CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commit 00069719		2 Total pages filed: 48
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Ramon			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025
	NICKNAIVIE	Romero		Jr.	01/15/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	r / SUITE #; CIT`	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	PO BOX 181				Receipt # Amount
Change of Address	Fort Worth TV 76101				
Change of Address	Fort Worth, TX 76101				Date Processed
					Detalogrand
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•
TREASURER NAME	Mrs.	Alicia			
	NICKNAME	LAST		SUFFIX	
		Duran			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE);	AP	r / SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	3320 View St				
(Residence or Business)					
	Fort Worth, TX 76103				
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	EXTENSION		
TREASURER PHONE	(817) 917-5819				
PHONE					
8 REPORT TYPE		_			.
ITPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-FR)
		_		reporting limit	_
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2025	TH	IROUGH	06/30/202	5
					
10 ELECTION	ELECTION DATE Month Day Year		rimon.	ELECTION TYPE	Othor
	Month Day Year 05/03/2025	X Pi	rimary	Runoff	Other
	00/00/2020	G	eneral	Special	
				1	
11 OFFICE	OFFICE HELD (if any)	triat 00 Tarrant		12 OFFICE SOUGHT	
	State Representative Dist	rict 90 Tarrant		State Representa	ative district 90
		007	-0 DACE 0		
		GOT	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 48

13 C / OH NAME Romero Jr., Ramon (The Honorable) 14 Filer ID 00069719			(Ethics Con	nmission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted These expenditures may have I officeholders are required to	e been made without tl	he candidate's or offic	ceholder's kn	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS	TTEE ADDRESS				
	SPECIFIC						
		COMMITTEE CAMPAIGN TI	REASURER NAME				
		COMMITTEE CAMPAIGN TI	REASURER ADDRES	S			
16 CONTRIBUTION	1. TOTAL UNITEM	ZED DOLITICAL CONTDIBLE	TIONS (OTHER THAN	I DI EDGES I OANS	- 1		
TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	7,990.77		
4. TOTAL POLITICAL EXPENDITURES				\$	84,738.56		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT RIOD	AINED AS OF THE LA	AST DAY OF THE	\$	127,185.89	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTST TING PERIOD	TANDING LOANS AS (OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT					-		
		true and c	or affirm, under penalty correct and includes all e 15, Election Code.				
			The Hanara	ble Demon Demon			
				ble Ramon Romer Candidate or Officeho			
AFFIX NC	OTARY STAMP / SEAL AB	OVE	O.g. lattar o		0.00		
		aid		, this the		day	
of, 20, to certify which, witness my hand and seal of office.							
Signature of offi	cer administering	Printed name of officer a	administering	Title of office	er administer	ing oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 48
18 FILER NAI Romero J	ME Ir., Ramon (The Honorable)	19 Filer ID 00069719	(Ethics Co	mmission Filers)
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	84,738.56
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District
OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services 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 Filer ID (Ethics Commission Filers) Sch: 1/45 Rpt: 4/48 Romero Jr., Ramon (The Honorable) 00069719

EXPENDITURE CATEGORIES FOR BOX 8(a)

