# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00069541		2 Total pages filed: 47	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	,
OFFICEHOLDER NAME	The Honorable	Cesar J.			Date Received	
10 WIL					ELECTRONICALLY FILED	,
					07/15/2025	•
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Blanco				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarker	d
OFFICEHOLDER MAILING	P.O. Box 929					
ADDRESS					Receipt # Amount	
Change of Address	El Paso, TX 79946					
					Date Processed	
					Data largered	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Liliana M.		1411		
NAME	IVIS.	Lilialia IVI.				
	NIO(ALANAE			OUEEN		
	NICKNAME	LAST		SUFFIX		
		Mireles				
				_,		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP	CODE
ADDRESS	PO Box 929					
(Residence or Business)						
	El Paso, TX 79946					
7 CAMPAIGN	AREA CODE PHO		VTENCION			
TREASURER		ONE NUMBER E	EXTENSION			
PHONE	(915) 229-6350					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasure	er
		countary seriore			appointment (officeholder only)	J1
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-FR)	
				reporting limit		
9 PERIOD	Month Day Year	r		Month Day	Year	•
COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	r Pi	rimary	Runoff	Other	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
II OFFICE	State Senator District 29	)		State Senator Di		
		,			54.101 = 5	
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 47

13 C / OH NAME	Blanco, Cesar J. (The	Honorable)		<b>14</b> Filer ID 00069541	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accept These expenditures may had officeholders are required	nave been made without i	the candidate's or of	fficeholder's kr	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL	0014447777 1000700				
	D appoint	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN	N TREASURER NAME			
		COMMITTEE CAMPAIGN	N TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRI ES OF LOANS, OR CONT	BUTIONS (OTHER THAI RIBUTIONS MADE ELE	N PLEDGES, LOAN CTRONICALLY)	<b>\$</b>	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR G	UARANTEES OF LOANS	5)	\$	39,892.87
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPEND	DITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	91,353.92
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA	INTAINED AS OF THE L	AST DAY OF THE	\$	821,548.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUT TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	<b>\$</b>	1,000.00
17 AFFIDAVIT					<u>-</u>	
		true ar	ur, or affirm, under penalty nd correct and includes a Title 15, Election Code.			
			The Hono	orable Cesar J. Bla	anco	
				Candidate or Office		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
		ertify which, witness my ha				
Signature of office	cer administering	Printed name of office	er administering	Title of off	icer administe	ring oath
2.g. a.a. 0 0 0 0 0 0	g	es name of one		1140 01 011		

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

# FORM C/OH COVER SHEET PG 3

				C	OVER	3 of 47
		R NAM	(Ethics	Commission Filers)		
20	SCH	EDULE	SUBTOTALS		T	
	NAM	E OF S	SCHEDULE		St	JBTOTAL AMOUNT
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	39,250.00
	2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	642.87
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	4.		SCHEDULE E: LOANS		\$	
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	91,353.92
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	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 CONTRIBUTIONS			\$		
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/47		
2	FILER NAME Blanco, Cesa	ar J. (The Honorable)			3	Filer ID (Ethics Commission 00069541	on Filers)	
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Blackridge  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00			
		Austin, TX 78701	. 1					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)			
	Date 06/23/2025	Full name of contributor Bowling, Robert Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00	
		El Paso, TX 79912						
	Principal occupation / Job title (See Instructions)  President  Employer (See Instructions)  Tropicana Homes				s)			
	Date 06/23/2025	Full name of contributor Garcia, Joe Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78767	,		Ĺ			
	Owner	pation / Job title (See Instructions	5)	Employer (See Instructions Garcia Group	S)			
	Date 06/23/2025	Full name of contributor HillCo PAC Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$)	\$10,000.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Date 06/23/2025	Full name of contributor  Home Depot Action Common Contributor address; City; S  Washington, DC 20004				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
			-					

MONETARY POLITICAL CONTRIBUTIONS							SCHEDUI	DULE A1		
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 2/3 Rpt: 5/47			
2	FILER NAME Blanco, Cesa	ar J. (The Honorable)				3	Filer ID (Ethics Commission 00069541	on Filers)		
4	Date 06/23/2025			7	Amount of Contribution (\$)	\$1,500.00				
•	Dringing Lagge	El Paso, TX 79922	a)	_	Employer (Coo Instructions	<u></u>				
8	CEO	pation / Job title (See Instruction	5)	9	Employer (See Instructions Tropicana Properties	5)				
	Date 06/26/2025	Full name of contributor Lloyd Gosselink Rochelle Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction:	s)		Employer (See Instructions	;) 				
	T mioipai occa	patient, cos title (eee metracien	-,		Employer (Goo mondoner	<i>''</i>				
	Date 06/23/2025	Full name of contributor  McAdams, Will  Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00		
		Cedar Park, TX 78613								
	Principal occu Partner	pation / Job title (See Instruction	5)		Employer (See Instructions Texas Lobby Strategies	′				
	Date 06/23/2025	Full name of contributor  Moak Casey PAC  Contributor address; City; S  Austin, TX 78701			)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	s)				
	Date 06/23/2025	Full name of contributor Nathan, Robert Contributor address; City; S Austin, TX 78703	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$250.00		
		pation / Job title (See Instruction: Affairs Manager	s)		Employer (See Instructions Schneider Electric	5)				
		<u> </u>								

MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/47		
2	FILER NAME Blanco, Ces	ar J. (The Honorable)		3	Filer ID (Ethics Commission 00069541	on Filers)
4	Date 06/23/2025			7	Amount of Contribution (\$)	\$7,500.00
_	Dein ein al. a ann	Austin, TX 78701	O Frankrije (Oza hatautian			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Strategies Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/47 3 Filer ID (Ethics Commission Filers) FILER NAME Blanco, Cesar J. (The Honorable) 00069541 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 Earl, David \$380.00 event invitations 7 Contributor address; City; State; Zip Code San Antonio, TX 78240 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 06/26/2025 Moak Casey PAC \$262.87 I food, drinks, space rental Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### 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		mmittee Le	egal Services	Salaries	Wages	s/Contract Labor		OTHER (enter a	strict a category not listed above	·)
	·			he Instruction Gu	ide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/40 Rpt: 8/47		Blanco, Cesa	r J. (The Hono	rable)				00069541		
4	Date	5	Payee name								
	05/15/2025		ATT								
6	Amount (\$)	7	Payee address	; City;	State; Zip C	ode					
	\$48.13		208 S. Akard	St							
			Dallas, TX 75	202							
8	PURPOSE	(2)				(h)	Description				
°	OF	(a)			e top of this schedule)	(0)	Description  Check if travel (	nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Office Overne	ead/Rental Exp	ense		_		officeholder livin		
							Internet				
9	Complete ONLY if direct		Candidate/Office	holder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI					3					
_	Date	Г	Payee name								
	06/12/2025		ATT								
		┝		. City	State: 7in C	odo					
	Amount (\$)		Payee address	•	State; Zip C	oue					
	\$55.54		208 S. Akard	Si							
			Dallas, TX 75	203							
	PURPOSE	(a)	Category (See	Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overhe	ead/Rental Exp	ense		=			plete Schedule T.	
	LXI LINDITORL						_	, TX,	officeholder livin	g expense	
							Internet				
						<u></u>					
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	eholder name	Office so	ught			Office h	eld	
	Date		Payee name								
	02/23/2025		Airport Printin	g Services							
	Amount (\$)		Payee address	; City;	State; Zip C	ode					
	\$99.01		7 Leigh Fishe	r Blvd							
			El Paso, TX 7	9906							
	PURPOSE	(a)			e top of this schedule)	(b)	Description				
	OF	``'	Printing Expe		e top of trils scriedule)	(2)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		T Tilling Expe	1130			Check if Austin,	, TX,	officeholder livin	g expense	
							District event	pri	nting		
	Complete ONLY if direct		Candidate/Office	holder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
l											

### 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: 2/40 Rpt: 9/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	04/11/2025	Airport Printing Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.90	7 Leigh Fisher Blvd
		El Paso, TX 79906
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  District event printing
		District event printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	02/21/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.47	410 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	03/12/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.52	410 Terry Ave N
		Seattle, WA 98109
	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
		Office supplies
	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 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: 3/40 Rpt: 10/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	01/27/2025	Anson Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.50	303 N. Oregon
		El Paso, TX 79901
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
		Meal with constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/12/2025	Black El Paso Democrats
H	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	P.O. Box 371425
		El Paso, TX 79937
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event sponsorsing
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
F	Date	Payee name
	02/12/2025	Black El Paso Democrats
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 371425
		El Paso, TX 79937
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
l	LAFLINDITORL	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Event sponsorship
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

### 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)	_
l	Sch: 4/40 Rpt: 11/47	Blanco, Cesar J. (The Honorable) 00069541	
4	Date	5 Payee name	_
l	01/09/2025	Blake for NYC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$1,000.00	1 Bruckner Corner	
l			
l		Bronx, NY 10454	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Contributions/Donations Made By	
l		Candidate/Officeholder/Political Committee Campaign contribution	
l		Cumpuigh Contribution	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Date	Payee name	=
l	01/29/2025	Chama The Whitley	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$91.94	325 E Sonterra Blvd Ste 240	
l	Ψ01.01	SES E SOMOTA BIVA SIS E 10	
l		San Antonio, TX 78258	
┝	PURPOSE		_
l	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.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Food and beverage for session	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	•		_
l	Date	Payee name	
L	04/22/2025	Clayton Spangler Photographic Design	_
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$549.00	235 POINT LICK DRIVE	
l		01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
L		Charleston, WV 25306	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Danoramic  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Panoramic Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Senate Panoramic Photo	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	1	

#### 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	
1 Total pages Schedule F1:	1
1 Total pages Schedule F1: Sch: 5/40 Rpt: 12/47	Blanco, Cesar J. (The Honorable)  00069541
4 Date	5 Payee name
02/25/2025	Dansa Jazz Stage
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 6910 N Mesa St F Suite F,
	El Paso, TX 79912
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  Event sponsorship
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	Davis Mountains Nut Company
Amount (\$)	Payee address; City; State; Zip Code
\$1,457.54	610 State St
DUDDOG -	Fort Davis, TX 79734
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Session gifts
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2025	Dirty Martins Place Burgers
Amount (\$)	Payee address; City; State; Zip Code
\$161.99	2808 Guadalupe St
	Austin, TX 78705
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  Meal with staff
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

