	The washington Po	JSI	Washington, DC 20071-0004						
PURPOSE OF	(a) Category		(b) Description	0004					
EXPENDITURE	(See Categories listed at the top		JJH subscription						
X Political	Office Overhead/Rent	tal Expense							
Non-Political	· · · —	of Texas. Complete Schedule T.		, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH		1	1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 02/04/2025	er Paid					
	\$37.48	01/04/2025	02/04/2023						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode				
			1954 Commerce St	- 3 ,					
	The Dallas Morning	g News							
			Dallas, TX 75201-5205						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	,	JJH subscription						
X Political	Office Overhead/Rent	iai Experise							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comn	nission Filers)	
Sch: 2/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 01/20/2025	(c) Date(s) Credit Card Issuel 02/04/2025	r Paid		
7 PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop	City, State	e, Zip Code	
	(a) Oatawari		Cupertino, CA 95014-208	3		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH New York Times subs	scription		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuel 02/04/2025	r Paid		
PAYEE	Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City, State	e, Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH AppleNews+ subscrip			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuer 02/04/2025	r Paid		
PAYEE	Apple 1		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City, State	e, Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description JJH iCloud storage subsc	ription		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(3 -	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
Sch: 3/23 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 03/04/2025	(c) Date(s) 04/01/20) Credit Card Issuel 125	r Paid		
7 PAYEE	(a) Payee name The Dallas Morning) News		address; mmerce St X 75201-5205	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		JJH subscription				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH					Office held		
PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 03/11/2025	(c) Date(s) 04/01/20) Credit Card Issuer 125	r Paid		
PAYEE	Google			phitheatre Parkw		State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	n View, CA 94043 ption ail storage subscr			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$55.00	(b) Date of Charge 01/04/2025	(c) Date(s) 02/04/20) Credit Card Issue 125	r Paid		
PAYEE	(a) Payee name Current Revolt		(b) Payee 111 Sutto San Frar	•	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri JJH subs	•			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
					<u></u>		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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)