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ntary
and golf
nool golf

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Ci	edit Card Payment	The Instruction Guide explains how to	compl	lete this form.		
1 Tot	tal pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
S	ch: 2/45 Rpt: 5/48	Romero Jr., Ramon (The Honorable)			00069719	
4 Da	te	5 Payee name		•		
06	/27/2025	Amazon				
6 Am	ount (\$)	7 Payee address; City; State; Zip	Code			
	\$86.59	410 Terry Ave N				
		Seattle, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E	OF XPENDITURE	Contributions/Donations Made By		Check if travel outsi		
		Candidate/Officeholder/Political Committee		Check if Austin, TX,		aggett Elementary
				conoci supply u	oriation to b	aggett Elementary
9 Co	mplete ONLY if direct	Candidate/Officeholder name Office	l souaht		Office h	eld
	penditure to benefit C/O		.oug	•	000	o.u
Da	te	Payee name				
	/14/2025	Amazon				
	nount (\$)	Payee address; City; State; Zip	Code			
7 411	\$48.71	410 Terry Ave N	Oouc			
	7.5 =					
		Seattle, WA 98109				
	PURPOSE		(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(5)	Check if travel outsi	ide of Texas. Com	plete Schedule T.
E	XPENDITURE	Since Syemous/Nemai Expense		Check if Austin, TX,	, officeholder living	g expense
				office supplies		
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office s	ought		Office h	eld
Da		Payee name				
03	/13/2025	Amazon				
Am	nount (\$)	Payee address; City; State; Zip	Code			
	\$46.52	410 Terry Ave N				
		Seattle, WA 98109				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
E	XPENDITURE	Office Overhead/Rental Expense		Check if travel outsi Check if Austin, TX		
				office supplies	, onicenoider ilvini	g expense
				app		
Co	mplete ONLY if direct	Candidate/Officeholder name Office	 sought		Office h	eld
	penditure to benefit C/O		3 "-			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pot listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/45 Rpt: 6/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	04/14/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.76	410 Terry Ave N
		Seattle, WA 98109
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
		office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/08/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.47	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	03/11/2025	Amigos in Business
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5413 Beaver Ridge Dr
		, and the second
		Fort Worth, TX 76137
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense print advertising
		print advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 4/45 Rpt: 7/48	Romero Jr., Ramon (The Honorable) 00069719					
4	Date	5 Payee name	_				
	06/01/2025	Arias-Bryant, Jacqueline					
	Amount (\$) \$1,000.00 PURPOSE	7 Payee address; City; State; Zip Code 8001 S Interstate 35 Apt 1828 Austin, TX 78744					
8	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative staff supplemental wages					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
L	05/29/2025	Artes de la Rosa					
	Amount (\$) \$384.00	Payee address; City; State; Zip Code 1440 N Main St					
	PURPOGE	Fort Worth, TX 76164					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to Juntos Se Puede Scholarship fund					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date 02/18/2025	Payee name BBG's					
	Amount (\$) \$390.00	Payee address; City; State; Zip Code 214 E 6th Street					
		Austin, TX 78701					
	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 meeting to discuss officeholder issues					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 5/45 Rpt: 8/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/16/2025	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,947.42	9600 I-35
		Suite Q
		Austin, TX 78746
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 laptop
		ιαριορ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/10/2025	Boerne Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.00	259 S Main St
		Boerne, TX 78006
	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 meeting to discuss officeholder issues
		meeting to discuss officeriolider issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/02/2025	Camille Rodriguez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2005 Clinton Avenue
		Fort Worth, TX 76164
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Continuation to campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/45 Rpt: 9/48	2 FILER NAME Romero Jr., Ramon (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069719
4	Date 01/21/2025	5 Payee name Chris Nettles for Fort Worth City Council
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 19254
		Fort Worth, TX 76119
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign contribution
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2025	Church, Riley
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7201 West Rim Dr
		Austin, TX 78731
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for social media management
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/06/2025	Payee name Church, Riley
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7201 West Rim Dr
		Austin, TX 78731
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor for social media management
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	ı.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/45 Rpt: 10/48	Romero Jr., Ramon (The Honorable)	00069719
4	Date	5 Payee name	-
	03/03/2025	Church, Riley	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 7201 West Rim Dr	
L		Austin, TX 78731	
8	PURPOSE OF EXPENDITURE	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for social media management
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	04/04/2025	Church, Riley	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7201 West Rim Dr	
		Austin, TX 78731	
	PURPOSE OF EXPENDITURE	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense labor for social media management
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/19/2025	City of Austin Permitting	
	Amount (\$) \$124.60	Payee address; City; State; Zip Code 6310 Wilhelmina Delco Drive	
		Austin, TX 78752	
	PURPOSE OF EXPENDITURE	Lvent Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Nages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 8/45 Rpt: 11/48		, Ramon (The Hono	orable)				00069719		·
4	Date	5 Payee name	!							
	05/22/2025	City of Aus	tin Permitting							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$711.36	6310 Wilhe	lmina Delco Drive							
		Austin, TX	78752							
8	PURPOSE	(a) Category (S	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense					de of Texas. Com		
						permit for eve		officeholder living	expense	
						pormit for ove	,,,,			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/O	Н			Ü					
	Date	Payee name								
	04/17/2025	Clayton Sp	angler Photographic	c Design						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$549.00	235 Point L	ick Drive							
		Charleston	, TX 25306							
	PURPOSE OF	(a) Category (S	See Categories listed at the to	pp of this schedule)	(b)	Description				
	EXPENDITURE	Office Over	rhead/Rental Expen	ise				de of Texas. Comp officeholder living		
						89th legislatu				
							•	ранготантно р		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	!							
	04/14/2025	Code Blue								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$600.00	505 W Feli	x Street							
		Fort Worth,	TX 76115							
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE		ns/Donations Made Officeholder/Politica					de of Texas. Comp officeholder living		
		Candidate/	Onicenolaer/Politica	ai Committee		_			olf Tournament	
						fundraiser				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	H			-					
ı										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wage The Instruction Guide explains how to compl	s/Contract Labor		OTHER (enter a	category not listed above)	
_		· · · · · · · · · · · · · · · · · · ·	ete tilis loilli.	_			_
1	Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)	
	Sch: 9/45 Rpt: 12/48	Romero Jr., Ramon (The Honorable)			00069719		
4	Date	5 Payee name					
	03/19/2025	Como Lions Heart					
6	Amount (\$)	7 Payee address; City; State; Zip Code					_
	\$500.00	4660 Horne Street					
		Fort Worth, TX 76107					
_	DUDD 0.05						
8	PURPOSE OF	c , (cor canagement and top or and constant)	Description	outo	ide of Toyon Com	ploto Sabadulo T	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	_		ide of Texas. Com , officeholder living		
		Sanadate, Sinderiolaei, Fondat Sommittee	donation to o			•	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/O						
	Date	Payee name					_
	05/12/2025	Como Lions Heart					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	4660 Horne Street					
		Fort Worth, TX 76107					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By			ide of Texas. Com		
		Candidate/Officeholder/Political Committee	—		, officeholder living		
			Donation for I	IVIC	miers Day Ce	elebration	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	Ald	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			Office fie	ilu	
	Date	Payee name					
	01/06/2025	Constant Contact					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$154.57	1601 Trapelo Rd					
		Waltham, MA 02451					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE	·			, officeholder living	expense	
			email service				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought			Office he	eld	
	experiorare to benefit C/OF	·					

