

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090230	2 Total pages filed: 19		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sarah	MI	OFFICE USE ONLY		
	NICKNAME	LAST Sagredo-Hammond	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2801 Quail Ave.			Date Hand-delivered or Date Postmarked		
	McAllen, TX 78504			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Arlene Marie	MI			
	NICKNAME	LAST Garza	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 23857 Rabb Road		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	La Feria , TX 78559					
7 CAMPAIGN TREASURER PHONE	AREA CODE (508) 423-3328	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<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)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 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			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 41		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Sagredo-Hammond, Sarah		14 Filer ID (Ethics Commission Filers) 00090230
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. <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.		
<input type="checkbox"/> 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)		\$ 68,182.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 20,790.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 48,001.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

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.

Sarah Sagredo-Hammond

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

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00090230
Sagredo-Hammond, Sarah	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 58,149.26
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,033.35
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	\$ 14,948.04
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	\$ 5,841.97
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AKINDAYOMI, ESTHER 6 Contributor address; City; State; Zip Code WESLACO, TX 78596	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) SOUL TOUCH WELLNESS
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALANIS, DANTE Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANZALDUA, MARIO Contributor address; City; State; Zip Code MISSION, TX 78572	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) M.D. AND OWNER		Employer (See Instructions) ANZALDUA MD
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARRIAGA, LAURELYN Contributor address; City; State; Zip Code TOMBALL, TX 77377	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) VP OF SALES		Employer (See Instructions) MCDANIEL METALS
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BORBOLLA, PRISCILLA Contributor address; City; State; Zip Code MCALLEN, TX 78501	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF-EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHICA BOUTIQUE	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code MCALLEN, TX 78504	
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) CHAMBERLAIN HRDLICKA
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNELLY, GEORGE	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77063	
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) BROWN UNIVERSITY
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELWY, ANASHUA	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code WELLESLEY HILLS, MA 02481	
Principal occupation / Job title (See Instructions) BROKER		Employer (See Instructions) EFFECTIVE REAL ESTATE
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, ESTEBAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code MCALLEN, TX 78504	
Principal occupation / Job title (See Instructions) TEACH		Employer (See Instructions) STC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, BERENICE 6 Contributor address; City; State; Zip Code MCALLEN, TX 78501	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, ESMER Contributor address; City; State; Zip Code EDINBURG, TX 75842	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) FOUNDER		Employer (See Instructions) RGV DISABILITY CHAMBER OF COMMERCE
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE, TESH Contributor address; City; State; Zip Code EDINBURG, TX 78539	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) PSJA ISD
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAHATNI, SABITA Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF-EMPLOYED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, HILDA Contributor address; City; State; Zip Code WESLACO, TX 78596	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) BBB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA FOR CONGRESS 6 Contributor address; City; State; Zip Code MCALLEN, TX 78502	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) PRESIDENT	
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JAIME Contributor address; City; State; Zip Code EDINBURG, TX 78539	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) RETIRED	
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALINAS, MONIQUE Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$10.41
	Principal occupation / Job title (See Instructions) RETIRED	
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR LAWSUIT REFORM PA Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$40,000.00
	Principal occupation / Job title (See Instructions) RETIRED	
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR LAWSUIT REFORM PA Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$10,000.00
	Principal occupation / Job title (See Instructions) RETIRED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VASWANI, A	7 Amount of Contribution (\$) \$333.00
	6 Contributor address; City; State; Zip Code MCALLEN, TX 78504	
8 Principal occupation / Job title (See Instructions) CEO AND FOUNDER		9 Employer (See Instructions) DIVING JOURNEYZ
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICENCIO, MARY	Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code MCALLEN, TX 78504	
Principal occupation / Job title (See Instructions) EVP COO		Employer (See Instructions) VANTAGE BANK
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICENCIO, MARY	Amount of Contribution (\$) \$520.51
	Contributor address; City; State; Zip Code MCALLEN, TX 78504	
Principal occupation / Job title (See Instructions) EVP COO		Employer (See Instructions) VANTAGE BANK
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, MASSEY	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code SUGAR LAND, TX 77479	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) PTG
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, BECKI	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CENTERVILLE, UT 84014	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PROXIMITY