ration Origina completes the contract of the forms

	The Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
Sch: 4/23 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
	\$1,083.29	01/08/2025	02/04/202	.5			
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	South Texas Buick	GMC	4220 W. E	Expy 83			
				X 78501-3033			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
X Political	Office Overhead/Ren	,	Leased ve	hicle maintenar	ice.		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 01/11/2025	(c) Date(s) (02/04/202	Credit Card Issuei 5	⁻ Paid		
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
			548 Marke				·
	Must read Texas		PMB 7229	96			
			San Franc	isco, CA 94104			
PURPOSE OF	(a) Category	of this schodule)	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Reni		JJH subso	cription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
	\$19.99	01/18/2025	02/04/202	:5			
PAYEE	(a) Payee name	ı	(b) Payee a	ddress;	City,	State,	Zip Code
			1750 Peni	nsylvania Ave., l	NW		
	Foreign Policy Mag	azine	Suite 200				
			Washington, DC 20006-4508				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descript				
EXPENDITURE	Office Overhead/Ren		JJH subso	cription			
X Political		•					
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
1		·					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)	
Sch: 5/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 01/25/2025	(c) Date(s) Credit Card Issuel 02/04/2025	r Paid		
7 PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop	City, State	Zip Code	
0 00000000	(a) Catamani		Cupertino, CA 95014-208	3		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH Wall St. Journal subs	cription		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 02/04/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid		
PAYEE	The Dallas Morning News		(b) Payee address; 1954 Commerce St Dallas, TX 75201-5205	City, State	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 02/12/2025	(c) Date(s) Credit Card Issuer 03/03/2025	r Paid		
PAYEE	Google		(b) Payee address; 1600 Amphitheatre Parkw Mountain View, CA 94043	-	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description JJH Gmail storage subscr	iption		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	_	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)		
Sch: 6/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 02/14/2025	(c) Date(s) Credit Card Issuer 03/03/2025	Paid			
7 PAYEE	(a) Payee name The Washington Po	ost	(b) Payee address; 1301 K. Street NW	City, State	, Zip Code		
			Washington, DC 20071-00	004			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Daid			
TATMENT	\$14.06	02/25/2025	03/03/2025	Talu			
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
Apple		1 Infinite Loop					
			Cupertino, CA 95014-2083				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH AppleNews+ subscription				
X Political Non-Political							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sougni	Office held			
PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuer 02/04/2025	[,] Paid			
PAYEE	(a) Payee name Google	10		City, State ray	, Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description JJH Gmail storage subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct candidate/Officeholder name of the complete							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this for	m.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 7/23 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UN EXPENDITUR CHARGED TO CARD	ES	\$		
6 PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 02/20/2025	(c) Date(s) Credit 03/03/2025	Card Issuer	Paid		
7 PAYEE	(a) Payee name Apple		(b) Payee addres 1 Infinite Loop Cupertino, CA		City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description	(b) Description JJH New York Times subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name			e sought		Office held		
PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 02/25/2025	(c) Date(s) Credit 03/03/2025	Card Issuer	Paid		
PAYEE	Apple 1		(b) Payee addres 1 Infinite Loop Cupertino, CA		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH Wall St. Journal subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Che	ck if Austin, TX, o	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 02/18/2025	(c) Date(s) Credit 04/01/2025	Card Issuer	Paid		
PAYEE	Foreign Policy Magazine 11 S		(b) Payee address; City, State, Zip Co 1750 Pennsylvania Ave., NW Suite 200 Washington, DC 20006-4508			Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description JJH subscription				
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	e sought	ck if Austin, TX, o	officeholder living exp	ense	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
	Sch: 8/23 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	FUNITEMIZED FURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 04/11/2025	(c) Date(s) Cr 05/02/2025		dit Card Issuer Paid			
7	PAYEE	(a) Payee name The Washington Po	ost	(b) Payee add	eet NW	City,	State,	Zip Code	
L				<u> </u>	i, DC 20071-00	004			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descriptio JJH subscri					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	name Office	e sought		Office held				
•	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 04/11/2025	(c) Date(s) Cr 05/02/2025	redit Card Issuer	Paid			
	PAYEE	(a) Payee name	<u> </u>	(b) Payee add	dress;	City,	State,	Zip Code	
				1600 Amphitheatre Parkway					
L				Mountain View, CA 94043					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descriptio	n storage subscri	iption			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living exp	ense		
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oneok ii ztastiii, 124,	Office held			
6	expenditure to benefit C/OH			3					
	PAYMENT	(a) Amount Charged \$64.94	(b) Date of Charge 04/19/2025	(c) Date(s) Cr 05/02/2025	redit Card Issuer	Paid			
	PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Cupertino, CA 95014-2083 (b) Description JJH The Houston Chronicle subscription					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)		
Sch: 9/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 02/25/2025	(c) Date(s) Credit Card Issu 03/03/2025	er Paid			
7 PAYEE	(a) Payee name		(b) Payee address; 1 Infinite Loop	City, State	, Zip Code		
	Apple		Cupertino, CA 95014-20	83			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		JJH iCloud storage subs	cription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$111.60	03/15/2025	04/01/2025				
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	Grease Monkey #751		4515 N. 10th St.				
			McAllen, TX 78504-2909)			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Leased vehicle maintena	ance.			
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$35.71	03/24/2025	04/01/2025				
PAYEE	(a) Payee name	l .	(b) Payee address;	City, State	, Zip Code		
			1 Infinite Loop				
	Apple		200p				
			Cupertino, CA 95014-20	83			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	•	JJH Wall St. Journal sub	scription			
X Political	Office Overhead/Rent	tal Expense		·			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held	-		
· ·							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Printing Expense Salaries/Wages/Contract Labor