SCHEDULE F1

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

Event Expense Loan Repaymen
Fees Office Overhead
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/

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: 10/45 Rpt: 13/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/04/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd
		Waltham, MA 02451
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/04/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd
		Waltham, MA 02451
	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/04/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd
		Waltham, MA 02451
	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
		Citiali Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/45 Rpt: 14/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	05/05/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$167.37	1601 Trapelo Rd
		Waltham, MA 02451
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/05/2025	Constant Contact
_	Amount (\$)	Payee address; City; State; Zip Code
	\$186.55	1601 Trapelo Rd
	Ψ100.33	1001 Hapelo Na
		Waltham, MA 02451
	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
		Citizal Sci Vice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davies name
	05/29/2025	Payee name Cuidado Casero Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,058.30	1110 N. Carroll Avenue
		Southlake, TX 76092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		GO. IALION TO GO. IOLATION IN TAIL
	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

	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: 12/45 Rpt: 15/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/03/2025	DHJ Booster Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	1411 Maydell
		Fort Worth, TX 76106
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation to baseball team
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Daggett Elementary Parent Teacher Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	958 Page Avenue
	Ψ400.00	330 Lage Avenue
		Fort Worth, TX 76110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation for school supplies
	Operation ONLY if allowed	Our Hidata 10ff as halden as an
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Deborah Peoples Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	613 Green River Trail
		Fort Worth, TX 76147
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution to campaign for city council
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 13/45 Rpt: 16/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/03/2025	Dickies Arena
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.73	1911 Montgomery Street
		Fort Worth, TX 76107
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 meeting with constituents
		meeting with constituents
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davida nama
	02/03/2025	Payee name Dickies Arena
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.66	1911 Montgomery Street
		Fort Worth, TX 76107
	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 meeting with constituents
		Theeting with constituents
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/10/2025	Dickies Arena
	Amount (\$)	Payee address; City; State; Zip Code
	\$168.60	1911 Montgomery Street
		Fort Worth, TX 76107
	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 meeting with constituents
		meeting with constituents
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/45 Rpt: 17/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/12/2025	Doubletree Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$423.03	303 W 15th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District staff lodging for Tarrant County Days
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/13/2025	Eddie Vs
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.63	5300 State Hwy 121
		Plano, TX 75024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2025	Ember Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.60	800 W Cesar Chavez St
		PP110
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		meeting to discuss officeholder issues
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 15/45 Rpt: 18/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/30/2025	Ember Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.00	800 W Cesar Chavez St
		PP110
		Austin, TX 78701
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
		meeting to discuss officeholder issues
		meeting to discuss officeriolider issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/04/2025	Firefighters Charities
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	3855 Tulsa Way
		Fort Worth, TX 76107
	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
		donation to charity golf tournament
		generally generalism.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/07/2025	Fort Worth Hispanic Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1327 N Main St
		Fort Worth, TX 76164
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		tickets to Rodeo Fiesta Night
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 16/45 Rpt: 19/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/27/2025	Fort Worth Hispanic Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1327 N Main St
		Fort Worth, TX 76164
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/31/2025	Fort Worth Hispanic Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	1327 N Main St
	Ψ120.00	1027 N Main St
		Fort Worth, TX 76164
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		scholarships
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
	Date	Payee name
	04/24/2025	Fort Worth Hispanic Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1327 N Main St
	42,000.00	
		Fort Worth, TX 76164
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Sonidos de Summer
	Complete ONLY if direct	Condidate/Office holds
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 17/45 Rpt: 20/48	FILER NAME Romero Jr., Ramon (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069719
4	Date 03/25/2025	5 Payee name Fort Worth Star-Telegram	
	Amount (\$) \$259.79	7 Payee address; City; State; Zip Code 2300 W. 7th St Suite 108 Fort Worth, TX 76107	
8	PURPOSE OF EXPENDITURE	1 000	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/09/2025	Payee name Garcia, Monserrat	
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4527 N Lamar Blvd Apartment 5109 Austin, TX 78751	
	PURPOSE OF EXPENDITURE	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense taff supplemental wages
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/21/2025	Payee name H-E-B	
	Amount (\$) \$25.02	Payee address; City; State; Zip Code 2652 Lake Austin Blvd	
		Austin, TX 78703	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense es
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 18/45 Rpt: 21/48	Romero Jr., Ramon (The Honorable) 00069719	
4	Date	5 Payee name	
	02/01/2025	Hernandez, Tom	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$740.00	404 Marybeth Drive	
		Burleson, TX 76028	
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	
		Donation to golf tournament scholarship fundraiser	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	06/11/2025	Hope Works Fellowship	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$550.00	1701 Hemphill Dr	
	Ψ030.00	Troi Hemphin Bi	
		Fort Worth, TX 76104	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	<u> </u>	Candidate/Officeholder/Political Committee	
		donation to youth camp	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
_	Date	Davies same	
	06/06/2025	Payee name Hotel Indigo	
		-	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$382.78	325 N Kansas St	
		El Paso, TX 79901	
		Tu.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Hotel for El Paso redistricting trial	
	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 Comn

