CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00086098		2 Total pages	filed: 17	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	The Honorable	Adan			Date Received		
					ELECTRONIC	CALLY FILED	
	NICKNAME			CHEEN	07/15/2025	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	NICKNAME Adam	LAST		SUFFIX	01/15/2025		
	Audili	Hinojosa					
4 CANDIDATE /	ADDRESS / PO BOX; APT	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER MAILING	PO Box 18301						
ADDRESS					Receipt #	Amount	
Change of Address	Corpus Christi, TX 78480						
	•				Date Processed		
					Date Imaged		
					Date imageu		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER		Michael		1411			
NAME	IVII.	Michael					
	NICKNAME	LAST		SUFFIX			
		Bergsma					
				_,			
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; S1	TATE; ZIP CODE	
ADDRESS	4117 Acushnet Dr.						
(Residence or Business)							
,	Corpus Christs, TX 78413						
7 CAMPAICNI	ADEA CODE DUON	E NUMBER - F	VTENCIONI				
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION				
PHONE	(391) 537-6964						
8 REPORT							
TYPE	January 15	30th day before	election	Runoff	15th day after c	ampaign treasurer	
] com any polore		L	appointment (of		
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)	
				reporting inflit			
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2025	TH	IROUGH	06/30/20	25		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	P	rimary	Runoff	Other		
		│ □G	eneral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)		
	State Senator District 27			12 011102 000011	i (ii kilowii)		
	State Contact District Di						
		GO T	O PAGE 2				
i .							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	AME Hinojosa, Adan (The Honorable) 14 Filer ID 00086098				(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditumay have been made without to quired to report this information	the candidate's or office	eholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOW OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, C	S OR GUARANTEES OF LOANS	5)	\$	30,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00		
	4. TOTAL POLITIC		\$	124,510.70		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	40,865.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LOUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•				-	
		tr	swear, or affirm, under penalty rue and correct and includes al inder Title 15, Election Code.			
			The Henr	orable Adan Hinojos	2	
		-		Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.	, and are		,
Signature of offi	cer administering	Printed name o	f officer administering	Title of office	r administeri	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 1	17
18 FILER N		19 Filer ID	(Ethics Commission Filers	;)
Hinojos	a, Adan (The Honorable)	00086098		
	JLE SUBTOTALS		SUBTOTAL AMOUN	IT
NAME O	F SCHEDULE			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,00	00.00
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 CONTRIBUTIONS	S	\$ 124,36	88.97
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		\$ 14	11.73
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 27	72.20