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

Travel Out of District

Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 10/23 Rpt: Hinojosa, Juan (The Honorable) 00013805 **CREDIT CARD** Name of financial institution **TOTAL OF UNITEMIZED EXPENDITURES ISSUER** see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 04/01/2025 03/25/2025 \$14.06 PAYEE (a) Payee name (b) Payee address; Citv. State. Zip Code 1 Infinite Loop **Apple** Cupertino, CA 95014-2083 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) JJH AppleNews+ subscription Office Overhead/Rental Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 05/02/2025 \$26.41 03/31/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 9500 S IH 35 **Target** Austin, TX 78748 PURPOSE OF (a) Category (b) Description (See Categories listed at the top of this schedule) **EXPENDITURE** Small gift bags for constituents Gift/Awards/Memorials Expense x Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date of Charge 05/02/2025 \$40.80 04/05/2025 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 5115 N 10th St Office Depot McAllen, TX 78504 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) office supplies Office Overhead/Rental Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 11/23 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$2.12	05/11/2025	06/02/2025				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Google		1600 Amphitheatre Parkv	•			
			Mountain View, CA 94043	3			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description JJH Gmail storage subsc	A. (A.)			
X Political	Office Overhead/Ren		ription				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 05/18/2025	(c) Date(s) Credit Card Issue 06/02/2025	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Foreign Policy Mag	azino	1750 Pennsylvania Ave.,	NW			
	Foreign Folicy May	azirie	Suite 200				
			Washington, DC 20006-4508				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Ren		JJH subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$21.64	05/20/2025	06/02/2025				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code			
			1 Infinite Loop				
	Apple		·				
			Cupertino, CA 95014-208	33			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	,	JJH New York Times sub	scription			
X Political	Janes Overneau/Nen	tai Experise					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
· ·	1						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)
Sch: 12/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 05/25/2025	(c) Date(s) Credit Card Issuer 06/02/2025	r Paid		
7 PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop	City,	State,	Zip Code
0 00000000	(a) Catamani		Cupertino, CA 95014-208	3		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH The Wall St. Journal s	subscription		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 05/25/2025	(c) Date(s) Credit Card Issuer 06/02/2025	r Paid		
PAYEE	Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH AppleNews+ subscrip			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 06/04/2025	(c) Date(s) Credit Card Issuer 06/30/2025	r Paid		
PAYEE	(a) Payee name The Dallas Morning	a) Payee name (b) The Dallas Morning News Da		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description JJH subscription			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expen	ise	
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete tl	nis form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)	
Sch: 13/23 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid			
	\$14.06	06/25/2025	06/30/202	25				
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code	
	Apple		1 Infinite L	-oop				
				, CA 95014-208	3			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript					
EXPENDITURE X Political	Office Overhead/Rent		JJH Apple	News+ subscrip	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$7.00	(b) Date of Charge 06/26/2025	(c) Date(s) 06/30/202	Credit Card Issue 25	r Paid			
PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
			1 Infinite Loop					
				, CA 95014-208	3			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH iCloud 2T storage subscription					
X Political		<u>_</u> ,,pooo						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$64.94	(b) Date of Charge 06/26/2025	(c) Date(s) 06/30/202	Credit Card Issue 25	r Paid			
PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code	
	(4) 1 3) 22 11		1 Infinite L			,		
	Apple							
			Cupertino	, CA 95014-208	3			
PURPOSE OF	(a) Category		(b) Descript	tion				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		JJH NOA	A Weather radar	app subscripti	ion		
X Political	Janes Overneau/Nem	па пропос						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 14/23 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 06/20/2025	(c) Date(s) 06/30/20	Credit Card Issue 25	er Paid		
7	PAYEE	(a) Payee name Apple		(b) Payee 1 Infinite Cupertine		City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	I/Rental Expense					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	x, officeholder living ex	rpense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 06/25/2025	(c) Date(s) 06/30/20) Credit Card Issue 25	er Paid		
	PAYEE	Apple		(b) Payee 1 Infinite		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living ex	rpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 06/25/2025	(c) Date(s) 06/30/20	Credit Card Issue 25	er Paid		
	PAYEE	(a) Payee name Apple		(b) Payee 1 Infinite Cupertine		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Description JJH iCloud storage subscription				
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political	(7)	of Texas. Complete Schedule T.	0 001	Check if Austin, TX	Coffice hold	rpense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riarne Office	e sought		Office held		
I								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 15/23 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$32.46	(b) Date of Charge 06/14/2025	(c) Date(s) C 06/30/2025	redit Card Issuer	Paid		
7 PAYEE	(a) Payee name Apple		(b) Payee ac 1 Infinite Lo Cupertino,		City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Whitepages directory subscription				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$32.18	(b) Date of Charge 06/29/2025	(c) Date(s) C 06/30/2025	credit Card Issuer	[*] Paid		
PAYEE	(a) Payee name Office Depot		(b) Payee ac 5115 N 10t McAllen, T	h St	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description office supp	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 03/14/2025	(c) Date(s) C 04/01/2025	redit Card Issuer 5	Paid		
PAYEE	(a) Payee name The Washington Po	ost	(b) Payee ac 1301 K. Sti Washingto		City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description	on			
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission				
Sch: 16/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 03/18/2025	(c) Date(s) Credit Card Issuel 04/01/2025	r Paid			
7 PAYEE	(a) Payee name Foreign Policy Mag	City, State, NW 508	Zip Code				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH subscription				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chock if Austin TV	officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	•	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuel 04/01/2025				
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City, State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH New York Times subs				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issuel 04/01/2025	r Paid			
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208	City, State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description JJH iCloud storage subsc	ription			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