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 19/45 Rpt: 22/48	Romero Jr., Ramon (The Honorable) 00069719	
4	Date	5 Payee name	
	06/02/2025	Jared Williams Campaign for Fort Worth City Council	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 3002 Fort Worth, TX 76132	
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 Candidate/Officeholder/Political Committee Contribution to campaign	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/18/2025	Jeanette Martinez for Fort Worth City Council	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	3928 Townsend Drive	
		Fort Worth, TX 76110	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		campaign contribution	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	02/24/2025	Knights of Columbus #1663	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	200 NW 20th Street	
		Fort Worth, TX 76164	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
H			\dashv

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 20/45 Rpt: 23/48	2 FILER NAME Romero Jr., Ramon (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069719
4	Date 06/10/2025	5 Payee name Knights of Peter Claver #89
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO Box 6004 Fort Worth, TX 76115
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to Our Mother of Mercy fundraiser
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/28/2025	Payee name LGBTQ Saves
	Amount (\$) \$850.00	Payee address; City; State; Zip Code 1959 Sandy Lane Fort Worth, TX 76112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense table sponsorship for fundraiser
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/10/2025	Payee name Legislative Study Group
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 12943 Capitol Station Austin, TX 78711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLED (control of expense and listed above)

	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: 21/45 Rpt: 24/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/14/2025	Lowe's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$441.66	6400 Brodie Lane
		Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office fridge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/27/2025	Lowe's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$162.35	6400 Brodie Lane
		Austin, TX 78745
	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
		Dolly for office
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/04/2025	MACE
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 471752
		Fort Worth, TX 76147
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI ENDITORE	Candidate/Officeholder/Political Committee
		donation to scholarship fundraiser
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER Control a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
┰	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 22/45 Rpt: 25/48	1	- , Ramon (The Honora	ble)				00069719	()	,
4	Date	5 Payee name	1				<u> </u>			
	01/09/2025		nerican Legislative Ca	iucus						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$1,500.00	600 River S		, ,						
l	7-,000									
		Austin, TX	78701							
8	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
l	OF EXPENDITURE	Fees				_		ide of Texas. Com		
l						membership		, officeholder living	expense	
l						membership (uu	55		
Ļ	Complete ONLY if direct	Candidata/Of	iaahaldar nama	Office cou	l abt			Office he	Nd.	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	igni			Office ne	eiu	
Г	Date	Payee name	;							
	05/05/2025	Mexta								
Г	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$414.24	106 E 6th 9	Street							
		Suite 110								
		Austin, TX	78701							
┝	PURPOSE				(h)	Description				
l	OF		see Categories listed at the top of rage Expense	this schedule)	(5)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Food/Beve	rage Expense			=		, officeholder living		
l						meeting to dis	SCL	ıss officehol	der issues	
l										
	Complete ONLY if direct expenditure to benefit C/OI		ïceholder name	Office sou	ight			Office he	eld	
F	Date	Payee name	<u> </u>							
l	02/25/2025	Michaels								
H	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ndo					
l	\$454.04		Caves Road	State, Zip Ct	ue					
l	φ434.04		Saves Ruau							
l		Suite 112								
L		Austin, TX	78746							
l	PURPOSE OF	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
l	EXPENDITURE	Office Ove	rhead/Rental Expense			ш		ide of Texas. Com	•	
l						frames and fr		, officeholder living		
l						names and n	an	ing for office	•	
\vdash	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	laht			Office he	7ld	
	expenditure to benefit C/OI		icentituei Hallie	Office SOL	ıyııı			Office He	au	
\vdash										

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		
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 23/45 Rpt: 26/48	Romero Jr., Ramon (The Honorable) 00069719	
4	Date	5 Payee name	_
	01/03/2025	Molina, Mercedes	
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 3905 Shady Creek Drive Euless, TX 76040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
١	OF		
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense legislative staff supplemental wages	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/01/2025	Molina, Mercedes	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3905 Shady Creek Drive	
		Euless, TX 76040	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		legislative staff supplemental wages	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	03/28/2025	North Side High Legacy Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$605.00	PO BOX 4181	
		Fort Worth, TX 76164	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee	
		Contribution to NSHLF Golf Tournament	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			gal Services the Instruction Guide explain:		/ages/	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Cabadula F1:					1	3	Filer ID	(Ethics Commission Filer	c)
_	Total pages Schedule F1: Sch: 24/45 Rpt: 27/48		amon (The Honorable)				3	00069719	(Eulics Commission File)	5)
4										
4		,	uh Cabaal Calf Taam							
	02/06/2025	North Side Hiç	gh School Golf Team							
6	Amount (\$)	7 Payee address;	City; State	e; Zip Co	de					
	\$125.00	2211 McKinley	/ Avenue							
		Fort Worth, TX	C 76164							
8	PURPOSE	(a) Category (See C	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Donations Made By	,		Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITORE	Candidate/Off	iceholder/Political Com	mittee		—		officeholder living	expense	
						sponsorship s	sigr	1		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officel	nolder name	Office sou	ght			Office he	ld	
	experionale to benefit 6/01									
	Date	Payee name								
	02/13/2025	Northwest Tar	rant Progressives							
	Amount (\$)	Payee address;	City; State	e; Zip Co	de					
	\$425.00	PO Box 79334	ļ.							
		Saginaw, TX 7	6179							
	PURPOSE	(a) Category (See C	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Donations Made By			느		de of Texas. Com		
	EXI ENDITORE	Candidate/Off	iceholder/Political Com	mittee		ш		officeholder living		
						Contribution to	.0 4	ıtn Annuai Ji	ustice for All Golf	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officel	nolder name	Office sou	ght			Office he	ld	
	Date	Payee name								
	06/23/2025	Office Depot								
	Amount (\$)	Payee address;	City; State	e; Zip Co	de					
	\$208.78	4613 S Hulen	Street							
		Fort Worth, TX	76132							
	PURPOSE	(a) Category (See C	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Donations Made By			ш		de of Texas. Com		
	EXI ENDITORE	Candidate/Off	iceholder/Political Com	mittee		—		officeholder living		
						school supply			nber of Commerce	
	0 1. 0	0 11 100		- C.(;						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officel	nolder name	Office sou	ght			Office he	la	

