

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00086098	2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST The Honorable Adan	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Adam	SUFFIX Hinojosa	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 18301 Corpus Christi, TX 78480			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr.	MI			
	NICKNAME	LAST Michael	SUFFIX	Bergsma		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4117 Acushnet Dr.  Corpus Christi, TX 78413		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (391) 537-6964					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 09/05/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any) State Senator District 27			12 OFFICE SOUGHT (if known)		

**GO TO PAGE 2**

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

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

2 of 16

13 C / OH NAME	Hinojosa, Adan (The Honorable)		14 Filer ID (Ethics Commission Filers) 00086098
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC		COMMITTEE NAME Friends of Adam Hinojosa	COMMITTEE ADDRESS PO Box 18301  Corpus Christi, TX 78480
		COMMITTEE CAMPAIGN TREASURER NAME Bergsma, Mike	COMMITTEE CAMPAIGN TREASURER ADDRESS 1 E Greenway Plaza Ste 225  Houston, TX 77046
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 27,710.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 40,752.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 37,225.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

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

The Honorable Adan Hinojosa

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

3 of 16

<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Hinojosa, Adan (The Honorable)	00086098	
<b>20</b> SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	26,747.52
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	963.43
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	40,752.60
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	66.23

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bindingnavele, Vijay	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
<b>8</b> Principal occupation / Job title (See Instructions) Doctor		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Briones, Jose	<b>Amount of Contribution (\$)</b> \$261.28
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78704	
<b>Principal occupation / Job title (See Instructions)</b> Public Policy		<b>Employer (See Instructions)</b> Airbnb
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowen, John	<b>Amount of Contribution (\$)</b> \$2,609.92
	<b>Contributor address; City; State; Zip Code</b>  Brownsville, TX 78521	
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Roser & J. Cowen Logistical Services
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Deleon, Miguel	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78413	
<b>Principal occupation / Job title (See Instructions)</b> Neonatologist		<b>Employer (See Instructions)</b> Corpus Christi Medical Center
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunkin, Doak (Mr.)	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Contributor address; City; State; Zip Code</b>  Harlingen , TX 78550	
<b>Principal occupation / Job title (See Instructions)</b> Insurance		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dye, James	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	
<b>8</b> Principal occupation / Job title (See Instructions) Surgeon		<b>9</b> Employer (See Instructions) Surgical Associates of Corpus Christi
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guenther, Jack	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker M.D., Jerry	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Ophthalmology		Employer (See Instructions) Self
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loeffler, Paul (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Otolaryngology		Employer (See Instructions) Corpus Christi Medical Center
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maurer, Frederick (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mintz, Michael ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Otolaryngology Specialist		<b>9</b> Employer (See Instructions) Christus Spohn Hospital
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Jacob (Dr.) ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78404	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Ophthalmologist		Employer (See Instructions) Self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mostaghasi, Mossa ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78463	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Self
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petersen, Shaun ..... Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$) \$522.24
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Buckeye Risk Services
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samples, Robert ..... Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Trident TLC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwirtlich, Lonnie (Dr.)	<b>7</b> Amount of Contribution (\$) \$3,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Mike	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Robstown, TX 78380	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susser, Jerry	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Rural Water PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipton, Nick	Amount of Contribution (\$) \$2,609.92
	Contributor address; City; State; Zip Code  Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) RGV Glass

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)			<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor Vanexan, Kenneth ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78404	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Principal occupation / Job title (See Instructions) Diagnostic Radiologist		<b>9</b> Employer (See Instructions) Self	
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> Zarrabi, Sam ..... <b>Contributor address; City; State; Zip Code</b>  Irving, TX 75038	<b>Amount of Contribution (\$)</b>  \$1,044.16	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Rodeo Dental	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 9/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/14/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Graydon Strama Lucio  <b>7</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$963.43 Food and beverage costs associated with a reception  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 10/16	2 FILER NAME Hinojosa, Adan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086098
4 Date 10/15/2025	5 Payee name Albrecht, Royce	
6 Amount (\$) \$3,500.00	7 Payee address; City; 2214 Bird Island  Corpus Christi, TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Albrecht, Royce	
Amount (\$) \$2,500.00	Payee address; City; 2214 Bird Island  Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name American Cancer Society	
Amount (\$) \$1,055.00	Payee address; City; 210 S Carancahua # 301 Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Contributions
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 11/16	2 FILER NAME Hinojosa, Adan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086098
4 Date 09/11/2025	5 Payee name Capitol Cleaners	
6 Amount (\$) \$60.47	7 Payee address; City; 1408 S 1st St  Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dry Cleaning	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dry Cleaning
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Capitol Cleaners	
Amount (\$) \$47.73	Payee address; City; 1408 S 1st St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dry Cleaning	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dry Cleaning
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Facebook	
Amount (\$) \$15.00	Payee address; City; 1 Hacker Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 12/16	2 FILER NAME Hinojosa, Adan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086098
4 Date 11/19/2025	5 Payee name Gale Law Group	
6 Amount (\$) \$7,500.00	7 Payee address; City; 525 Clifford St  Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Gale Law Group	
Amount (\$) \$7,500.00	Payee address; City; 525 Clifford St  Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Gale Law Group	
Amount (\$) \$1,500.00	Payee address; City; 525 Clifford St  Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 13/16	2 FILER NAME Hinojosa, Adan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086098
4 Date 11/17/2025	5 Payee name Hunt Research	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 5019 Victor Street  Dallas, TX 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Polling
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name IBC Bank	
Amount (\$) \$35.00	Payee address; City; State; Zip Code P.O. Box 2648  Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Linney, Kristofer	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Beeville, TX 78102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 14/16	2 FILER NAME Hinojosa, Adan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086098
4 Date 09/11/2025	5 Payee name MK Visual Communications	
6 Amount (\$) \$1,500.00	7 Payee address; City; 15318 Cruiser St  Corpus Chriti, TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media / Graphics
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name MK Visual Communications	
Amount (\$) \$3,000.00	Payee address; City; 15318 Cruiser St  Corpus Chriti, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name MK Visual Communications	
Amount (\$) \$1,500.00	Payee address; City; 15318 Cruiser St  Corpus Chriti, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Work
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 15/16	2 FILER NAME Hinojosa, Adan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086098
4 Date 12/01/2025	5 Payee name Victoria For Texas	
6 Amount (\$) \$3,500.00	7 Payee address; City; PO Box 18179  Corpus Christi, TX 78480	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held
Date 09/18/2025	Payee name WinRed	
Amount (\$) \$39.40	Payee address; City; 1776 Wilson Blvd, Suite 530  Arlington, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 16/16
<b>2</b> FILER NAME Hinojosa, Adan (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00086098
<b>4</b> Date 09/30/2025	<b>5</b> Name of person from whom amount is received IBC Bank	<b>8</b> Amount (\$) \$28.37
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78413	
	<b>7</b> Purpose for which amount is received Campaign Interest	<input type="checkbox"/> Check if political contribution returned to filer
<b>Date</b> 10/31/2025	<b>5</b> Name of person from whom amount is received IBC Bank	<b>Amount (\$)</b> \$37.86
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78413	
	<b>7</b> Purpose for which amount is received Campaign Interest	<input type="checkbox"/> Check if political contribution returned to filer