Candidate/Officeholder/Politica	-	ruction Guide explains how		THER (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 17/23 Rpt:	Hinojosa, Juan (The	e Honorable)		00013805			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 04/04/2025	(c) Date(s) Credit Card Issuer 05/02/2025	r Paid			
7 PAYEE	(a) Payee name The Dallas Morning	J News	(b) Payee address; City, State, 1954 Commerce St Dallas, TX 75201-5205				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		JJH subscription				
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$21.64	(b) Date of Charge 04/19/2025	(c) Date(s) Credit Card Issuer 05/02/2025	r Paid			
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208;	City, State, Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description JJH New York Times subscription				
X Political	Office Overhead/Rent	:al Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$35.71	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issuer 05/02/2025	r Paid			
PAYEE	(a) Payee name Apple		(b) Payee address; 1 Infinite Loop Cupertino, CA 95014-208;	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH The Wall St. Journal s				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
i							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** *********************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 18/23 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged \$14.06	(b) Date of Charge 04/25/2025	(c) Date(s 05/02/20) Credit Card Issuei 025	ssuer Paid			
7	PAYEE	(a) Payee name Apple		(b) Payee 1 Infinite Cupertin		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH AppleNews+ subscription					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 04/25/2025	(c) Date(s 05/02/20) Credit Card Issuei 025	r Paid			
	PAYEE	(a) Payee name Apple		(b) Payee 1 Infinite		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$19.99	(b) Date of Charge 04/18/2025	(c) Date(s 06/02/20) Credit Card Issuei 025	r Paid			
	PAYEE	(a) Payee name Foreign Policy Mag	azine	Suite 200	nnsylvania Ave., I		State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	•				
L	Non-Political	` 1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

Candidate/Officeholder/Politica	-	ices Sa ruction Guide explains how	laries/Wages/Contract Labor	OTHER (enter a cate	gory not listed at	bove)		
1 Total pages Schedule F4:		ruction Culae explains nov	to complete this form.	3 Filer ID (E	thics Commiss	sion Filers)		
Sch: 19/23 Rpt:	Hinojosa, Juan (Th	e Honorable)		•	00013805			
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	MIZED \$				
6 PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 05/04/2025	(c) Date(s) Credit Card 06/02/2025	d Issuer Paid				
7 PAYEE	(a) Payee name The Dallas Morning	ı News	(b) Payee address; 1954 Commerce St Dallas, TX 75201-5		State,	Zip Code		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH subscription					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$363.13	(b) Date of Charge 05/07/2025	(c) Date(s) Credit Card 06/02/2025	d Issuer Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	III Forks		111 Lavaca Street					
			Austin, TX 78701-3	932				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description JJH dinner meeting	I				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 05/09/2025	(c) Date(s) Credit Card 06/02/2025	d Issuer Paid				
PAYEE	(a) Payee name The Washington Po	ost	(b) Payee address; 1301 K. Street NW Washington, DC 20	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description JJH subscription					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)					
Sch: 20/23 Rpt:	Hinojosa, Juan (The Honorable)				00013805							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$							
6 PAYMENT	(a) Amount Charged \$2.99	(b) Date of Charge 05/25/2025	(c) Date(s) (06/02/202	Credit Card Issuer 5	Paid							
7 PAYEE	(a) Payee name Apple		(b) Payee at 1 Infinite L Cupertino,		City,	State,	Zip Code					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti JJH iCloud	on I storage subsci	ription							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							
PAYMENT	(a) Amount Charged \$12.79	(b) Date of Charge 06/06/2025	(c) Date(s) (06/30/202	Credit Card Issuer 5	[*] Paid							
PAYEE	(a) Payee name The Washington Po	ost	(b) Payee at 1301 K. St		City,	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti	on	504							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							
PAYMENT	(a) Amount Charged \$2.12	(b) Date of Charge 06/11/2025	(c) Date(s) (06/30/202	Credit Card Issuer 5	Paid							
PAYEE	(a) Payee name Google			ddress; hitheatre Parkw View, CA 94043	•	State,	Zip Code					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti JJH Gmail	on storage subscr	iption							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

