FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068017 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jaime E. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Tijerina CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Diane E. NAME NICKNAME LAST **SUFFIX** Tijerina **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 299-8386 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Appeals, Chief Justice Place Chief District 13 None

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Tijerina, Jaime E. (The Honorable) 14 Filer ID 00068017			(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 22,832.04
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 9,569.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 16,815.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Jaime E. Tijerir	าล
		Signature of	f Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 16						
Tijerina	18 FILER NAME19 Filer ID(Ethics Commission Filers)Tijerina, Jaime E. (The Honorable)00068017						
	ULE SUBTOTALS DF SCHEDULE	SUBTOTAL AMOUNT					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 22,832.04				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 9,569.23				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1	
	The Instru	he Instruction Guide explains how to complete this form.			jes Schedule A(J)1 Rpt: 4/16	:	
2	FILER NAME Tijerina, Jain	ne E. (The Honorable)		3 Filer ID 0006802	(Ethics Commission	on Filers)	
4	Date 02/18/2025	Date 5 Full name of contributor out-of-state PAC (ID#:			of Contribution (\$)	\$500.00	
		McAllen, TX 78504-5877					
8		ntributor's Principal Occupation 9 Contributor's Job Title					
_	Lawyer	and a self-order	General Counsel	(if)			
10	DHR Hospita	employer/law firm al	11 Law firm of contributor's sp	oouse (if any)			
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor ut-of-state PAC (ID:	#:)	Amount o	of Contribution (\$)		
	02/20/2025	Atlas, Hall & Rodriguez, LLP Contributor address; City; State; Zip Code McAllen, TX 78502				\$2,500.00	
_	Contributor's		Contributor's Job Title				
	Continuator S F	Principal Occupation	Continuator's Job Title				
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount o	of Contribution (\$)		
	02/18/2025	Barrera, Sanchez & Associates, PC				\$500.00	
		Contributor address; City; State; Zip Code McAllen, TX 78504					
	Contributor's F	I Principal Occupation	Contributor's Job Title	1			
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if any)	1				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE	A(J)1
	The Instru	he Instruction Guide explains how to complete this form.			1		ges Schedule A(J)1 6 Rpt: 5/16	l:
2	FILER NAME	NAME		3	Filer ID	(Ethics Commissi	on Filers)	
	Tijerina, Jair	me E. (The Honorable)				000680)17	
4			7	Amount	of Contribution (\$)			
	03/05/2025	Border Health PAC 6 Contributor address; City;	State; Zip Code					\$5,000.00
		McAllen, TX 78503		In a 17 1 1 1 7 7				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pous	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (i	if any)					
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount	of Contribution (\$)	
	02/18/2025	Cardenas, Carlos (Dr.)	_					\$1,041.02
		Contributor address; City;	State; Zip Code					
		MCALLEN, TX 78501						
		Principal Occupation		Contributor's Job Title				
physician Physician		-						
Contributor's employer/law firm DHR Health			Law firm of contributor's s	pous	se (ir any)			
		s a child, law firm of parent(s) (i	if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount	of Contribution (\$)	
	02/18/2025	Colvin, Saenz, Rodrigur	z & Kennamer, LLP					\$750.00
		Contributor address; City;	State; Zip Code					
		Brownsville, TX 78520						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (i	if any)					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A(J)1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/16	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Tijerina, Jair	ne E. (The Honorable)		00068017	
4	Date	5 Full name of contributor ut-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
03/05/2025 Jody Mask PLLC 6 Contributor address; City; State; Zip Code			. \$1,500.00		
		McAllen, TX 78501			
8	Contributor's	Principal Occupation	9 Contributor's Job Title		
