

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00019650                                                                                                                                                                                                                                                      | <b>2</b> Total pages filed:<br><br>11                                                                                                                                                                       |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                                                                                                                                                                                             | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>The Honorable</td> <td style="width: 30%;">FIRST<br/>Amado J.</td> <td style="width: 40%;">MI</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                  | MS / MRS / MR<br>The Honorable                                                                                                                                                                              | FIRST<br>Amado J.                              | MI                                                | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2026                |                                                                                            |                                  |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | MS / MRS / MR<br>The Honorable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST<br>Amado J.                                                                                                                                                                                                                                                                                                | MI                                                                                                                                                                                                          |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST<br/>Abascal</td> <td style="width: 40%;">SUFFIX<br/>III</td> </tr> </table>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NICKNAME                                                                                                                                                                                                                                                                                                         | LAST<br>Abascal                                                                                                                                                                                             | SUFFIX<br>III                                  |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| NICKNAME                                                                                                                                                                                                                                           | LAST<br>Abascal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SUFFIX<br>III                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                                                                                                                                                | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                  | Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt #                                      | Amount                                            |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | Receipt #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | <table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR<br/>Mr.</td> <td style="width: 30%;">FIRST<br/>Rodolfo</td> <td style="width: 40%;">MI</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  | MS / MRS / MR<br>Mr.                                                                                                                                                                                        | FIRST<br>Rodolfo                               | MI                                                | Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |                                                                                            |                                  |                                                  |                                                            |                                                        |
|                                                                                                                                                                                                                                                    | MS / MRS / MR<br>Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST<br>Rodolfo                                                                                                                                                                                                                                                                                                 | MI                                                                                                                                                                                                          |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME<br/>Fito</td> <td style="width: 30%;">LAST<br/>Barrera</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NICKNAME<br>Fito                                                                                                                                                                                                                                                                                                 | LAST<br>Barrera                                                                                                                                                                                             | SUFFIX                                         |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| NICKNAME<br>Fito                                                                                                                                                                                                                                   | LAST<br>Barrera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SUFFIX                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                                                                                                                                                                 | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br><div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <b>7</b> CAMPAIGN TREASURER PHONE                                                                                                                                                                                                                  | AREA CODE PHONE NUMBER EXTENSION<br>(830) 773-2986                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <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: 30%;">Month Day Year</td> <td style="width: 40%; text-align: center;">THROUGH</td> <td style="width: 30%;">Month Day Year</td> </tr> <tr> <td>07/01/2025</td> <td></td> <td>12/31/2025</td> </tr> </table>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             | Month Day Year                                 | THROUGH                                           | Month Day Year                                                                                          | 07/01/2025                                                                                 |                                  | 12/31/2025                                       |                                                            |                                                        |
| Month Day Year                                                                                                                                                                                                                                     | THROUGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Month Day Year                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| 07/01/2025                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12/31/2025                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <b>10</b> ELECTION                                                                                                                                                                                                                                 | ELECTION DATE<br>Month Day Year<br>03/03/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ELECTION TYPE<br><table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Primary    | <input type="checkbox"/> Runoff                   | <input type="checkbox"/> Other                                                                          | <input type="checkbox"/> General                                                           | <input type="checkbox"/> Special |                                                  |                                                            |                                                        |
| <input checked="" type="checkbox"/> Primary                                                                                                                                                                                                        | <input type="checkbox"/> Runoff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <input type="checkbox"/> General                                                                                                                                                                                                                   | <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |
| <b>11</b> OFFICE                                                                                                                                                                                                                                   | OFFICE HELD (if any)<br>District Judge (Multi-county) District 365 Dimmit, Maverick ...                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                  | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 365                                                                                                                                           |                                                |                                                   |                                                                                                         |                                                                                            |                                  |                                                  |                                                            |                                                        |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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13 C / OH NAME Abascal III, Amado J. (The Honorable) 14 Filer ID (Ethics Commission Filers)  
00019650

|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |              |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><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. |                                                                                                                                   |              |
|                                                                                    | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><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)                                                 | \$ 16,500.00 |
| EXPENDITURE TOTALS                                                                 | 3.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                           | \$ 0.00      |
|                                                                                    | 4.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL EXPENDITURES                                                                                                      | \$ 3,493.00  |
| CONTRIBUTION BALANCE                                                               | 5.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                               | \$ 23,065.76 |
| OUTSTANDING LOAN TOTALS                                                            | 6.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                        | \$ 2,132.96  |

## 17 AFFIDAVIT

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

The Honorable Amado J. Abascal III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