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	
1	Total pages Schedule F1: Sch: 6/40 Rpt: 13/47	2 FILER NAME Blanco, Cesar J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069541
Ļ	•	
4	Date 04/23/2025	5 Payee name Education Service Center Region 19- Texas Spanish Spelling Bee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	6611 Boeing Dr
		El Paso, TX 79925
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
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	05/20/2025	FT Carter's Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.36	2310 N Piedras St
		El Paso, TX 79930
	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
		Condolence flowers for consittuents
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Fairmont Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$441.66	101 Red River St
		Austin, TX 78701
	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 retreat meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
ı		

### SCHEDULE F1

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

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

	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: 7/40 Rpt: 14/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	06/12/2025	Flower and Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.54	426 S Stanton St
		El Paso, TX 79901
8	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.
		Condolence flowers for consittuents
		Condition nowers for constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
	D :	
	Date	Payee name
	01/13/2025	Fresas
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.74	915 N Lamar Blvd
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Staff retreat meal
	Operation ONLY if allowed	Our Middle (Office helder manner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Email service
	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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal 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: 8/40 Rpt: 15/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	02/02/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
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
		<u> </u>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	03/02/2025	Payee name Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		<u> </u>
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
		<u> </u>
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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	
_		<u>.</u>
1	Total pages Schedule F1: Sch: 9/40 Rpt: 16/47	2 FILER NAME Blanco, Cesar J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069541
4	Date	5 Payee name
	05/02/2025	Google
6	Amount (\$) \$7.68	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
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
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Granados, Mayela
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.46	10264 Bayo Avenue
		El Paso, TX 79925
	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  Reimbursement for resolution framing
		Normalisement for resolution numing
$\vdash$	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		
1	Total pages Cobadula F1	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 10/40 Rpt: 17/47	2 FILER NAME Blanco, Cesar J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069541	
4	Date	5 Payee name	
	03/12/2025	Harland Clarke	
6	Amount (\$) \$184.12	7 Payee address; City; State; Zip Code 15955 La Cantera Parkway	
		San Antonio, TX 78256	
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	
		Bank checks	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/24/2025	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$41.12	7930 N Mesa St	
		El Paso, TX 79932	
	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	
		Office supplies	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/02/2025	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.08	6600 S MoPac Expy	
		Austin, TX 78750	
	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	
		Office supplies	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
			_

#### 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

	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: 11/40 Rpt: 18/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	02/23/2025	Jack Loveridge Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1416 Elm Street
		El Paso, TX 79930
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
		Campaign contribution
_	Operation ONLY if direct	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	Julios Cafe El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$174.83	8050 Gtwy Blvd E
		El Paso, TX 79907
	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  Meal with constituents
		Wedi Will consultations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/06/2025	Leah Hanany Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1014 N. Stanton St.
	\$1,000.00	1014 N. Stanton St.
		El Paso, TX 79902
	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
		Campaign contribution
_	Operation ONE VIII II	Open Highest (Office health are nown)
	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: 12/40 Rpt: 19/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	01/07/2025	Legislative Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	PO Box 1806
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Solicitation/Fundraising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event invitations
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPONIARCHO LO DONORIO GAOL	•
	Date	Payee name
	01/06/2025	Liberty Mutual
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.83	175 Berkeley St
		Boston, MA 02116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Austin apartment insurance
		Austin apartment insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Description
	Date 02/05/2025	Payee name Liberty Mutual
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.83	175 Berkeley St
		Parks MA 00440
		Boston, MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T
	EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Austin apartment insurance
	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 ( 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)
1	Sch: 13/40 Rpt: 20/47	Blanco, Cesar J. (The Honorable)  00069541
4	Date	5 Payee name
	03/05/2025	Liberty Mutual
6	Amount (\$) \$12.83	7 Payee address; City; State; Zip Code 175 Berkeley St
_	BUBBOOK	Boston, MA 02116
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.    Check if Austin, TX, officeholder living expense
		X   Check if Austin, TX, officeholder living expense   Austin apartment insurance
		Austin apartment insurance
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	Liberty Mutual
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.83	175 Berkeley St
		Boston, MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.    Check if Austin, TX, officeholder living expense
		X   Check if Austin, TX, officeholder living expense   Austin apartment insurance
		Austin apartment insurance
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Liberty Mutual
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.83	175 Berkeley St
		Boston, MA 02116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin apartment insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

