

# 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 MI Sarah		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026		
	NICKNAME LAST SUFFIX Sagredo-Hammond				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2801 Quail Ave.  McAllen, TX 78504			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Arlene Marie				
	NICKNAME LAST SUFFIX Garza				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23857 Rabb Road  La Feria , TX 78559				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (508) 423-3328				
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 Day Year    Month Day Year 07/01/2025    THROUGH    12/31/2025				
10 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		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 41		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Sagredo-Hammond, Sarah	<b>14 Filer ID</b> (Ethics Commission Filers) 00090230
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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>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<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)	\$ 68,182.61
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 20,790.01
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,001.22
<b>OUTSTANDING LOAN TOTALS</b>	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
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**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Sagredo-Hammond, Sarah		<b>19 Filer ID</b> 00090230	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/19
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AKINDAYOMI, ESTHER <hr/> <b>6</b> Contributor address; City; State; Zip Code  WESLACO, TX 78596	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) SOUL TOUCH WELLNESS
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALANIS, DANTE <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/19
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHICA BOUTIQUE <b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNELLY, GEORGE Contributor address; City; State; Zip Code  HOUSTON, TX 77063	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) CHAMBERLAIN HRDLICKA
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELWY, ANASHUA Contributor address; City; State; Zip Code  WELLESLEY HILLS, MA 02481	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) BROWN UNIVERSITY
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, ESTEBAN Contributor address; City; State; Zip Code  MCALLEN, TX 78504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) BROKER		Employer (See Instructions) EFFECTIVE REAL ESTATE
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, SYLVIA Contributor address; City; State; Zip Code  MCALLEN, TX 78501	Amount of Contribution (\$)  \$57.26
Principal occupation / Job title (See Instructions) TEACH		Employer (See Instructions) STC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/19
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, BERENICE <hr/> <b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78501	<b>7</b> Amount of Contribution (\$)  \$10.41
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAL, ESMER <hr/> 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 <hr/> 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 <hr/> 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 <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/19
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONICA FOR CONGRESS <hr/> <b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78502	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JAIME <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) FINANCIAL ADVANTAGE CONSULTANTS
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALINAS, MONIQUE <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	Amount of Contribution (\$)  \$10.41
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR LAWSUIT REFORM PA_ <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	Amount of Contribution (\$)  \$40,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXANS FOR LAWSUIT REFORM PA_ <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 9/19	
2 FILER NAME Sagredo-Hammond, Sarah		3 Filer ID (Ethics Commission Filers) 00090230	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/30/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH 7 Contributor address; City; State; Zip Code  ALTON, TX 78573	8 Amount of contribution (\$) \$4,000.00	9 In-kind contribution description CAMPAIGN EVENT SPONSORSHIP
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		11 Employer (FOR NON-JUDICIAL) (See instructions) SELF	
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)			
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH Contributor address; City; State; Zip Code  ALTON, TX 78573	Amount of contribution (\$) \$500.00	In-kind contribution description PAINT FOR CAMPAIGN SIGNS
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		Employer (FOR NON-JUDICIAL) (See instructions) SELF	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGREDO-HAMMOND, SARAH Contributor address; City; State; Zip Code  ALTON, TX 78573	Amount of contribution (\$) \$500.00	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		Employer (FOR NON-JUDICIAL) (See instructions) SELF	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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

# 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	8 Amount of contribution (\$) \$449.35	9 In-kind contribution description WOOD FOR CAMPAIGN SIGNS
	7 Contributor address; City; State; Zip Code  MCALLEN, TX 78504	<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  
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: 1/5 Rpt: 12/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/11/2025	<b>5</b> Payee name BRAND BOOSTERS CO LLC	
<b>6</b> Amount (\$) \$829.20	<b>7</b> Payee address; City; State; Zip Code 301 N MCCOLL RD STE G MCALLEN, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<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 Pringint and Materials for Campaign Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name LEAL	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3206 LAGO SUPERIOR EDINBURG, TX 75842	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION REFUND	<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 Contribution refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name MAGDALENO, MAGDA	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3510 W ALTEZA EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 Social Media Management
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: 2/5 Rpt: 13/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/16/2025	<b>5</b> Payee name MAGDALENO, MAGDA	
<b>6</b> Amount (\$) \$8,500.00	<b>7</b> Payee address; City; State; Zip Code 3510 W ALTEZA  EDINBURG, TX 78539	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting 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 Social Media Management
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name WINRED TECHNICAL SERVICES LLC		
Amount (\$) \$6.97	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
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 Campaign Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name WINRED TECHNICAL SERVICES LLC		
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
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 Campaign Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 3/5 Rpt: 14/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 11/14/2025	<b>5</b> Payee name WINRED TECHNICAL SERVICES LLC	
<b>6</b> Amount (\$) \$41.02	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
<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 Campaign Credit Card Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/18/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/19/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 4/5 Rpt: 15/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 11/20/2025	<b>5</b> Payee name WINRED TECHNICAL SERVICES LLC	
<b>6</b> Amount (\$) \$4.10	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
<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 Campaign Credit Card Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 5/5 Rpt: 16/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/03/2025	<b>5</b> Payee name WINRED TECHNICAL SERVICES LLC	
<b>6</b> Amount (\$) \$3.94	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
<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 Campaign Credit Card Processing Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		



# 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: 1/2 Rpt: 17/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/26/2025	<b>5</b> Payee name Balli, Felipe	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 3344 Lois Road  Sanger, TX 76266	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Paint for campaign signs
<b>9</b> 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  
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: 2/2 Rpt: 18/19	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 12/30/2025	<b>5</b> Payee name City of Mcallen	
<b>6</b> Amount (\$) \$4,000.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 220  Mcallen, TX 78505	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 Event sponsorship fee
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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

☐ Check if political contribution returned to filer