

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069633	2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Irene A.	MI	OFFICE USE ONLY
	NICKNAME	LAST Rios	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST George F.	MI	
	NICKNAME	LAST Long	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	384-3400		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	01/01/2025		06/30/2025	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 6 District 4	12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 6 District 4		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Rios, Irene A. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00069633

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION 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	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	42,420.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	18,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Irene A. Rios

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Rios, Irene A. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00069633
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 0.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/>	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0.00
4. <input checked="" type="checkbox"/>	SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0.00
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. <input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 75.00
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 103.93

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 1/1 Rpt: 4/10	
2 FILER NAME Rios, Irene A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069633	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 5/10
2 FILER NAME Rios, Irene A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069633
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 6/10	2 FILER NAME Rios, Irene A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069633
4 Date 02/10/2025	5 Payee name Frost Bank	
6 Amount (\$) 15.00	7 Payee Address; City; State; Zip 100 West Houston St. San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 03/10/2025	Payee name Frost Bank	
Amount (\$) 15.00	Payee Address; City; State; Zip 100 West Houston St. San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 04/08/2025	Payee name Frost Bank	
Amount (\$) 15.00	Payee Address; City; State; Zip 100 West Houston St. San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee
Date 05/08/2025	Payee name Frost Bank	
Amount (\$) 15.00	Payee Address; City; State; Zip 100 West Houston St. San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 7/10	2 FILER NAME Rios, Irene A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069633
4 Date 06/09/2025	5 Payee name Frost Bank	
6 Amount (\$) 15.00	7 Payee Address; City; State; Zip 100 West Houston St. San Antonio, TX 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 8/10
2 FILER NAME Rios, Irene A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069633
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
01/08/2025	Frost Bank	\$1.17
	6 Address of person from whom amount is received; City; State; Zip Code	
	San Antonio, TX 78205	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	
Date	Name of person from whom amount is received	Amount (\$)
01/09/2025	Frost Bank	\$17.02
	Address of person from whom amount is received; City; State; Zip Code	
	San Antonio, TX 78205	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	
Date	Name of person from whom amount is received	Amount (\$)
02/07/2025	Frost Bank	\$0.98
	Address of person from whom amount is received; City; State; Zip Code	
	San Antonio, TX 78205	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	
Date	Name of person from whom amount is received	Amount (\$)
02/10/2025	Frost Bank	\$17.14
	Address of person from whom amount is received; City; State; Zip Code	
	San Antonio, TX 78205	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	
Date	Name of person from whom amount is received	Amount (\$)
03/07/2025	Frost Bank	\$0.91
	Address of person from whom amount is received; City; State; Zip Code	
	San Antonio, TX 78205	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 9/10
2 FILER NAME Rios, Irene A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069633
4 Date 03/10/2025	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$15.00
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	7 Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/07/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.01
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/08/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$15.53
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/07/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.98
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/08/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$16.07
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received Interest earned <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 10/10
2 FILER NAME Rios, Irene A. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069633
4 Date 06/06/2025	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.98
	6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	
Date 06/09/2025	Name of person from whom amount is received Frost Bank	Amount (\$) \$17.14
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78205	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest earned	