	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: 14/40 Rpt: 21/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	06/04/2025	Liberty Mutual
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.83	175 Berkeley St
		Boston, MA 02116
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Austin apartment insurance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/30/2025	Lucchese
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,510.10	6601 Montana Ave
		El Paso, TX 79925
	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
		Session gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/13/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.96	185 Berry Street
		Suite 400
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense  \times
	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 Cor 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	nittee Legal Services			e /Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Fayment	The Instruction Gu	ide explains how to co	mple	te this form.				
1	Total pages Schedule F1:	ILER NAME				3	Filer ID	(Ethics Commission F	Filers)
	Sch: 15/40 Rpt: 22/47	Blanco, Cesar J. (The Hono	rable)				00069541		
4	Date	Payee name			•				
	04/08/2025	yft							
6	Amount (\$)	Payee address; City;	State; Zip Co	de					
	\$37.63	.85 Berry Street	, ,						
		Suite 400							
		San Francisco, CA 94107							
_	DUDDOGE	·	1	(1-)					
8	PURPOSE OF	Category (See Categories listed at th		(b)	Description  Check if travel of	vutci	de of Texas. Com	aloto Schodulo T	
	EXPENDITURE	Transportation Equipment A Expense	.na Relatea		<b>=</b>		officeholder living		
		-xponeo			Rideshare tra	ns	oortation dui	ing session	
9	Complete ONLY if direct	andidate/Officeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O								
	Date	Payee name							
	04/14/2025	.yft							
	Amount (\$)	Payee address; City;	State; Zip Co	de					
	\$9.73	.85 Berry Street							
		Suite 400							
		San Francisco, CA 94107							
	PURPOSE	Category (See Categories listed at th	- + <b>(</b> +        -   -   -   -   -	(b)	Description				
	OF	ransportation Equipment A		(-)	_ ·	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Expense			X Check if Austin,	TX,	officeholder living	expense	
	Rideshare transportation during session								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	experientare to benefit 6/61								
	Date	ayee name							
	04/15/2025	yft							
	Amount (\$)	Payee address; City;	State; Zip Co	de					
	\$10.08	.85 Berry Street							
		Suite 400							
		San Francisco, CA 94107							
	PURPOSE	Category (See Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	ransportation Equipment A			ш		de of Texas. Com		
	EXI ENDITORE	Expense					officeholder living		
					Rideshare tra	ns	oortation dui	ing session	
	Complete ONII V if allow	andidata/Officels-1-1	O#:	au la +			Office	ıa	
	Complete ONLY if direct expenditure to benefit C/Ol	andidate/Officeholder name	Office sou	gnt			Office he	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

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

	Candidate/Officeholder/Politica Credit Card Payment			s/Wag	es/Contract Labor		OTHER (enter a	category not listed above)	
			The Instruction Guide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filer	s)
	Sch: 16/40 Rpt: 23/47		Blanco, Cesar J. (The Honorable)				00069541		
4	Date	5	Payee name						
	05/07/2025		Lyft						
6	Amount (\$)	7	Payee address; City; State; Zip	Code	!				
	\$33.23		185 Berry Street						
			Suite 400						
			San Francisco, CA 94107						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	) Description				
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Expense		_		officeholder living		
					Rideshare tra	ans	portation du	ring session	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office s	ough	t		Office h	eld	
		_							
	Date		Payee name						
	05/19/2025		Lyft						
	Amount (\$)		Payee address; City; State; Zip	Code					
	\$33.55		185 Berry Street						
			Suite 400						
			San Francisco, CA 94107						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	<b>)</b> Description				
	OF EXPENDITURE		Transportation Equipment And Related		<b>=</b>			plete Schedule T.	
			Expense		ш		officeholder living		
					Rideshare tra	มเร	portation du	ning session	
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	onap.	<u> </u>		Office he	əlq	
	expenditure to benefit C/OI		variation of the same of the s	ougii			Omice in	Sid	
-	Date	Г	Payon namo						_
	05/20/2025		Payee name Lyft						
				Codo					
	Amount (\$) \$31.30		Payee address; City; State; Zip 185 Berry Street	Coue					
	φ31.30		-						
			Suite 400						
			San Francisco, CA 94107						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	) Description				
	EXPENDITURE		Transportation Equipment And Related				de of Texas. Com , officeholder living	plete Schedule T.	
			Expense		X Check if Austin				
					i ilaconare de	دی	portation du	9 00001011	
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	ouah	t		Office he	eld	
	expenditure to benefit C/OI			9.1	-		200 11		

#### 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

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 Cabadala E4	
1	Total pages Schedule F1: Sch: 17/40 Rpt: 24/47	2 FILER NAME Blanco, Cesar J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069541
4	Date	5 Payee name
	05/13/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.15	185 Berry Street
		Suite 400
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense X Check if Austin, TX, officeholder living expense
		Rideshare transportation during session
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Malina Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.14	5134 Burnet Rd,
	Ψ100.14	olo- Burnet Na,
		Austin, TX 78756
	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.
		Condolence flowers for consittuents
		Conductice flowers for constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/14/2025	Murillo, Concepcion
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	1201 N. Virginia St.
		El Paso, TX 79902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Cleaning service
		Cleating Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure 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 C