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/17	
2	FILER NAME Hinojosa, Ad	an (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086098	
4	06/30/2025	 Full name of contributor out-of-state PAC (ID#:_Parker, Robert (Mr.) Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$5,000.	00	
Ω	Principal occur	Corpus Christi, TX 78469 pation / Job title (See Instructions)	9 Employer (See Instruction:	ns)	
•	Chairman	pation / Job title (See Instituctions)	REP Holdings	115)	
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Peck Jr., John Contributor address; City; State; Zip Code Dallas, TX 75225		Amount of Contribution (\$)	00
	Principal occup Retired	pation / Job title (See Instructions)	ns)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gilt/Awards/Memorial Legal Services The Instruction G			Vages	/Contract Labor		OTHER (enter a	strict a category not listed above)	
_	Total pages Cabadula F1:	12			•		•		2	Filer ID	(Ethios Commission Filors)	-
_	Total pages Schedule F1: Sch: 1/10 Rpt: 5/17			dan (The Hono	rable)				3	00086098	(Ethics Commission Filers)	
4	Date	5	Payee name					I				_
-	02/14/2025		AT&T									
Ļ		 		0':								_
6	Amount (\$)	'	Payee addres	•	State	e; Zip Co	ae					
	\$1,398.08		PO box 472	330								
			Tulsa, OK 7	4147								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sc	chedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			nplete Schedule T.	
								_		officeholder livin		
								New iPhone (from 01/01/25			d Watch and service fees	,
								110111 01/01/23	<i>)</i> - (02/04/25		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	experientare to benefit 6/01	' ' <u> </u>										
	Date		Payee name									
	04/21/2025		AT&T									
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					_
	\$334.92		PO Box 472	330								
			Tulsa, OK 7	4147								
	PURPOSE	(a)		e Categories listed at	Al 4 4 Al-i	de e els de la C	(b)	Description				_
	OF	``'		e Categories listed at 1ead/Rental Ex		rnedule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Omec even	reda/remai E/	фенос			Check if Austin,	TX,	officeholder living	g expense	
								Cell phone se	ervi	ce through	03/27/25	
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									=
	06/30/2025		AT&T									
	Amount (\$)	H	Payee addres	s; City;	State	e; Zip Co	de					-
	\$378.23		PO Box 472	-								
			Tulsa, OK 7	41 <i>4</i> 7								
		ļ.,				1	<i>a</i> >					_
	PURPOSE OF	(a)		e Categories listed at		chedule)	(b)	Description	outei	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			_		officeholder living		
								Cell phone se				
								•		Č		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	+
	expenditure to benefit C/OH											
\vdash												
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide explains		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 2/10 Rpt: 6/17		an (The Honorable)					00086098		
4	Date	5 Payee name								
	01/06/2025	Best Buy								
6	Amount (\$)	7 Payee address	s; City; State	e; Zip Co	de					
	\$3,288.49	4970 W High	way 290							
		Austin, TX 78	3735							
8	PURPOSE	(a) Category (See	Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE	Office Overh	ead/Rental Expense					ide of Texas. Com		
						_		, officeholder living		
l						microwave, a			e - Refrigerator,	
_										
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	01/27/2025	Brownsville (Crime Stoppers							
	Amount (\$)	Payee address	s; City; State	e; Zip Co	de					
	\$500.00	PO Box 4971	[
		Brownsville,	TX 78523							
	PURPOSE		Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		/Donations Made By			=		ide of Texas. Com		
l		Candidate/O	fficeholder/Political Comr	nittee		Charitable Do		, officeholder living	expense	
						Chantable De	JI 10	uon		
H	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	1								
	Date	Payee name								
	01/23/2025	Friends of Ac	łam Hinojosa							
	Amount (\$)	Payee address	s; City; State	e; Zip Co	de					
	\$100,000.00	1 Greenway	Plaza							
l		Suite 225								
l		Houston, TX	77046							
	PURPOSE	(a) Category (See	Categories listed at the top of this so	chedule)	(b)	Description				
	OF	Loan	outegories instead at the top of this se	nicuuic)	` ´		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					_		, officeholder living		
						Loan to Frien	ds	of Adam Hir	nojosa	
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OH									

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/10 Rpt: 7/17	Hinojosa, Adan (The Honorable)			00086098	
4	Date	5 Payee name		I		
	02/14/2025	Gale Law Group				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$5,000.00	525 Clifford St				
		Corpus Christi, TX 78404				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) Desc	cription		
	OF EXPENDITURE	Legal Services	CI	heck if travel outsid		
	LXI ENDITORE			heck if Austin, TX, o	officeholder living	expense
			Lega	al Expenses		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	at .		Office he	ald.
ľ	expenditure to benefit C/O		ιι		Office ne	eiu
L	<u> </u>					
	Date	Payee name				
L	06/30/2025	Gale Law Group				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$1,256.13	525 Clifford St				
L		Corpus Christi, TX 78404				
	PURPOSE OF	,	b) Desc			
	EXPENDITURE	Legal Services		heck if travel outsid heck if Austin, TX, o		
				al Services	Jinganalaa iiviilg	СПРОПОС
			J			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
	expenditure to benefit C/O	1				
F	Date	Payee name				
	01/17/2025	Hilton Hotel				
H	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$1,123.47	500 East 4th Street				
		Austin, TX 78701				
H	PURPOSE		b) Desc	cription		
l	OF	Travel Out of District		heck if travel outsid	e of Texas. Com	plete Schedule T.
l	EXPENDITURE			heck if Austin, TX, o		
			Hote	el for staff for	Swearing I	n Ceremony and training
L	0 1, 2, 2, 2, 2					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eid
L	p = 1 3.5 12 13.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	•		/ages	s/Contract Labor		OTHER (enter	a category not listed above	e)
_		<u> </u>						1	_	E1 15	/Ellin O	- 1
1	Total pages Schedule F1: Sch: 4/10 Rpt: 8/17	2		: dan (The Hono	rable)				3	Filer ID 00086098	(Ethics Commission	i Filers)
4	Date	5	Dayoo nama									
-			Payee name									
	01/17/2025		Hilton Hotel									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,123.47		500 East 4th	n Street								
			Austin, TX 7	'8701								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF		Travel Out o			,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Hotel for staff	fo	Swearing	In Ceremony and	training
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	01/17/2025		Hilton Hotel									
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	de					
	\$967.59		500 East 4th		·	·						
	Ψ301.03		ooo Last 4ti	Toucet								
			Austin, TX 7	'8701								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF		Travel Out of			uu.o,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		riavor our c	, Blouriot				Check if Austin,	, TX,	officeholder livin	g expense	
								Hotel for staff	fo	Swearing	In Ceremony and	training
_	Complete ONLY if direct		Candidate/Offic	ceholder name	O:	ffice sou	aht			Office h	eld	
	expenditure to benefit C/O				0.		9			000	0.0	
		_										
	Date		Payee name									
	01/16/2025		Hilton Hotel									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$862.48		500 East 4th	n Street		·						
	4002.10		200 _001									
			Austin, TX 7	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF		Travel Out of					Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Hotel for staff	fo	Swearing	In Ceremony and	training
	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O				O.		J			200 1		
<u> </u>												