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: 25/45 Rpt: 28/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
L	03/06/2025	Perez, Emerico (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	7425 Ewing Ave
		Fort Worth, TX 76116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		Contract labor for earnpaight services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/13/2025	Perez, Emerico (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	7425 Ewing Ave
		Fort Worth, TX 76116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		Contract labor for earnpaight services
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/22/2025	Perez, Emerico (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	7425 Ewing Ave
		Fort Worth, TX 76116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor for campaign services
		Contract labor for campaign services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 26/45 Rpt: 29/48	Romero Jr., Ramon (The Honorable) 00069719	
4	Date	5 Payee name	
	03/31/2025	Poly Automotive	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$405.00	1300 Conner Avenue	
		Fort Worth, TX 76105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
,	expenditure to benefit C/O		
_	Data	Г	╡
	Date	Payee name	
	02/11/2025	Ponchos Flower Villa	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.49	2000 Ridgmar Blvd	
		Fort Worth, TX 76116	
	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 funeral flowers	
		luncial nowers	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
_			=
	Date	Payee name	
	02/25/2025	Ponchos Flower Villa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.84	2000 Ridgmar Blvd	
		Fort Worth, TX 76116	
	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		funeral flowers	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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/Political Committee Credit Card Payment		Legal Services Frinung Expense Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)				
	S. Said Faymoni			The Instruction Gu	ıide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 27/45 Rpt: 30/48		Romero Jr.,	Ramon (The H	onorable)					00069719		
4	Date	5	Payee name									
	02/25/2025		Ponchos Flo	ower Villa								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Code	е					
	\$205.68		2000 Ridgm	ar Blvd								
			Fort Worth,	TX 76116								
8	PURPOSE	⊢				10	h)	Description				
ľ	OF			e Categories listed at th) ('	IJ	Description Check if travel	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		GIII/Awaius/	Memorials Exp	ense			느		officeholder living		
								funeral flower	rs			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sough	ht			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/27/2025	ı	Ponchos Flo	ower Villa								
	Amount (\$)	\vdash	Payee addres	ss; City;	State; Zi	n Code	е					
	\$205.68	ı	2000 Ridgm		,							
	4200.00		Lood Magin	a. Diva								
			Cart Warth	TV 76116								
		├	Fort Worth,			1						
	PURPOSE OF	ı		e Categories listed at th) (1	b)	Description				
	EXPENDITURE		Gift/Awards/	Memorials Exp	ense			-		officeholder living	plete Schedule T.	
								funeral flower			,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	e sough	ht			Office he	eld	
	expenditure to benefit C/O	Н										
-	Date	Π	Payee name									
	03/19/2025		Ponchos Flo	wer Villa								
					Ctata: 7:	- Cad	-					
	Amount (\$)	ı	Payee address	•	State; Zi	p Coa	е					
	\$108.25		2000 Ridgm	ar Bivo								
			Fort Worth,	TX 76116								
	PURPOSE OF			e Categories listed at th) (1	b)	Description				
	EXPENDITURE		Gift/Awards/	Memorials Exp	ense						plete Schedule T.	
								funeral flower		officeholder living	g expense	
								ianorai nove				
\vdash	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name	Office	e sough	hŧ			Office he	2ld	
	expenditure to benefit C/O		za iuiuale/OIII	Choidei Haille	Oilice	o ouyi	111			Office H	Jiu	

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	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: 28/45 Rpt: 31/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	05/16/2025	Ponchos Flower Villa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$113.66	2000 Ridgmar Blvd
		Fort Worth, TX 76116
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
		funeral flowers
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Ponchos Flower Villa
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.66	2000 Ridgmar Blvd
	Ψ110.00	2000 Magmai Biva
		Fort Worth, TX 76116
	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
		funeral flowers
		iuneral nowers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/16/2025	Ponchos Flower Villa
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	2000 Ridgmar Blvd
		Ford Month, TV 70110
		Fort Worth, TX 76116
	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
		funeral flowers
	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 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: 29/45 Rpt: 32/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
L	06/12/2025	Ponchos Flower Villa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.25	2000 Ridgmar Blvd
		Fort Worth, TX 76116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense funeral flowers
		Tuneral nowers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/24/2025	Ponchos Flower Villa
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$102.84	2000 Ridgmar Blvd
		Fort Worth, TX 76116
	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
		funeral flowers
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	Printed Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.00	8800 Chancellor Row
		Dallas, TX 75247
	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
		know your rights cards
\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 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