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: 18/40 Rpt: 25/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	02/27/2025	Murillo, Concepcion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$180.00	1201 N. Virginia St.
		El Paso, TX 79902
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.
		Cleaning service
		Cleaning Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/13/2025	Murillo, Concepcion
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	1201 N. Virginia St.
		El Paso, TX 79902
	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.
		Cleaning service
		Cicaling Scivice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	04/17/2025	Murillo, Concepcion
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	1201 N. Virginia St.
		El Paso, TX 79902
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Cleaning service
		Cleaning service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	nplete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/40 Rpt: 26/47	Blanco, Cesar J. (The Honorable)		00069541
4	Date	5 Payee name		
	05/05/2025	Murillo, Concepcion		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$180.00	1201 N. Virginia St.		
		TI D TV 70000		
		El Paso, TX 79902		
8	PURPOSE OF	,	(b) D∈	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	E	Check if Austin, TX, officeholder living expense
			CI	Cleaning service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ıht	Office held
	experientare to benefit Great	<u>'</u>		
	Date	Payee name		
	06/16/2025	Murillo, Concepcion		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$180.00	1201 N. Virginia St.		
		El Paso, TX 79902		
	PURPOSE OF	,	(b) De	Description
	EXPENDITURE	Office Overhead/Rental Expense	F	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			CI	Cleaning service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experialiture to benefit C/Oi	1		
	Date	Payee name		
	01/03/2025	NGP VAN		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$405.08	655 15th St NW #650		
		Washington, DC 70005		
	PURPOSE OF	2 (	(b) D∈	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	H	Check if dayer outside of Texas. Complete scriedule 1.  Check if Austin, TX, officeholder living expense
			C	Campaign database
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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 C

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: 20/40 Rpt: 27/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	02/06/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$405.08	655 15th St NW #650
		Washington, DC 70005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign database
		Campaigh database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Data	Para a same
	Date	Payee name
	03/04/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$405.08	655 15th St NW #650
		Washington, DC 70005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign database
		Campaightualabase
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/02/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$405.08	655 15th St NW #650
		Washington, DC 70005
	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.
		Compaign database
		Campaign database
_	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 54	
1	Total pages Schedule F1: Sch: 21/40 Rpt: 28/47	2 FILER NAME Blanco, Cesar J. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069541
4	Date	5 Payee name
-	04/02/2025	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$405.08	655 15th St NW #650
		Washington DC 7000E
		Washington, DC 70005
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
		Campaign database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/03/2025	NGP VAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$405.08	655 15th St NW #650
		Washington, DC 70005
	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
		Campaign database
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payao namo
		Payee name
	01/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$689.46	2141 East Broadway Rd Suite 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online merchant fees
	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 (Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	, , , , , , , , , , , , , , , , , , , ,				
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)				
Sch: 22/40 Rpt: 29/47	Blanco, Cesar J. (The Honorable)		00069541				
4 Date	5 Payee name		•				
02/03/2025	Paragon						
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode					
\$35.25	2141 East Broadway Rd Suite 202						
	•						
	Tempe, AZ 85282						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description				
OF	Fees	l`´Ē	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE			Check if Austin, TX, officeholder living expense				
		0	Online merchant fees				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held				
expenditure to benefit 6/6							
Date	Payee name						
03/03/2025	Paragon						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$25.00	2141 East Broadway Rd Suite 202						
	Tempe, AZ 85282						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description				
OF	Fees	l`´	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE			Check if Austin, TX, officeholder living expense				
		0	Online merchant fees				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held				
experientare to benefit 6/6							
Date	Payee name						
04/02/2025	Paragon						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$25.00	2141 East Broadway Rd Suite 202						
	Tempe, AZ 85282						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description				
OF	Fees	ľĹ	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE			Check if Austin, TX, officeholder living expense				
		0	Online merchant fees				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held				
expenditure to benefit C/O							
	<del></del>						

#### 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ldash		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/40 Rpt: 30/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	05/02/2025	Paragon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd Suite 202
		Tempe, AZ 85282
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online merchant fees
_	Occupation Children	Overdidate (Office helder over a control of the con
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Paragon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2141 East Broadway Rd Suite 202
		Tempe, AZ 85282
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online merchant fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/30/2025	Park Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.28	204 E Mills Ave
		El Paso, TX 79901
	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.
	EVENDLICKE	Check if Austin, TX, officeholder living expense
		Meal with constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

### SCHEDULE F1

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

**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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/40 Rpt: 31/47	Blanco, Cesar J. (The Honorable)	00069541
4	Date	5 Payee name	
	06/15/2025	Park Tavern	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$99.85	204 E Mills Ave	
		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Oca/Beverage Expense	outside of Texas. Complete Schedule T.
		Meal with co	n, TX, officeholder living expense
		Weat with ook	ionacina
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Sinds neig
_	Date	Payee name	
	01/30/2025	Procore Tower Austin	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	221 W 6th St,	
	410.00		
		Austin, TX 78701	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related	n, TX, officeholder living expense
		Austin session	on parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/01/2025	Reyna Law	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	13341 W. US 290	
		Austin, TX 78737	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	, <del>–</del>	n, TX, officeholder living expense
		consulting se	NVICES
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
l			