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/Officenoider/Politica	The Instruction Guide explains how to con	-	es/Contract Labor OTHER (enter a category not listed above) plete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 9/17	Hinojosa, Adan (The Honorable)		00086098
4	Date	5 Payee name		·
	01/16/2025	Hilton Hotel		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$801.24	500 East 4th Street		
		Austin, TX 78701		
8	PURPOSE OF	2 ((b)) Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Hotel for staff for Swearing In Ceremony and training
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/16/2025	Hilton Hotel		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$697.32	500 East 4th Street		
		Austin, TX 78701		
	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
				Hotel for staff for Swearing In Ceremony and training
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	01/03/2025	Microsoft Corporation		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$83.15	One Microsoft Way		
		Redmond, WA 98052		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Microsoft 365 Subscription
				·
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/O	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not 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: 6/10 Rpt: 10/17	Hinojosa, Adan (The Honorable) 00086098
4	Date	5 Payee name
	02/03/2025	Microsoft Corporation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.15	One Microsoft Way
		Redmond, WA 98052
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 Microsoft 365 monthly subscription
		Milorosoft doo monthly subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dove name
		Payee name
	03/03/2025	Microsoft Corporation
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.15	One Microsoft Way
		Redmond, WA 98052
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Microsoft 365 Monthly Subscription
	Compulate ONLY if direct	Condidate/Office holds
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	Microsoft Corporation
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.15	One Microsoft Way
		Redmond, WA 98052
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Microsoft 365 monthly subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> 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 Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 11/17	Hinojosa, Adan (The Honorable) 00086098
4	Date	5 Payee name
	01/07/2025	Nation Builder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$251.00	520 South Grand Ave
		Los Angeles, CA 90081
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 Website Management
		Website Management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/07/2025	Nation Builder
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.00	520 South Grand Ave
		Los Angeles, CA 90081
	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
		Website Management Software monthly subscription
		Trosono managoment de managoment paren.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/05/2025	QuickStart Business Services, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$846.42	13310 Leopard St
		Suite 20
		Corpus Christi, TX 78410
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		VOIP / Web Hosting Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 12/17	Hinojosa, Adan (The Honorable)	00086098
4	Date	5 Payee name	·
	01/09/2025	RMA Toll	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.45	14050 Summit Dr #113A	
		Austin, TX 78728	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Toll Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	01/06/2025	Social Pilot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	16192 Coastal Hwy	
		Lewes, DE 19958	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Social Media Management Subscription
			Coola moda managoment Casconpilon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	02/04/2025	Social Pilot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	16192 Coastal Hwy	
		Lewes, DE 19958	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Social Media Management Software monthly
			subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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 Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)		
1	Total pages Schedule F1:	2								Filer ID	(Ethics Commission Filers)		
L	Sch: 9/10 Rpt: 13/17		Hinojosa, A	dan (The Honorab	ole)					00086098			
4	Date	5	Payee name										
	06/25/2025		Stripe										
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de						
	\$1,225.30		354 Oyster	Point Boulevard									
			South San	Francisco, TX 940	80								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description					
OF Fees								=	outside of Texas. Complete Schedule T. , TX, officeholder living expense				
								Campaign Me					
													