	The Inst	ruction Guide explains how	to complete this form.	(,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	S Commiss	ion Filers)		
Sch: 21/23 Rpt:	Hinojosa, Juan (Th	e Honorable)		00013805				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	 \$				
6 PAYMENT	(a) Amount Charged \$19.99	er Paid						
7 PAYEE	(a) Payee name Foreign Policy Mag	azine	(b) Payee address; 1750 Pennsylvania Ave., Suite 200 Washington, DC 20006-4		State,	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
<u> </u>	Office Overhead/Ren		JJH subscription					
X Political		•						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Non-Political	(c) Check if travel outside							
Complete ONLY if direct	Candidate/Officeholder	<u>`</u>	e sought	Office held				
expenditure to benefit C/OH			J					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
I 🗏	 							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		0#:!!!				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 22/23 Rpt:	Hinojosa, Juan (The	e Honorable)			00013805			
4 CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged \$25.80	(b) Date of Charge 05/09/2025		c) Date(s) Credit Card Issuer Paid 06/02/2025				
7 PAYEE	(a) Payee name Delta Airlines		(b) Payee 1030 Del	ta Blvd	City,	State,	Zip Code	
0 DUDDOCE OF	(a) Category		(b) Descrip	GA 30354-1989				
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		1 ` ′	for flexible board	ling pass.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$31.17	(b) Date of Charge 03/31/2025	(c) Date(s) 05/02/20) Credit Card Issuer 25	r Paid			
PAYEE	(a) Payee name Delta Airlines		(b) Payee 1030 Del	ta Blvd	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip	GA 30354-1989 otion for flexible board	ling pass.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged \$31.17	(b) Date of Charge 04/22/2025	(c) Date(s) 05/02/20) Credit Card Issuer 25	r Paid			
PAYEE	(a) Payee name Delta Airlines		(b) Payee 1030 Del Atlanta, (City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Upgrade	otion for flexible board	ling pass.			
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	w to complete t	this form.		,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 23/23 Rpt:	Hinojosa, Juan (Th	e Honorable)			00013805			
4 CREDIT CARD ISSUER		Name of financial institution see previous			\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid			
	\$31.17	05/01/2025	05/02/20	25				
7 PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
	Delta Airlines		1030 Del	ta Blvd				
	Della Allilles							
8 PURPOSE OF	(a) Category		(b) Descrip	GA 30354-1989				
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top		1 ' '	for flexible board	ling pass.			
X Political	Office Overhead/Ren	tal Expense	Opgrado	TOT HOMBIO BOOK O	mig pace.			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	vnense		
9 Complete ONLY if direct	Candidate/Officeholder	•	ce sought	Check ii / tastiii, 174,	Office held	фензе		
expenditure to benefit C/OH			-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$25.80	05/16/2025	06/02/20	25				
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Delta Airlines		1030 Del	ta Blvd				
	Della Allilles							
DUDDOCE OF	(a) Catagon			GA 30354-1989				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Upgrade for flexible boarding pass.					
X Political	Office Overhead/Rental Expense		opgrade for nexible boarding pass.					
Non-Political	(a) Chapte if traval autoida	of Texas. Complete Schedule T.		Charle if Austin TV	officebalder living a	/nanaa		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		ce sought	Check if Austin, TX,	Office held	kperise		
expenditure to benefit C/OH			oo ooagiit		Omoo noid			

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

SCHEDULE K

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	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 1/1 Rpt: 191/191	
2	FILER NAME			3	Filer	D (Ethics Commission	on Filers)
	Hinojosa, Ju	an	(The Honorable)	l	0001	3805	
4	Date		Name of person from whom amount is received			8 Amount (\$)	
ľ	06/30/2025	ľ	Hinojosa, Juan (Sen.)				\$1,480.27
	00/30/2023	ļ. <u>.</u>					Ψ1,400.27
		6	Address of person from whom amount is received; City; State; Zip Code				
			F.F. L TV 70500				
		L	Edinburg, TX 78539				
		7	- · · ·	olitio	cal cor	tribution returned to file	er
			Mileage Reimbursement to Campaign for Leased Vehicle				
Г	Date	Γ	Name of person from whom amount is received			Amount (\$)	
	02/20/2025		Lone Star National Bank				\$1,354.27
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			7. Mail 200 5. Policia: 10. 11. 11. 11. 11. 11. 11. 11. 11. 11.				
			McAllen, TX 78504				
				olitio	ral cor		Ωr
			CD Interest Earned	Ontic	Jai COI	ithibution returned to me	CI
⊨		_				i	
	Date		Name of person from whom amount is received			Amount (\$)	
	05/20/2025		Lone Star National Bank				\$1,332.54
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			McAllen, TX 78504				
			Purpose for which amount is received	olitio	cal cor	tribution returned to file	er
			CD Interest Earned				
F	Date		Name of person from whom amount is received			Amount (\$)	
	06/17/2025		Moreno, Luis			, ,	\$316.44
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			radicas of person from whom amount is received, Oily, State, 21p South				
			Seguin, TX 78155				
		⊢		olitio	cal cor	I htribution returned to file	or
			Inadvertent reimb. for duplicate receipt	Ontic	Jai COI	ithibution returned to me	CI
⊢			The article as a second second				