	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: 30/45 Rpt: 33/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	02/19/2025	Printed Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	8800 Chancellor Row
		Dallas, TX 75247
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		know your rights cards
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Printed Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.00	8800 Chancellor Row
	Φ103.00	COOC CHARCEROL NOW
		Dallas, TX 75247
	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 know your rights cards
		Know your rights ourds
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/14/2025	Ramos, Joe
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1300 Conner Street
		Fort Worth, TX 76105
	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
		donation to summer baseball league
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

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: 31/45 Rpt: 34/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/02/2025	Ramsey, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7216 Via Dono Drive
		Austin, TX 78749
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor for campaign services
		contract tasor for campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	03/11/2025	Ramsey, Michael
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	7216 Via Dono Drive
		Austin, TX 78749
	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
		contract labor for campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/20/2025	Ramsey, Michael
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	7216 Via Dono Drive
		Austin, TX 78749
	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
		contract labor for campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/45 Rpt: 35/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	06/03/2025	Reynaga, Jesus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5450 Suncrest Drive
		Apt 27
		El Paso, TX 79912
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense legislative staff supplemental wages
		legislative stati supplemental wages
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/O	
	Date	Payee name
	02/10/2025	Rodriguez, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	5607 Palo Blanco Lane
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		legislative office stipend
		l logistatio cinec superiu
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/26/2025	Rodriguez, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	5607 Palo Blanco Lane
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense legislative office stipend
		iegisiauve omee superia
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Н		
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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

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

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
4 T-4-1 0 1 1 1 1	
1 Total pages Schedule F1:	
Sch: 33/45 Rpt: 36/48	Romero Jr., Ramon (The Honorable) 00069719
4 Date	5 Payee name
03/13/2025	Rodriguez, Victoria
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	5607 Palo Blanco Lane
Ψ200.00	3007 I dio Bianco Eano
	Austin, TX 78744
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	legislative office stipend
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OF	
Date	Payee name
03/24/2025	Rodriguez, Victoria
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	5607 Palo Blanco Lane
4100.00	odor i dio Biando Edito
	A TV 70744
	Austin, TX 78744
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense legislative office stipend
	legislative office superiu
Opening to ONII V if align at	Outside to 10 ff and held an array of the annual to
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
03/31/2025	Rodriguez, Victoria
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	5607 Palo Blanco Lane
	Austin, TX 78744
DUDDOCE	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	legislative office stipend
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica 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: 34/45 Rpt: 37/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	04/02/2025	Rodriguez, Victoria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	5607 Palo Blanco Lane
		Austin, TX 78744
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		legislative office stipend
		3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2025	Rodriguez, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5607 Palo Blanco Lane
	1-,000	
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		legislative office stipend
		logicial vo emec experia
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Date	Payee name
	04/24/2025	Rodriguez, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5607 Palo Blanco Lane
	Ψ1,000.00	3007 Falo Blanco Eane
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		legislative office stipend
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>

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

ment Solicitation/Fundraising Expense
nse Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (portor a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/45 Rpt: 38/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	05/02/2025	Rodriguez, Victoria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	5607 Palo Blanco Lane
	1	
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense legislative office stipend
	1	legislative office superior
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name Dedriguez Vietoria
	05/12/2025	Rodriguez, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5607 Palo Blanco Lane
	!	
	!	Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense legislative office stipend
		legislative office superio
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/27/2025	Rodriguez, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5607 Palo Blanco Lane
	!	
	!	Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	!	legislative office stipend
	0 1: 0:11:4"	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 36/45 Rpt: 39/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	06/02/2025	Rodriguez, Victoria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	5607 Palo Blanco Lane
		Austin, TX 78744
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		legislative office stipend
		goodan a sapana
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/03/2025	Round 1 Boxing
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3952 Wosley Dr
		Fort Worth, TX 76133
	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
		donation to scholarship fund
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/21/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$258.72	4400 Bryant Irvin Rd
		Fort Worth, TX 76132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Commerce Charles of
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OTHER (enter a category no The Instruction Guide explains how to complete this form.										
_		_		· · · · · · · · · · · · · · · · · · ·									
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)	
	Sch: 37/45 Rpt: 40/48		Romero Jr.,	Ramon (The Ho	norable)					00069719			
4	Date	5	Payee name										
	05/06/2025		Sams Club										
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Cod	ا ما						
ľ	\$73.33	ľ	4400 Bryant		State, Zip	Cou	ıc						
	Ψ13.33		4400 Bryant	I II VIII Ru									
			Fort Worth,	TX 76132									
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	((b)	Description					
	OF EXPENDITURE			s/Donations Mad				Check if travel	outsi	de of Texas. Cor	nplete Schedule T.		
	LAFENDITORE		Candidate/C	Officeholder/Politi	cal Committee			_		officeholder livin			
								Food donatio	n to	o Andrew D	oc Community Cent	er	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sougl	ht			Office h	eld		
	expenditure to benefit C/OI	Н											
_	Date	Π	Payee name										
	03/18/2025		Sanchez, Da	anielle									
	Amount (\$)		Payee addres		State; Zip	Coa	le						
	\$200.00		2950 Roose	velt Avenue									
			Fort Worth,	TX 76106									
	PURPOSE	(a)	Category (sc	e Categories listed at the	top of this cahadula)	(b)	Description					
	OF	 ` ´		s/Donations Mad		`	•		outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE			Officeholder/Politi	,			Check if Austin	, TX,	officeholder livin	g expense		
								donation to bingo fundraiser for Kiki's Club					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	soug	ht			Office h	eld		
	expenditure to benefit C/OI	Н											
_	Data	Г											
	Date		Payee name										
	01/22/2025		Shipt										
	Amount (\$)		Payee addres	ss; City;	State; Zip	Cod	le						
	\$164.98		420 20th St	N									
			Suite 100										
			Birmingham	, AL 35203									
	PURPOSE	(a)	Category			1	h)	Description					
	OF	(۳)		e Categories listed at the nead/Rental Exp			~,		outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE		Office Over	ieau/Neritai Exp	CHSC			Check if Austin	, TX,	officeholder livin	g expense		
								office supplie	S				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	soual	ht			Office h	eld		
	expenditure to benefit C/OI				2	9	-						
_													

