

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00090323	<b>2</b> Total pages filed: 11									
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mr.</td> <td style="width: 25%;">FIRST Marcos</td> <td style="width: 50%;">MI MI</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black; height: 10px;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST Velez</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Marcos	MI MI				NICKNAME	LAST Velez	SUFFIX	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026
	MS / MRS / MR Mr.	FIRST Marcos	MI MI									
NICKNAME	LAST Velez	SUFFIX										
ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 1331  Deer Park, TX 77536												
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 1331  Deer Park, TX 77536		Date Hand-delivered or Date Postmarked									
			Receipt #	Amount								
			Date Processed									
			Date Imaged									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR</td> <td style="width: 25%;">FIRST Jenna</td> <td style="width: 50%;">MI MI</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black; height: 10px;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST Lyle</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST Jenna	MI MI				NICKNAME	LAST Lyle	SUFFIX	
	MS / MRS / MR	FIRST Jenna	MI MI									
NICKNAME	LAST Lyle	SUFFIX										
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4215 Sycamore Point  Friendswood, TX 77590												
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4215 Sycamore Point  Friendswood, TX 77590											
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 457-0003											
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" 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 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)	
<input checked="" 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 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)									
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>11/17/2025</td> <td>THROUGH</td> <td>12/31/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		11/17/2025	THROUGH	12/31/2025		
Month Day Year		Month Day Year										
11/17/2025	THROUGH	12/31/2025										
<b>10</b> ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special									
	OFFICE HELD (if any)		OFFICE SOUGHT (if known) Lieutenant Governor									
<b>GO TO PAGE 2</b>												

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Velez, Marcos (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00090323
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input checked="" type="checkbox"/> GENERAL	Houstonians for Working Families
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b>
		PO Box 8373
		Houston, TX 77004
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	Daniels III, Roosevelt	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
	1401 Cleburne Street	
	Houston, TX 77004	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 79,910.00
----- <b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 6,439.25
----- <b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 51,042.45
----- <b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

<b>17 AFFIDAVIT</b>					
<p>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.</p>  <div style="text-align: right;">             Mr. Marcos Velez              _____              Signature of Candidate or Officeholder           </div>  <div style="text-align: center;">             AFFIX NOTARY STAMP / SEAL ABOVE           </div> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>  <table style="width:100%"> <tr> <td style="width:33%">_____ Signature of officer administering</td> <td style="width:33%">_____ Printed name of officer administering</td> <td style="width:33%">_____ Title of officer administering oath</td> </tr> </table>			_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath
_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath			

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Velez, Marcos (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00090323
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 54,910.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,833.94
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,605.31
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/11
<b>2</b> FILER NAME Velez, Marcos (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beheim, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hiram, OH 44234	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campiso, Ted <hr/> Contributor address; City; State; Zip Code  Belle Chasse, LA 70037	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Process Operator		Employer (See Instructions) Chevron
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Melinda <hr/> Contributor address; City; State; Zip Code  Brooksville, FL 34601	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hernando County School District
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Alex <hr/> Contributor address; City; State; Zip Code  Deer Park, TX 77536	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) Chevron Phillips
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabela, Silvia <hr/> Contributor address; City; State; Zip Code  Washington, DC 20008	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/11
<b>2</b> FILER NAME Velez, Marcos (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fickman, Bruce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15228	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houstonians for Working Families <hr/> Contributor address; City; State; Zip Code  Houston, TX 77288	Amount of Contribution (\$)  \$3,900.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houstonians for Working Families <hr/> Contributor address; City; State; Zip Code  Houston, TX 77288	Amount of Contribution (\$)  \$30,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kazdin, Carolyn <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15222	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lege, Joshua <hr/> Contributor address; City; State; Zip Code  La Porte, TX 77571	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Operator		Employer (See Instructions) Indorama

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
<b>2</b> FILER NAME Velez, Marcos (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariategue, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Silver Spring, MD 20902	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Labor Relations		<b>9</b> Employer (See Instructions) Montgomery County MD
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nath, Audrey <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Neurologist		Employer (See Instructions) Audrey Nath MD PLLC
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutter, Lisa <hr/> Contributor address; City; State; Zip Code  Sewickley, PA 15143	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Tesource Technician		Employer (See Instructions) USW
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puente, Priscilla <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Lyondellbasell
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Charles <hr/> Contributor address; City; State; Zip Code  Washington, DC 20003	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Solidarity

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/11
<b>2</b> FILER NAME Velez, Marcos (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Crowley, TX 76036	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shiroma, Darren <hr/> Contributor address; City; State; Zip Code  Kaneohe, HI 96744	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Flight attendant		Employer (See Instructions) United Airlines
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) United Steel Workers <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15222	Amount of Contribution (\$)  \$20,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velez, Jacqueline <hr/> Contributor address; City; State; Zip Code  Battle Creek, MI 49015	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Justin <hr/> Contributor address; City; State; Zip Code  Bridgeview, IL 60455	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Staff Representative		Employer (See Instructions) United Steelworkers

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/11	
2 FILER NAME Velez, Marcos (Mr.)		3 Filer ID (Ethics Commission Filers) 00090323	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houstonians for Working Families 7 Contributor address; City; State; Zip Code  Houston, TX 77288	8 Amount of contribution (\$) \$25,000.00	9 In-kind contribution description Launch Video
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 9/11	<b>2</b> FILER NAME Velez, Marcos (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/31/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$39.94	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street  Sommerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 111 W. Houston Street  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 111 W. Houston Street  San Antonio, TX 78205	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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  
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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 10/11	<b>2</b> FILER NAME Velez, Marcos (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/31/2025	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$14.00	<b>7</b> Payee address; City; State; Zip Code 111 W. Houston Street  San Antonio, TX 78205	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Texas Democratic Party	
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 11/11	<b>2</b> FILER NAME Velez, Marcos (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090323
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Velez, Marcos	
<b>6</b> Amount (\$) \$2,605.31  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 1331  Deer Park, TX 77536	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Walk Cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held