#### 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 Salarias/Magas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/40 Rpt: 32/47 Blanco, Cesar J. (The Honorable) 00069541 4 Date Payee name 05/30/2025 Reyna Law 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 13341 W. US 290 Austin, TX 78738 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/13/2025 Reyna Law Amount (\$) Payee address; City; State; Zip Code \$1,000.00 13341 W. US 290 Austin, TX 78739 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2025 Reyna Law Amount (\$) Payee address; City; State; Zip Code \$22,959.20 13341 W. US 290 Austin, TX 78740 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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	al Committee Legal Services Salaries/Wag  The Instruction Guide explains how to comp	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: 26/40 Rpt: 33/47	Blanco, Cesar J. (The Honorable)	00069541
4	Date	5 Payee name	
	03/10/2025	Reyna Law	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	13341 W. US 290	
		Austin, TX 78741	
8	PURPOSE OF	(	) Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense consulting services
			consulting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·	d Office field
	Date	Payee name	
	03/10/2025	Reyna Law	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	13341 W. US 290	
		Austin, TX 78742	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense consulting services
			consulting services
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	04/21/2025	Reyna Law	
		,	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13341 W. US 290	
	\$1,000.00	13341 W. 03 290	
		Aughin TV 70742	
		Austin, TX 78743	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			consulting services
			555231.ig 55171555
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/Ol		Since field
$\vdash$			
1			

### 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	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: 27/40 Rpt: 34/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	01/09/2025	Robert's Art and Frames
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$621.00	1769 Victory Dr
		Sunland Park, NM 88063
8	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
		Framing for constituent honorariums
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Data	
	Date	Payee name
	02/16/2025	Robert's Art and Frames
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1769 Victory Dr
		Sunland Park, NM 88063
	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  Framing for constituent honorariums
		Framing for constituent nonorandins
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/19/2025	Robert's Art and Frames
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$621.29	1769 Victory Dr
		Courleyed Death NIM 00000
		Sunland Park, NM 88063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Framing for constituent honorariums
	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/40 Rpt: 35/47	Blanco, Cesar J. (The Honorable) 00069541
4	Date	5 Payee name
	03/11/2025	Robert's Art and Frames
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.16	1769 Victory Dr
		Sunland Park, NM 88063
8	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
		Framing for constituent honorariums
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/01/2025	Rodriguez, Alexander
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.97	1982 Paseo Drive
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbursement for office equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/14/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$181.28	7001 Gateway Blvd.
		El Paso, TX 79925
	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		District event food and beverage
	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)
sing 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: 29/40 Rpt: 36/47	Blanco, Cesar J. (The Honorable) 00069541					
4	Date	5 Payee name					
	06/15/2025	Sams Club					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$64.17	7001 Gateway Blvd.					
		El Paso, TX 79925					
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					
		District event food and beverage					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	01/17/2025	Sanchez, Taylor					
Г	Amount (\$)	Payee address; City; State; Zip Code					
	\$957.50	13817 Ausarina Trace					
		Del Valle, TX 79618					
	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  Reimbursement for shipping calendars					
		Troinibarcomont for empping earthactor					
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O						
F	Date	Payee name					
	02/21/2025	Sanchez, Taylor					
Н	Amount (\$)	Payee address; City; State; Zip Code					
	\$850.81	13817 Ausarina Trace					
		Del Valle, TX 79619					
Г	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  Reimbursement for office equipment					
		Kelinbursement for onice equipment					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
$\vdash$							
ı							

### 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 co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/40 Rpt: 37/47		Blanco, Cesar J. (The Honorable)		00069541
4	Date	5	Payee name		
	01/06/2025		Sanchez		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$500.00		13817 Ausarina Trace		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Del Valle, TX 79617		
8	PURPOSE	(0)		(h)	Providelia
ľ	OF	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Salaties/ Wages/Contract Labor		Check if Austin, TX, officeholder living expense
					Holiday bonus
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	Н			
	Date		Payee name		
	02/04/2025		Scale to Win		
_	Amount (\$)	H	Payee address; City; State; Zip Co	ode	
	\$7.62		13742 Harper St.		
			·		
			Santa Ana, CA 92703		
_	PURPOSE	(a)		(h)	Description
	OF	"	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Onice Overricaa/Kentai Expense		Check if Austin, TX, officeholder living expense
					Texting platform
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held
	experialture to beliefit C/OI				
	Date		Payee name		
	03/04/2025		Scale to Win		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$152.54		13742 Harper St.		
			Santa Ana, CA 92703		
	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.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Texting platform
	Operation ON IV III	<u> </u>	Open districts (Office Includes many		Office L. L.
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ugnt	Office held

### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Coi	The Instruction Guide ex			pens ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission I	Filers)
	Sch: 31/40 Rpt: 38/47		Blanco, Cesar J. (The Honorable	e)					00069541		
4	Date	5	Payee name								
	04/03/2025		Scale to Win								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	de					
	\$121.87		13742 Harper St.								
			Santa Ana, CA 92703								
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	9			<b>=</b>			plete Schedule T.	
							_		officeholder living	expense	
							Texting platfo	,,,,,,			
_	Operation ONLY if allowed	<u> </u>	on distant 10ff and all an arrays	01	<b>"</b>				O#: I	La	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice soug	gnt			Office he	eia	
		<u> </u>									
	Date		Payee name								
	05/05/2025		Scale to Win								
	Amount (\$)		Payee address; City;	State;	Zip Coo	de					
	\$507.62		13742 Harper St.								
			Santa Ana, CA 92703								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	Э			<b>=</b>			plete Schedule T.	
							ш		officeholder living	expense	
							Texting platfo	)			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Of	ffice cour	nht.			Office he	Ald	
	expenditure to benefit C/O		candidate/Officeriolder frame	Oi	ffice soug	JIIL			Office fie	nu	
-	<b>D</b> .	_									
	Date		Payee name								
	02/26/2025		Senate Democratic Caucus								
	Amount (\$)		Payee address; City;	State;	Zip Coo	de					
	\$5,000.00		PO Box 12068								
			Capitol Station								
			Austin, TX 78711								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sched	dule)	(b)	Description				
	OF EXPENDITURE		DUES				ш			plete Schedule T.	
									officeholder living	expense	
							Caucus dues				
	Complete ONLY if direct	Ц,	Candidata/Officabaldar nama	<u> </u>	ffino acus	nh+			Office he	ald.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice soug	JIIL			Onice ne	au	
	•										
	me provided by Tayas E	thic	o Commission	thing of	oto tv uc		·	_	·	Version V/I 1 0 f	1 UYUtY <u>0</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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 32/40 Rpt: 39/47	2 FILER NAME Blanco, Cesar J. (The Honorable) 3 Filer ID (Ethics Commission File 00069541	ers)
4	Date 06/05/2025	5 Payee name Spaw Senate Account	
6	Amount (\$) \$165.00	7 Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711	
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  Members lounge staff tips	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 01/17/2025	Payee name Spaw Senate Account	
	Amount (\$) \$1,100.00	Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711	
	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  Member lounge dues	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 06/05/2025	Payee name Spaw Senate Account	
	Amount (\$) \$361.25	Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Member gifts	
	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

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

	Candidate/Officeholder/Politica			egal Services		Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed abo	ve)
	Credit Card Payment		7	The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 33/40 Rpt: 40/47		Blanco, Cesa	ar J. (The Hond	orable)					00069541		
4	Date	5	Payee name									
	06/02/2025		Texas Capito	ol Giftshop								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de					
	\$41.14		1400 Congre	ss Ave. Suite	E1.006							
			Austin, TX 78	3701								
8	PURPOSE	(a)	Category (See	Categories listed at t	the ton of this scher	dule)	(b)	Description				
	OF	l`´		Memorials Exp		uuie)	` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							_	, TX,	officeholder livin	g expense	
								Intern gifts				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	eholder name	Of	ffice sou	ght			Office h	ield	
		_										
	Date		Payee name									
	01/24/2025		Texas Demo	cratic Party								
	Amount (\$)		Payee address		•	Zip Co	de					
	\$4,400.00		2025 Guadal	upe St., Ste. 3	00							
			Austin, TX 78	3705								
	PURPOSE	(a)	Category (See	Categories listed at t	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental Ex	pense			<b>=</b>		de of Texas. Cor officeholder livin	nplete Schedule T.	
								VAN databas			ig expense	
	Complete ONLY if direct		Candidate/Office	eholder name	Of	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OF	Н					-					
	Date		Payee name									
	02/14/2025		Texas Senat	е								
	Amount (\$)		Payee address	s; City;	State:	Zip Co	de					
	\$222.50		PO Box 1206		,							
			Capitol Statio									
			Austin, TX 78									
	PURPOSE	(a)					(h)	Description				
	OF	(")		Categories listed at t		aule)	(5)		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Oner warder	momorialo Exp	01100			Check if Austin,	, TX,	officeholder livin	ig expense	
								Flags for cons	stitı	uents		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	eholder name	Of	ffice sou	ght			Office h	ield	
	onponential to borion or or i											

### 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: 34/40 Rpt: 41/47	2 FILER NAME Blanco, Cesar J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069541
4	Date 01/13/2025	5 Payee name Texas Senate
	Amount (\$) \$1,225.00	7 Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2025 Senate Calendars for consittuents
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 04/16/2025	Payee name Texas Senate
	Amount (\$) \$227.00	Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Calendar envelopes
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/16/2025	Payee name Texas Senate
	Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 12068 Capitol Station Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Session composite prints
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 35/40 Rpt: 42/47	Blanco, Cesar J. (The Honorable) 00069541	
4	Date	5 Payee name	_
	05/09/2025	Texas Senate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$222.50	PO Box 12068	
		Capitol Station	
		Austin, TX 78711	
8	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 Flags for constituents	
		riago foi constituente	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	05/09/2025	Texas Senate	
┝	Amount (\$)	Payee address; City; State; Zip Code	-
	\$48.34	PO Box 12068	
	, , , , ,	Capitol Station	
		Austin, TX 78711	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gavel for consittuent	
L			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕			_
	Date	Payee name	
	06/26/2025	Texas Senate	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.34	PO Box 12068	
		Capitol Station	
		Austin, TX 78711	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Cift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Gavel for consittuent	
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	