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			nmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
	Sch: 38/45 Rpt: 41/48		Romero Jr.,	Ramon (The Hono	rable)					00069719		
4	Date	5	Payee name									
	03/13/2025		Shipt									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip C	ode					
	\$142.48		420 20th St		,							
	+ 2 .26		Suite 100									
			Birmingham	VI 3E3U3								
Ļ	DUDDO05	_					14.					
8	PURPOSE OF	(a)		ee Categories listed at the top		dule)	(b)	Description	ata:	do of Toyoo Comm	slata Cabadula T	
	EXPENDITURE		Office Overl	head/Rental Expens	se			=		de of Texas. Comp officeholder living		
								office supplies				
								• •				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	<u>I</u> ught			Office he	ld	
	expenditure to benefit C/OI											
	Date		Payee name									
	03/24/2025	L	Shipt									
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode					
	\$168.30		420 20th St	N								
			Suite 100									
			Birmingham	ı, AL 35203								
	PURPOSE	(a)	Category (Se	ee Categories listed at the top	of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Expens						de of Texas. Comp		
	EXPENDITURE			·				_		officeholder living	expense	
								office supplie	S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	0	ffice sou	ught			Office he	ld	
L	experientare to beliefit 6/01	_										
	Date		Payee name									
	04/14/2025		Shipt									
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode					
	\$109.07		420 20th St	N								
			Suite 100									
			Birmingham	ı, AL 35203								
	PURPOSE	(a)		ee Categories listed at the top	of this sobo	idule)	(b)	Description				
	OF	``		nead/Rental Expens		uui c)	`		outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE				-			_		officeholder living	expense	
								office supplie	S			
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ught			Office he	ld	
	expenditure to benefit C/O	П										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/45 Rpt: 42/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	05/19/2025	Shipt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.73	420 20th St N
		Suite 100
		Birmingham, AL 35203
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Shipt
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.25	420 20th St N
		Suite 100
		Birmingham, AL 35203
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/26/2025	Shipt
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.84	420 20th St N
		Suite 100
		Birmingham, AL 35203
	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
		555 55pp55
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 40/45 Rpt: 43/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/16/2025	South Hemphill Heights Neighborhood Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$363.00	3200 Lipscomb St
		Fort Worth, TX 76110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation to heighborhood association
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/16/2025	Southwest Airlines
H	Amount (\$)	Payee address; City; State; Zip Code
	\$403.96	P.O. Box 36647-1CR
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Flights to El Paso for redistricting trial
		Flights to Li Faso for redistricting that
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/06/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.82	P.O. Box 36647-1CR
	Ψ1-1.02	1.0. Box 60041 101X
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flight change for El Paso redistricting trial
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiorale to belieff C/O	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/45 Rpt: 44/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	06/06/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.18	P.O. Box 36647-1CR
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees for flight from El Paso redistricting trial
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2025	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.84	1660 S University Drive
		Fort Worth, TX 76107
	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
		отпос сарриос
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2025	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.38	1660 S University Drive
		Fort Worth, TX 76107
	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/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B 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		it of District enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 42/45 Rpt: 45/48	Romero Jr., Ramon (The Honorable) 00069	
4	Date	Payee name	
	04/08/2025	Step C MBK	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2740 Meagen Drive	
		-	
		Fort Worth, TX 76112	
8	PURPOSE		
ľ	OF	(b) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	s. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officehold	
		donation to mural fundr	aiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/OI		
	Date	Payee name	
	04/16/2025	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$248.73	5700 Overton Ridge Blvd	
		•	
		Fort Worth, TX 76132	
	PURPOSE OF	(b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee	
			ater Northside Community
		Center Center	ater North side Community
	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/O	on a cought	
-	Date	Payee name	
	02/03/2025	Tarrant County Democratic Party	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$275.00	58 John B Sias Memorial Pkwy	
		Fort Worth, TX 76134	
	PURPOSE OF	(b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texa	
		Check if Austin, TX, officehold tickets to TCDP Gala	er living expense
		lickets to TCDF Gala	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 43/45 Rpt: 46/48	Romero Jr., Ramon (The Honorable) 00069719
4	Date	5 Payee name
	01/06/2025	Tarrant County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	58 John B Sias Memorial Pkwy
		Fort Worth, TX 76134
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship for Bourbon Street Ball fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/03/2025	Tarrant County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	658 John B Sias Memorial Parkway
		Fort Worth, TX 76134
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		licket for Gala
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name Torront County Democratic Porty
	02/04/2025	Tarrant County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	658 John B Sias Memorial Pkwy
		Fort Worth, TX 76134
	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
		contribution to organization
	Commission ON 11 V 11 11	Condidate/Officeholder name
	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 Credit Card Payment

