FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080140 3 COMMITTEE NAME **OFFICE USE ONLY** Latino Texas PAC Date Received **ELECTRONICALLY FILED** 09/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 4601 Washington Avenue Suite 200 Houston, TX 77007 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Jaime NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Herrero CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 4601 Washington Avenue STREET **ADDRESS** Suite 200 (Residence or Business) Houston, TX 77007 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 4601 Washington Avenue MAILING **ADDRESS** Suite 200 Houston, TX 77007 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (917) 868-7716 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2025 08/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

						(=u · · · · =u ·
2 COMMITTEE NAME Latino Texas PAC					13 Filer ID 00080140	(Ethics Commission Filers)
		·				
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Alejandra S	Salinas Housto	n City Counci	ıl
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANT MADE ELECTR	TEES OF LOANS, O ONICALLY)	R	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBL	UTIONS		\$	216.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL E	EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	AL EXPENDIT	TURES		\$	2,495.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	6,658.66		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00		
L6 AFFIDAVIT	<u>.l</u>				l	
		t	l swear, or affirm, ur true and correct and under Title 15, Elect	l includes all infor	erjury, that the a	accompanying report is d to be reported by me
				Mr. Jain	ne Herrero	
		•		Signature of Ca	mpaign Treasu	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, t	his the	day
	_, 20, to certify v					
Signature of officer ad	ministering oath	Printed name of	of officer administeri	ing oath	Title of office	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 8			
17 COMMITTEE NAME	18 Filer ID	(Ethics Commission Filers)			
Latino Texas PAC 00080140					
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	IS	\$ 0.00			
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00				
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 216.10			
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$			
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABO	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$			
9. X SCHEDULE E: LOANS		\$ 0.00			
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIE	BUTIONS	\$ 2,495.36			
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00			
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$ 0.00			
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONT	RIBUTIONS	\$			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$			
		•			

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
The Instruction Guide explains how to complete this form.					Total pages Schedule B: Sch: 1/1 Rpt: 4/8	
2 FILER NAME Latino Texas PAC			3	Filer ID (Ethics Commission Filers) 00080140		
4 TOTAL	OF UNITEMIZED PLEDGES			\$	0.00	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	t	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code	9			
			Tal			side of Texas. Complete Schedule T
10 Principa	l occupation / Job title (See Instru	uctions)	11 Employer (See Ins	structi	ons)	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C1: Sch: 1/1 Rpt: 5/8		
2	2 FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Latino Texas PAC			00080140		
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)	
	08/04/2025		ActBlue Texas		\$216.10	
		6	Corporation / Labor Organization address; City; State; Zip Code			
			Boston, MA 02196			

LOANS		SCHEDULE E
The Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 6/8
2 FILER NAME Latino Texas PAC		3 Filer ID (Ethics Commission Filers) 00080140
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 7 Name of lender	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 Principal occupation / Job title (See Instructions)	13 Employer (See Ir	nstructions)
14 Description of Collateral None	15 Check if persona	al funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City;	State; Zip Code	
20 Principal occupation	21 Employer (See Ir	nstructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	d 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: 1/2 Rpt: 7/8	Latino Texas PAC 00080140	
4 Date	5 Payee name	
07/28/2025	Amegy Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	2105 Taylor St.	
Expenditure from corporate funds	Houston, TX 77007	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (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	
	Printing Fee.	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
07/31/2025	Amegy Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.00	2105 Taylor St.	
Expenditure from		
corporate funds	Houston, TX 77007	
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	
	Paper statement fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	_
08/19/2025	Herrero, Jaime	
Amount (\$)	Payee address; City; State; Zip Code	_
()	4601 Washington Ave	
\$1,720.36		
Expenditure from	Suite 200	
corporate funds	Houston, TX 77007	
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.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Reimbursement for event expense incurred on	
	6/19/2025.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	xpense Printing Expense Salaries/Wages/Contract Labor de explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 8/8	Latino Texas PAC		00080140
4 Date	5 Payee name		•
08/18/2025	Padua, Sara		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$763.00	4601 Washington Avenue		
	Suite 200		
Expenditure from corporate funds	Houston, TX 77007		
8 PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b) Description	1
OF EXPENDITURE	Event Expense	Check if to	avel outside of Texas. Complete Schedule T.
EXPENDITORE		, —	austin, TX, officeholder living expense
		6/19/2025	ement for event expense incurred on
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name OH	Office sought	Office held