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|                                                               |                                                                                                             |                                |                            |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Abascal III, Amado J. (The Honorable) |                                                                                                             | <b>19 Filer ID</b><br>00019650 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE              |                                                                                                             | SUBTOTAL AMOUNT                |                            |
| 1.                                                            | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                             | 16,500.00                  |
| 2.                                                            | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 3.                                                            | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                             |                            |
| 4.                                                            | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)                                                    | \$                             |                            |
| 5.                                                            | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 3,493.00                   |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                             |                            |
| 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 A(J)1**

|                                                                     |                                                                                                                                                                                                               |                                                                                                                 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/6 Rpt: 4/11                                                      |
| <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)        |                                                                                                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650                                                        |
| <b>4</b> Date<br>10/29/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barrientos, Rene (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78212 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right; font-weight: bold;">\$1,000.00</div> |
| <b>8</b> Contributor's Principal Occupation<br>Rancher              |                                                                                                                                                                                                               | <b>9</b> Contributor's Job Title<br>Owner                                                                       |
| <b>10</b> Contributor's employer/law firm<br>Self                   |                                                                                                                                                                                                               | <b>11</b> Law firm of contributor's spouse (if any)                                                             |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                               |                                                                                                                 |
| Date<br>10/29/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Berryman, Phillip (Mr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209                   | Amount of Contribution (\$)<br><br><div style="text-align: right; font-weight: bold;">\$1,000.00</div>          |
| Contributor's Principal Occupation<br>Attorney                      |                                                                                                                                                                                                               | Contributor's Job Title<br>Partner                                                                              |
| Contributor's employer/law firm<br>Guerra LLP                       |                                                                                                                                                                                                               | Law firm of contributor's spouse (if any)                                                                       |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                               |                                                                                                                 |
| Date<br>11/14/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goudarzi & Young, L.L.P.<br><hr/> Contributor address; City; State; Zip Code<br><br>Gilmer , TX 75644                      | Amount of Contribution (\$)<br><br><div style="text-align: right; font-weight: bold;">\$1,000.00</div>          |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                               | Contributor's Job Title                                                                                         |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                               | Law firm of contributor's spouse (if any)                                                                       |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                               |                                                                                                                 |
|                                                                     |                                                                                                                                                                                                               |                                                                                                                 |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                                 |                                                                                              |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/6 Rpt: 5/11                                   |
| <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)        |                                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650                                     |
| <b>4</b> Date<br>10/29/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Guerra IV, Francisco (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Olmos Park, TX 78212 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |                                                                                                                                                                                                                 | <b>9</b> Contributor's Job Title<br>Partner                                                  |
| <b>10</b> Contributor's employer/law firm<br>Guerra LLP             |                                                                                                                                                                                                                 | <b>11</b> Law firm of contributor's spouse (if any)                                          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                                 |                                                                                              |
| Date<br>10/29/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Guerra LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78212                                  | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div>          |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                                 | Contributor's Job Title                                                                      |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                                 | Law firm of contributor's spouse (if any)                                                    |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                                 |                                                                                              |
| Date<br>11/11/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hoelscher Law Group PC<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78232                     | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div>          |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                                 | Contributor's Job Title                                                                      |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                                 | Law firm of contributor's spouse (if any)                                                    |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                                 |                                                                                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                                                |                                                                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                                                | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/6 Rpt: 6/11                                   |
| <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)        |                                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650                                     |
| <b>4</b> Date<br>11/26/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Law Offices of Fidel Rodriguez, Jr.<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78212-5505 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                                                | <b>9</b> Contributor's Job Title                                                             |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                                                | <b>11</b> Law firm of contributor's spouse (if any)                                          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                                                |                                                                                              |

  

|                                                           |                                                                                                                                                                                                         |                                                                                     |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date<br>10/29/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Law Offices of J. Robert Davis P.C.<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78201 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| Contributor's Principal Occupation                        |                                                                                                                                                                                                         | Contributor's Job Title                                                             |
| Contributor's employer/law firm                           |                                                                                                                                                                                                         | Law firm of contributor's spouse (if any)                                           |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                         |                                                                                     |

  

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|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date<br>10/29/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Law Offices of Michael Miller, P.C.<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78216 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| Contributor's Principal Occupation                        |                                                                                                                                                                                                          | Contributor's Job Title                                                             |
| Contributor's employer/law firm                           |                                                                                                                                                                                                          | Law firm of contributor's spouse (if any)                                           |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                          |                                                                                     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|                                                                     |                                                                                                                                                                                                                             |                                                                                              |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                                             | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 4/6 Rpt: 7/11                                   |
| <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)        |                                                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650                                     |
| <b>4</b> Date<br>10/29/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Law Offices of Tinsman & Sciano, Inc.<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78216 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                                             | <b>9</b> Contributor's Job Title                                                             |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                                             | <b>11</b> Law firm of contributor's spouse (if any)                                          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                                             |                                                                                              |

  