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)	1		
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
	03/05/2025	Law Office of Daniel Hernandez		\$2,500.00	
		Contributor address; City; State; Zip Code			
		Edinburg, TX 78539			
	Contributor's	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
	02/18/2025	Law Office of Michael Flanagan		\$500.00	
		Contributor address; City; State; Zip Code			
		MCALLEN, TX 78501			
	Contributor's	Principal Occupation	Contributor's Job Title		
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)	1		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				al pages Schedule A(J): n: 4/6 Rpt: 7/16	1:
2	FILER NAME Tijerina, Jair	ne E. (The Honorable)				r ID (Ethics Commissi 068017	ion Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) O2/18/2025 Olivera, Lisa 6 Contributor address; City; State; Zip Code McAllen, TX 78504		7 Amo	ount of Contribution (\$)	\$1,041.02		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	l		
	Business Ov	vner		Owner			
10	Contributor's e	employer/law firm ed		11 Law firm of contributor's sp	ouse (if	any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-sta	ate PAC (ID#:_)	Amo	ount of Contribution (\$)	
03/03/2025 Peralz & Franz, LLP Contributor address; City; State; Zip Code					· · ·	\$2,500.00	
	Contributor's F	MCALLEN, TX 78504 Principal Occupation		Contributor's Job Title			
	Continuator o	Tinopal Cosapation		Contributor 5 005 Title			
Contributor's employer/law firm				Law firm of contributor's sp	ouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-sta	ate PAC (ID#:_)	Amo	ount of Contribution (\$)	
02/17/2025 Ramon Worthington, PLLC Contributor address; City; State; Zip Code McAllen, TX 78501					\$500.00		
	Contributor's I	Principal Occupation		Contributor's Job Title	l		
Contributor's employer/law firm			Law firm of contributor's sp	ouse (if	any)		
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	The Instruction Guide explains how to complete this form.				ages Schedule A(J)1 /6 Rpt: 8/16	:	
2	FILER NAME Tijerina, Jair	ne E. (The Honorable)			3 Filer ID 000680	(Ethics Commission (Ethics Commi	on Filers)	
4	Date 03/05/2025 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount	t of Contribution (\$)	\$1,000.00		
8	Contributor's I	Brownsville, TX 78520 Principal Occupation		9 Contributor's Job Title				
		· ·						
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)		
03/03/2025 The Green Law Firm Contributor address; City; State; Zip Code		; Zip Code				\$1,000.00		
	O - stalle stands I	Brownsville, TX 78520		O and the standard Lab Title				
Contributor's Principal Occupation Cont		Contributor's Job Title						
Contributor's employer/law firm				Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	t of Contribution (\$)		
	02/18/2025	Tijerina Legal Group, PC Contributor address; City; State; McAlllen, TX 77850	Zip Code				\$1,000.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)						

	MONETARY POLITICAL CONTRIBUTION	ONS	sc	HEDULE A(J)1
	The Instruction Guide explains how to complete this form. 1 Total page Sch: 6/6			chedule A(J)1: :: 9/16
2	FILER NAME		3 Filer ID (Eth	ics Commission Filers)
	Tijerina, Jaime E. (The Honorable)		00068017	
4	Date 5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Co	
	02/11/2025 Walsh, McGurk, Cordova & Nixon, PLLC 6 Contributor address; City; State; Zip Code			\$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504			
g R	Contributor's Principal Occupation	9 Contributor's Job Title		
	Contributor 3 i inicipal Occupation	5 Contributor 3 300 Fitte		
10	O Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 10/16	Tijerina, Jaime E. (The Honorable) 00068017
4	Date	5 Payee name
	01/31/2025	Apple.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.99	One Apple Pkwy
		Cupertino, CA 95014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	03/03/2025	Apple.com
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	One Apple Pkwy
	Ψ0.55	One Apple 1 kwy
		Cupertino, CA 95014
	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
		Storage Fee
H	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/6	
	Date	Payee name
	01/03/2025	Barrel House
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,134.09	1927 Tourist Dr.