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

Orean outer ayment		The Instruction Guide	e explains how to co	mple	te this form.				
1 Total pages Sche	edule F1:	2 FILER NAME			3	3 F	iler ID	(Ethics Co	ommission Filers)
Sch: 44/45 Rpt:	: 47/48	Romero Jr., Ramon (The Hon	orable)			(00069719		
4 Date		5 Payee name							
03/04/2025		Texas House LGBTQ Caucus	i						
6 Amount (\$)		7 Payee address; City;	State; Zip Co	de					
\$	00.008	P.O. Box 2960							
		A TV 70700							
		Austin, TX 78769	-						
8 PURPOSE OF		(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description Check if travel out	ıteida	a of Tayas Comi	nlete Schedul	⊤ ما
EXPENDITURE		Fees			Check if Austin, T				C I.
					membership du	ues	6		
9 Complete ONLY is expenditure to be		Candidate/Officeholder name	Office sou	ght			Office he	eld	
expenditure to be	eneni C/Or	1							
Date		Payee name							
01/10/2025		Texas State Preservation Boa	ırd						
Amount (\$)		Payee address; City;	State; Zip Co	de					
\$	\$528.00	201 E 14th Street							
		#950							
		Austin, TX 78701							
PURPOSE OF		(a) Category (See Categories listed at the to		(b)	Description	:	T O	-l-4- C-bd-l	I- T
EXPENDITURE	:	Office Overhead/Rental Exper	nse		Check if travel out Check if Austin, T				е г.
					parking vouche	ers			
Complete ONLY i		Candidate/Officeholder name	Office sou	ght			Office he	eld	
expenditure to be	enent C/Or	1							
Date		Payee name							
06/30/2025		The Stephen F Austin Royal S	Sonesta Hotel						
Amount (\$)		Payee address; City;	State; Zip Co	de					
\$	\$500.00	701 Congress Avenue							
		Austin, TX 78701							
PURPOSE OF		(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description	:	T O	-l-4- C-bd-l	I- T
EXPENDITURE	:	Event Expense			Check if travel out Check if Austin, T				е г.
					Room rental fo			·	
Complete ONLY		Candidate/Officeholder name	Office sou	ght			Office he	eld	
expenditure to be	enetit C/OF	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict a category not liste	ed above)
	Credit Card Payment			The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	mission Filers)
	Sch: 45/45 Rpt: 48/48		Romero Jr.,	Ramon (The H	onorable)					00069719		
4	Date	5	Payee name									
	03/05/2025			munity Center								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	ode					
	\$550.00		•	owbrook Drive	,	_,, -,-						
	,		#122									
			Fort Worth,	TY 76102								
_		<u> </u>					<i>a</i> >					
8	PURPOSE OF	(a)		ee Categories listed at t		edule)	(b)	Description	outoi	do of Toyon Con	nplete Schedule T	
	EXPENDITURE			ns/Donations Ma Officeholder/Pol		ttee		=		officeholder livin		
			Odi Ididato/	511100110100171 01	itioai Commi	ttoo		donation to g				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Π	Payee name									
	03/03/2025		-	d East Neighbor	rhood Assoc	iation						
	Amount (\$)	┢	Payee addres			Zip Co	nde					
	\$350.00		3317 Wayla	-	,	_,, -,-						

			Fort Worth,	TX 76133								
	PURPOSE	(0)					(h)	Description				
	OF	(a)		ee Categories listed at t		edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Pol	,	ttee		=		officeholder livin		
								donation to o	rga	nization		
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	03/17/2025		Women's A	uxiliary #7458								
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	ode					
	\$360.00		PO Box 603	303								
			Fort Worth,	TX 76115								
	PURPOSE	(a)	Category (se	ee Categories listed at t	he ton of this sche	idule)	(b)	Description				
	OF	ľ. <i>′</i>		ns/Donations Ma		.uuic)	`´		outsi	de of Texas. Con	nplete Schedule T	
	EXPENDITURE			Officeholder/Pol		ttee				officeholder livin	g expense	
								scholarship fu	und	I donation		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	0	ffice sou	ght			Office h	eld	
	experiorale to belieff C/OI											