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|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date<br>10/29/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marco Bass Law Firm<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78212 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| Contributor's Principal Occupation                        |                                                                                                                                                                                          | Contributor's Job Title                                                             |
| Contributor's employer/law firm                           |                                                                                                                                                                                          | Law firm of contributor's spouse (if any)                                           |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                          |                                                                                     |

  

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|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Date<br>10/29/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phil Watkins, P.C.<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78216 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| Contributor's Principal Occupation                        |                                                                                                                                                                                         | Contributor's Job Title                                                             |
| Contributor's employer/law firm                           |                                                                                                                                                                                         | Law firm of contributor's spouse (if any)                                           |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                         |                                                                                     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>    |                                                                                                                                                                                                                              | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 5/6 Rpt: 8/11 |
| <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)        |                                                                                                                                                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650   |
| <b>4</b> Date<br>10/29/2025                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sahadi Legal Group San Antonio PLLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78466 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00       |
| <b>8</b> Contributor's Principal Occupation                         |                                                                                                                                                                                                                              | <b>9</b> Contributor's Job Title                           |
| <b>10</b> Contributor's employer/law firm                           |                                                                                                                                                                                                                              | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                                              |                                                            |
| Date<br>11/11/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>THE HERRING LAW FIRM PC<br><hr/> Contributor address; City; State; Zip Code<br><br>Eagle Pass, TX 78852                                   | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                                              | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                                              | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                                              |                                                            |
| Date<br>10/29/2025                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Armstrong Firm PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78006                                       | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor's Principal Occupation                                  |                                                                                                                                                                                                                              | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |                                                                                                                                                                                                                              | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                                              |                                                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

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|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                    |                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/6 Rpt: 9/11 |
| <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)                        |                                                                                                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650   |
| <b>4</b> Date<br>10/29/2025                                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Van Gaasbeck, Stephen (Mr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Helotes, TX 78023 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                             |                                                                                                                                                                                                               | <b>9</b> Contributor's Job Title<br>Owner                  |
| <b>10</b> Contributor's employer/law firm<br>Law Offices of Stephen E. Van Gaasbeck |                                                                                                                                                                                                               | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)                 |                                                                                                                                                                                                               |                                                            |

  

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|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date<br>10/29/2025                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Watkins & Shattles, P.L.L.C.<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78216 | Amount of Contribution (\$)<br><br>\$1,000.00 |
| Contributor's Principal Occupation                        |                                                                                                                                                                                                  | Contributor's Job Title                       |
| Contributor's employer/law firm                           |                                                                                                                                                                                                  | Law firm of contributor's spouse (if any)     |
| If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                  |                                               |

# 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:<br>Sch: 1/2 Rpt: 10/11            | <b>2</b> FILER NAME<br>Abascal III, Amado J. (The Honorable)                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00019650                                                                                                                                                                |
| <b>4</b> Date<br>10/29/2025                                         | <b>5</b> Payee name<br>Paesanos Ristorante                                                          |                                                                                                                                                                                                                         |
| <b>6</b> Amount (\$)<br>\$1,530.60                                  | <b>7</b> Payee address; City; State; Zip Code<br>555 E. Basse<br>Suite 100<br>San Antonio, TX 78209 |                                                                                                                                                                                                                         |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser Event              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                         | Office sought Office held                                                                                                                                                                                               |
| Date<br>10/29/2025                                                  | Payee name<br>Sam's Club                                                                            |                                                                                                                                                                                                                         |
| Amount (\$)<br>\$446.99                                             | Payee address; City; State; Zip Code<br>2530 Summit Church Rd<br><br>San Antonio, TX 78259          |                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Candy for Crystal City Parade |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                         | Office sought Office held                                                                                                                                                                                               |
| Date<br>11/10/2025                                                  | Payee name<br>Texas Democratic Party                                                                |                                                                                                                                                                                                                         |
| Amount (\$)<br>\$1,500.00                                           | Payee address; City; State; Zip Code<br>314 E. Highland Mall Blvd<br>Suite 508<br>Austin, TX 78752  |                                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Candidate Filing 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.

|                                                              |                                                                                               |                                                                                                                                                                                               |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 2/2 Rpt: 11/11            | 2 FILER NAME<br>Abascal III, Amado J. (The Honorable)                                         | 3 Filer ID (Ethics Commission Filers)<br>00019650                                                                                                                                             |
| 4 Date<br>10/28/2025                                         | 5 Payee name<br>Walmart Supercenter                                                           |                                                                                                                                                                                               |
| 6 Amount (\$)<br>\$15.41                                     | 7 Payee address; City; State; Zip Code<br>620 South Interstate 35<br><br>Georgetown, TX 78628 |                                                                                                                                                                                               |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Guest Book |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                   | Office sought<br><br>Office held                                                                                                                                                              |