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 1/3 Rpt: 9/19</p>
<p>2 FILER NAME Sagredo-Hammond, Sarah</p>				<p>3 Filer ID (Ethics Commission Filers) 00090230</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 12/30/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH</p>		<p>8 Amount of contribution (\$) \$4,000.00</p>	<p>9 In-kind contribution description CAMPAIGN EVENT SPONSORSHIP</p>
	<p>7 Contributor address; City; State; Zip Code ALTON, TX 78573</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER</p>			<p>11 Employer (FOR NON-JUDICIAL) (See instructions) SELF</p>	
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>			<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/26/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH</p>		<p>Amount of contribution (\$) \$500.00</p>	<p>In-kind contribution description PAINT FOR CAMPAIGN SIGNS</p>
	<p>Contributor address; City; State; Zip Code ALTON, TX 78573</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER</p>			<p>Employer (FOR NON-JUDICIAL) (See instructions) SELF</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/24/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH</p>		<p>Amount of contribution (\$) \$500.00</p>	<p>In-kind contribution description</p>
	<p>Contributor address; City; State; Zip Code ALTON, TX 78573</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER</p>			<p>Employer (FOR NON-JUDICIAL) (See instructions) SELF</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 2/3 Rpt: 10/19</p>
<p>2 FILER NAME Sagredo-Hammond, Sarah</p>				<p>3 Filer ID (Ethics Commission Filers) 00090230</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 12/23/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH</p>		<p>8 Amount of contribution (\$) \$300.00</p>	<p>9 In-kind contribution description</p>
	<p>7 Contributor address; City; State; Zip Code ALTON, TX 78573</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER</p>			<p>11 Employer (FOR NON-JUDICIAL) (See instructions) SELF</p>	
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>			<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH</p>		<p>Amount of contribution (\$) \$285.00</p>	<p>In-kind contribution description FACEBOOK ADVERTISING</p>
	<p>Contributor address; City; State; Zip Code ALTON, TX 78573</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER</p>			<p>Employer (FOR NON-JUDICIAL) (See instructions) SELF</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/17/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE PODCAST STUDIO RGV</p>		<p>Amount of contribution (\$) \$3,999.00</p>	<p>In-kind contribution description PODCAST STUDIO RENTAL</p>
	<p>Contributor address; City; State; Zip Code MCALLEN, TX 78504</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>			<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 11/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 12/06/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WRIGHT, JERRY 7 Contributor address; City; State; Zip Code MCALLEN, TX 78504	8 Amount of contribution (\$) 9 In-kind contribution description \$449.35 WOOD FOR CAMPAIGN SIGNS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		11 Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/5 Rpt: 12/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/11/2025	5 Payee name BRAND BOOSTERS CO LLC	
6 Amount (\$) \$829.20	7 Payee address; City; 301 N MCCOLL RD STE G MCALLEN, TX 78501	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pringint and Materials for Campaign Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEAL	Office sought Office held
Date 12/17/2025	Payee name LEAL	
Amount (\$) \$500.00	Payee address; City; 3206 LAGO SUPERIOR EDINBURG, TX 75842	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION REFUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MAGDALENO, MAGDA	Office sought Office held
Date 12/11/2025	Payee name MAGDALENO, MAGDA	
Amount (\$) \$5,000.00	Payee address; City; 3510 W ALTEZA EDINBURG, TX 78539	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Management
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/5 Rpt: 13/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/16/2025	5 Payee name MAGDALENO, MAGDA	
6 Amount (\$) \$8,500.00	7 Payee address; City; 3510 W ALTEZA EDINBURG, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$6.97	Payee address; City; 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$4.10	Payee address; City; 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/5 Rpt: 14/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230
4 Date 11/14/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$41.02	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/5 Rpt: 15/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230
4 Date 11/20/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$2.26	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/5 Rpt: 16/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/03/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$3.94	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$19.70	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Credit Card Processing Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/2 Rpt: 17/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230	
4 Date 12/26/2025	5 Payee name Balli, Felipe		
6 Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3344 Lois Road Sanger, TX 76266		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paint for campaign signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/24/2025	Payee name Balli, Felipe		
Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3344 Lois Road Sanger, TX 76266		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sand and paint for campaign event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/23/2025	Payee name Balli, Felipe		
Amount (\$) \$300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3344 Lois Road Sanger, TX 76266		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paint for campaign signs	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/2 Rpt: 18/19	2 FILER NAME Sagredo-Hammond, Sarah	3 Filer ID (Ethics Commission Filers) 00090230	
4 Date 12/30/2025	5 Payee name City of Mcallen		
6 Amount (\$) \$4,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 220 Mcallen, TX 78505		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/16/2025	Payee name Delta		
Amount (\$) \$256.97 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1030 Delta Blvd Atlanta, GA 30354		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign air travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/17/2025	Payee name FACEBOOK		
Amount (\$) \$285.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**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: 1/1 Rpt: 19/19
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230
4 Date 12/15/2025	5 Name of person from whom amount is received MAGDALENO, MAGDA	8 Amount (\$) \$5,000.00
	6 Address of person from whom amount is received; City; State; Zip Code EDINBURG, TX 78539	
	7 Purpose for which amount is received RETURNED PAYMENT	<input type="checkbox"/> Check if political contribution returned to filer