

**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) 00090127	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Victor	MI	OFFICE USE ONLY		
	NICKNAME Seby	LAST Haddad	SUFFIX	Date Received ELECTRONICALLY FILED 02/01/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1207 Westway Ave.			Date Hand-delivered or Date Postmarked		
	McAllen, TX 78501			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Sandra Lizabeth	MI			
	NICKNAME Sandi	LAST Aguilar	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1207 Westway Ave.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	McAllen, TX 78501					
7 CAMPAIGN TREASURER PHONE	AREA CODE (956) 451-3698	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 41		

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

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

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13 C / OH NAME	Haddad, Victor (Mr.)		14 Filer ID (Ethics Commission Filers) 00090127
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 17,186.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 21,879.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 208,538.80
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.

Mr. Victor Haddad

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Haddad, Victor (Mr.)	19 Filer ID (Ethics Commission Filers) 00090127
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
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	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input checked="" 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	
SUBTOTAL AMOUNT	
\$ 17,186.25	
\$	
\$	
\$	
\$	
\$ 21,668.55	
\$	
\$	
\$	
\$ 211.20	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/9
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions) self employed	9 Employer (See Instructions) self
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Roger S. Contributor address; City; State; Zip Code Shavano Park, TX 78249	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) self employed	Employer (See Instructions) self
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallek, Michael Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) President	Employer (See Instructions) Castle Hospitality
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Gavino Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$186.25
	Principal occupation / Job title (See Instructions) Director of Pharmacy	Employer (See Instructions) Doctors Hospital at Renaissance
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllen Firefighters for Responsible Government Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 01/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mego, Carlos	7 Amount of Contribution (\$) \$3,500.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) self
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pechero, Guillermo	Amount of Contribution (\$) \$3,500.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch AGC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1/3 Rpt: 6/9	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 01/18/2026	5 Payee name Act Blue	
6 Amount (\$) \$39.50	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution deposit fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/08/2026	Payee name Brand Boosters	
Amount (\$) \$7,431.36	Payee address; City; State; Zip Code 301 N. McColl McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name Brocheta Bistro	
Amount (\$) \$38.22	Payee address; City; State; Zip Code 3400 W. Expwy 83 McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 mixer expense
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: 2/3 Rpt: 7/9	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 01/21/2026	5 Payee name Chase Card Services	
6 Amount (\$) \$211.20	7 Payee address; City; P O Box 15298 Wilmington, DE 19850	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment for credit card purchases
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name HEB	
Amount (\$) \$111.39	Payee address; City; 901 Trenton Rd McAllen, TX 78504	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event food/supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name Mendez, Jhonny Brayank Strenk	
Amount (\$) \$2,000.00	Payee address; City; Mission, TX 78572	State; Zip Code
	REDACTED PER 254.0401, ELEC. CODE	
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 content
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: 3/3 Rpt: 8/9	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 01/12/2026	5 Payee name Public Research Group	
6 Amount (\$) \$8,935.22	7 Payee address; City; 135 Paseo del Prado Edinburg, TX 78539	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name Public Research Group	
Amount (\$) \$2,580.00	Payee address; City; 135 Paseo del Prado Edinburg, TX 78539	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/07/2026	Payee name Tacos El Plebe	
Amount (\$) \$321.66	Payee address; City; 1017 N. Main McAllen, TX 78501	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 mixer expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F4: Sch: 1/1 Rpt: 9/9	2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 CREDIT CARD ISSUER	Name of financial institution Chase Card Services		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$211.20	(b) Date of Charge 01/14/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ATT		(b) Payee address; City, State, Zip Code 7113 N. 10th St. McAllen, TX 78504
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description fees for mobile service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder name		Office sought
			Office held