		Edinburg, TX 78539
	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 Food and Beverage
		Food and beverage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 11/16	Tijerina, Jaime E. (The Honorable)
4	Date	5 Payee name
	03/05/2025	De Leon, Maricela
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1409 S. 9th Ave
	\$1,000.00	1409 3. 9th Ave
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Consulting
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	Hernandez, Joacim (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1317 E Filmore Ave
		Alton, TX 78573
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting
		Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2025	MAILCHIMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	512 Means Street
		Suite 404
		Atlanta, GA 30318
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Service
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 3/7 Rpt: 12/16	Tijerina, Jaime E. (The Honorable) 00068017
4	Date	5 Payee name
	02/03/2025	MAILCHIMP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	512 Means Street
		Suite 404
		Atlanta, GA 30318
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Email Service
_	Opening ONLY if allowed	Our distance (Office holder marries and Office a holder
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/03/2025	MAILCHIMP
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	512 Means Street
		Suite 404
		Atlanta, GA 30318
	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 Email Service
		Littuli Scrivice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	04/01/2025	MAILCHIMP
	Amount (\$) \$140.71	Payee address; City; State; Zip Code 512 Means Street
	Φ140.71	
		Suite 404
		Atlanta, GA 30318
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	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: 4/7 Rpt: 13/16	Tijerina, Jaime E. (The Honorable) 00068017
4	Date	5 Payee name
	01/15/2025	Rio Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.76	PO BOX 4169
		McAllen, TX 78502
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Debit Card Fee
		2001.0010
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/18/2025	Rio Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	PO BOX 4169
		McAllen, TX 78502
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Debit Card Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Data	
	Date	Payee name
L	03/17/2025	Rio Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	PO BOX 4169
		McAllen, TX 78502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
I		Debit Card Fee
dash	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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: 5/7 Rpt: 14/16	Tijerina, Jaime E. (The Honorable) 00068017					
4	Date	5 Payee name					
	04/15/2025	Rio Bank					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1.76	PO BOX 4169					
l		McAllen, TX 78502					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Debit Card Fee					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
L		•					
	Date	Payee name					
	05/15/2025	Rio Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1.76	PO BOX 4169					
l		McAllen, TX 78502					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
l		Check if Austin, TX, officeholder living expense Debit Card Fee					
l		Debit Guid i ee					
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
⊨	Date	Payee name					
	06/16/2025	Rio Bank					
⊢							
Amount (\$) Payee address; City; State; Zip Code \$1.76 PO BOX 4169							
	Ψ1.70	1 0 BOX 4100					
l		McAllen, TX 78502					
	D. 100.00						
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Debit Card Fee					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 6/7 Rpt: 15/16	Tijerina, Jaime E. (The Honorable) 00068017								
4	Date	5 Payee name								
	01/21/2025	Showit.com								
6	Amount (\$) \$30.86	7 Payee address; City; State; Zip Code 2490 Gilbert Rd. Ste 200 Chandler, AZ 85286								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Service								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	Payee name								
	02/18/2025	Showit.com Showit.com								
	Amount (\$) \$30.86	Payee address; City; State; Zip Code 2490 Gilbert Rd. Ste 200 Chandler, AZ 85286								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Service								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date	Payee name								
	03/11/2025	Steve Ray and Associates								
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 901 N Caranchua								
		Corpus Christi, TX 78403								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting								
	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 Comm

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

Candidate/Officeholder/Political Committee 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)		
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/7 Rpt: 16/16							00068017	,
4	Date	5 Payee name							
	01/17/2025	USPS							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de				
	\$216.00	00 620 E Pecan Ave							
		McAllen, T	< 78501						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedi								
		Check if Austin, TX, officeholder living expense					expense		
						PO Box renta	l l		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ceholder name	Office sou	ght			Office he	eld
	Date	Payee name							
	02/18/2025	Winred							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de				
	` '	1776 Wilso		State, Zip Co	uc				
	\$82.04	1776 WIISO	II BIVU						
		Arlington, \	'A 22209						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF							de of Texas. Com	plete Schedule T.
EXPENDITURE		. 555	Check if Austin, TX, officeholder living expense						
						Fundraiser Co	olle	ction Fee	
	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	H							