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	ld		
	expenditure to benefit C/OI												
	Date		Payee name										
	06/30/2025		Stripe										
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de						
	\$245.30		354 Oyster	Point Boulevard									
			South San	Francisco, TX 940	80								
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Fees					-		de of Texas. Comp			
								Campaign Me		officeholder living			
								Campaign Me	JI UI	IAIIL ACCOUNT	11 663		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht aht			Office he	ld		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						· 							
┝	Date		Dayon nama										
	01/27/2025		Payee name The Texas	Senate									
		\vdash			Ctata	7in O	de						
	Amount (\$)		Payee addre		State;	Zip Co	ue						
	\$103.50		PO Box 120	JUO									
			Austin, TX	78711									
	PURPOSE	(a)	Category (Si	ee Categories listed at the t	top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Advertising		,	/	-	Check if travel of		de of Texas. Comp			
	LAFEINDITURE							_		officeholder living			
								Senate Photo	S TO	or Campaign	use		
	Complete ONLY if direct	Ļ	Condidate /Cff	achaldar ra		office as:	ab+			Office I	IA		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Jandidate/Offi	ceholder name	C	office sou	gnt			Office hel	iu		

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

	Credit Card Payment	The Instruction Guide explains how to co	-	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1:	•	-	3 Filer ID (Ethics Commission Filers)			
	Sch: 10/10 Rpt: 14/17	Hinojosa, Adan (The Honorable)		00086098			
4	Date	5 Payee name					
	05/12/2025	Twitter					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$124.48	355 Market St #900					
		San Francisco, CA 94103					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
				X social media subscription			
				•			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held			
	expenditure to benefit C/O		-				
F	Date	Payee name					
	01/13/2025	United Airlines					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$1,584.75	PO Box 06649					
		Chicago, IL 60606					
	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				
				Flights for Staff to Austin for training			
				-			
Т	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held			
	expenditure to benefit C/OI	1					
	Date	Payee name					
	01/13/2025	United Airlines					
Amount (\$) Payee address; City; State; Zip Code							
	\$1,584.75	PO Box 06649					
		Chicago, IL 60606					
	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 for Staff to Austin for training			
				. Ig. to other to reality			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held			
	expenditure to benefit C/O		g				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 15/17 Hinojosa, Adan (The Honorable) 00086098 Date Payee name 06/30/2025 Capitol Cleaners 6 Amount (\$) Payee address; City; State; Zip Code 1408 S 1st St \$141.73 Reimbursement from political contributions intended Х Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Officeholder Dry Cleaning Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

┡										
I The Instruction Guide explains how to complete this form								oages Schedule K: L/2 Rpt: 16/17		
2 FILER NAME 3 Fi						File	er ID (Ethics Commission Filers)			
	Hinojosa, Adan (The Honorable)				000	086	098			
4	4 Date 5 Name of person from whom amount is received							8 Amount (\$)		
	01/31/2025		IBC Bank					\$	\$190.47	
		6	Address of person from whom amount is received; City; State; Zip Code		••••					
			Corpus Christi, TX 78413							
		7	Purpose for which amount is received	Check if po	oliti	cal c	ontr	ibution returned to filer		
			Accrued Interest							
F	Date	Ħ	Name of person from whom amount is received					Amount (\$)		
	02/28/2025		IBC Bank						\$17.72	
		ļ	Address of person from whom amount is received; City; State; Zip Code		•••••					
			That is the state of person from whom allocally is received, the state, and the state of the sta							
			Corpus Christi, TX 78413							
		F	Purpose for which amount is received	Check if po	oliti	cal c	ontr	ibution returned to filer		
			Accrued Interest	_						
H	Date	H	Name of person from whom amount is received					Amount (\$)		
	03/31/2025		IBC Bank						\$15.95	
		ļ							,	
		Address of person from whom amount is received; City; State; Zip Code								
			Corpus Christi, TX 78413							
		Г	Purpose for which amount is received	Check if po	oliti	cal c	ontr	ibution returned to filer		
			Accrued Interest	_						
H	Date	Ħ	Name of person from whom amount is received					Amount (\$)		
	04/30/2025 IBC Bank							\$14.60		
	Address of person from whom amount is received; City; State; Zip Code									
	Address of person from whom amount is received; City; State; Zip Code									
			Corpus Christi, TX 78413							
	Purpose for which amount is received						ontr	ibution returned to filer		
			Accrued Interest							
F	Date	H	Name of person from whom amount is received					Amount (\$)		
	05/31/2025		IBC Bank						\$14.58	
		ļ	Address of person from whom amount is received: City; State: Zip Code		•••••					
			Address of person from whom amount is received, Only, State, 219 Gode							
			Corpus Christi, TX 78413							
		H	Purpose for which amount is received	Check if po	oliti	cal c	ontr	ibution returned to filer		
Accrued Interest										
\vdash		1								

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 17/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hinojosa, Adan (The Honorable) 00086098 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 **IBC** Bank \$18.88 6 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78413 Purpose for which amount is received Check if political contribution returned to filer Accrued Interest