### 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: 36/40 Rpt: 43/47	Blanco, Cesar J. (The Honorable) 00069541		
4	Date	5 Payee name		
	01/02/2025	The Whitley Apartments		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$3,466.99	301 Brazos St		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Austin Rent Check if travel outside of Texas. Complete Schedule T.		
		X Check if Austin, TX, officeholder living expense  Austin apartment rent		
		/ dodn't dodn't fent		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Date	Payee name		
	02/03/2025	The Whitley Apartments		
_	Amount (\$)	Payee address; City; State; Zip Code		
	\$3,411.48	301 Brazos St		
	Ψ0,411.40	301 B10203 31		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Austin Rent Check if travel outside of Texas. Complete Schedule T.		
		<ul><li>X Check if Austin, TX, officeholder living expense</li><li>Austin apartment rent</li></ul>		
		Addit apartment rent		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
H	Date	Payee name		
	03/03/2025	The Whitley Apartments		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3,414.75	301 Brazos St		
	Ψ0,+14.70	301 Bit203 St		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Austin Rent Check if travel outside of Texas. Complete Schedule T.		
	ZA ZHOHOKZ	X Check if Austin, TX, officeholder living expense		
		Austin apartment rent		
_	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	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: 37/40 Rpt: 44/47	Blanco, Cesar J. (The Honorable) 00069541		
4	Date	5 Payee name		
	03/07/2025	The Whitley Apartments		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$8.00	301 Brazos St		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Austin Rent Check if travel outside of Texas. Complete Schedule T.		
		<ul><li>X Check if Austin, TX, officeholder living expense</li><li>Austin apartment rent</li></ul>		
		Austin apartment rent		
_	Complete ONLY !! -!!	Condidate/Officeholder name		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	03/25/2025	The Whitley Apartments		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,224.00	301 Brazos St		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Austin Rent Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense		
		x Check if Austin, TX, officeholder living expense Austin apartment rent		
		Addit apartment rent		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	<b>o</b>		
	Date	Payee name		
	04/01/2025	The Whitley Apartments		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4,202.87	301 Brazos St		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Austin Rent Check if travel outside of Texas. Complete Schedule T.		
	LAI LINDITORE	X Check if Austin, TX, officeholder living expense		
		Austin apartment rent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Supplication to action of offi			

### 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 exp	olains how	to comp	olete this	torm
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		i ne instruction Guide explains now to comp	iete triis form.		
1	Total pages Schedule F1: Sch: 38/40 Rpt: 45/47	2 FILER NAME Blanco, Cesar J. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069541		
1	Date 130/40 Kpt. 43/47	5 Payee name	00009341		
-	05/01/2025	The Whitley Apartments			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$4,062.15	301 Brazos St			
		Austin, TX 78701			
8	PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Austin Rent	Check if Austin, TX, officeholder living expense		
			Austin apartment rent		
Ļ	On which the ONE Wife disease	Occasiona (Office helder a const	Office held		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held		
-	Date	Payee name			
	06/02/2025	The Whitley Apartments			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4,143.07	301 Brazos St			
	PURPOSE	Austin, TX 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Austin Rent	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Additive to the second	X Check if Austin, TX, officeholder living expense		
			Austin apartment rent		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/13/2025	TvEyes			
	Amount (\$) \$1,900.00	Payee address; City; State; Zip Code 1150 Post Rd			
	Ψ1,900.00	1130 F 031 Nu			
		Fairfield, CT 06824			
	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		
			Media monitoring		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held		
l					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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:	<u> </u>			
	Sch: 39/40 Rpt: 46/47	Blanco, Cesar J. (The Honorable) 00069541			
4	Date	5 Payee name			
	04/29/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.97	1725 3rd Street			
		San Francisco, CA 94158			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.			
		Expense    X   Check if Austin, TX, officeholder living expense     Rideshare transportation during session			
		Trideshare transportation during session			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	01/07/2025	Vanchinathan, Rahul			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P.O. Box 2910			
	,				
		Austin, TX 02910			
	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 Holiday bonus			
		Holiday bolids			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	06/12/2025	Villarreal, Alejandra			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$52.57	11320 Rankin Dr.			
		El Paso, TX 79927			
	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.			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Reimbursement for Texas Womens Veterans event supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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: 40/40 Rpt: 47/47	Blanco, Cesar J. (The Honorable) 00069541	
4	Date	5 Payee name	
	05/27/2025	Whataburger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.55	2901 Spirit of Texas Dr #100	
		Austin, TX 78719	
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.	
		X Check if Austin, TX, officeholder living expense  Meal	
		Meta	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
$\vdash$	Dete		
	Date	Payee name	
	04/21/2025	X Corp.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.72	865 FM 1209, Building 2	
		Bastrop, TX 78602	
	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 Social media subscription	
		Social media subscription	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name	
	03/26/2025	YWCA El Paso Del Norte Region	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1600 Brown St Bldg B	
		Austin, TX 79902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		ομοιιουσισιήμ	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
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