

**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) 00089939 | 2 Total pages filed: 10 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST Adrian R. | | | MI | | |
| | NICKNAME LAST Reyna | | | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 681435 | | | ZIP CODE | | |
| | San Antonio, TX 78268-1435 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | | | MI | | |
| | NICKNAME Minnie | | | SUFFIX | | |
| LAST Abrego-Sanchez | | | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 3711 River Falls | | | APT / SUITE #; | | |
| | San Antonio, TX 78259 | | | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (210) 598-9079 | 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 |
| THROUGH | | | | | | |
| 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 125 | | |

GO TO PAGE 2

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

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

2 of 10

| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Reyna, Adrian R. | | 14 Filer ID (Ethics Commission Filers) 00089939 |
| 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) | | \$ 2,679.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 12,822.06 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 33,272.51 |
| 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.

Adrian R. Reyna

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 10

| | |
|---|--|
| 18 FILER NAME Reyna, Adrian R. | 19 Filer ID (Ethics Commission Filers) 00089939 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,679.00 |
| 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 | \$ 12,822.06 |
| 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 A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/10 |
| 2 FILER NAME Reyna, Adrian R. | | 3 Filer ID (Ethics Commission Filers) 00089939 |
| 4 Date 01/17/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleman, Enrique 6 Contributor address; City; State; Zip Code San Antonio, TX 78201 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Professor | | 9 Employer (See Instructions) Trinity University |
| Date 01/08/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Lisa Contributor address; City; State; Zip Code San Antonio, TX 78216 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Chief Deputy | | Employer (See Instructions) Bexar County |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Jaime Contributor address; City; State; Zip Code San Antonio, TX 78229 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Educator | | Employer (See Instructions) SAISD |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco, Rosalinda Contributor address; City; State; Zip Code San Antonio, TX 78249 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenckle, Jacob Contributor address; City; State; Zip Code Canton, OH 44709 | Amount of Contribution (\$) \$4.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Accel schools |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/10 |
| 2 FILER NAME Reyna, Adrian R. | | | 3 Filer ID (Ethics Commission Filers) 00089939 |
| 4 Date 01/04/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Ric | 6 Contributor address; City; State; Zip Code San Antonio, TX 78245 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Councilmember | | 9 Employer (See Instructions) City of San Antonio | |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Robert | Contributor address; City; State; Zip Code San Antonio, TX 78248 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Bus operator | | Employer (See Instructions) Via | |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Cecilia | Contributor address; City; State; Zip Code San Antonio, TX 78232 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 01/02/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Abel | Contributor address; City; State; Zip Code San Antonio, TX 78254 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Northside ISD | |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mireles, Renee | Contributor address; City; State; Zip Code San Antonio, TX 78259 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/10 |
| 2 FILER NAME Reyna, Adrian R. | | 3 Filer ID (Ethics Commission Filers) 00089939 |
| 4 Date 01/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Olga | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78254 | |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 01/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAS, ERICK | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78231 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Patricia | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78240 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/22/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sifuentes, Herlinda | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78210 | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soloway, Clifford | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Cortlandt Manor, NY 10567 | |
| Principal occupation / Job title (See Instructions) Labor organizer | | Employer (See Instructions) Workers united |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/10 |
| 2 FILER NAME Reyna, Adrian R. | | 3 Filer ID (Ethics Commission Filers) 00089939 |
| 4 Date 01/04/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ursell, Brianna 6 Contributor address; City; State; Zip Code San Antonio, TX 78250 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Vintage quilt seller | | 9 Employer (See Instructions) Self employed |

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: 8/10 | 2 FILER NAME Reyna, Adrian R. | 3 Filer ID (Ethics Commission Filers) 00089939 |
| 4 Date 01/22/2026 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$5,878.00 | 7 Payee address; City; State; Zip Code P.O. Box 441146 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 Credit Card Processing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/16/2026 | Payee name Black Potion | |
| Amount (\$) \$9.12 | Payee address; City; State; Zip Code 1900 Fredericksburg Road Suite 101 San Antonio, TX 78201 | |
| 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 Drinks for staff meeting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/05/2026 | Payee name I Love Churros Restaurant | |
| Amount (\$) \$76.97 | Payee address; City; State; Zip Code 7007 Bandera Rd Unit 14 San Antonio, TX 78238 | |
| 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 Volunteer event |
| 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: 9/10 | 2 FILER NAME Reyna, Adrian R. | 3 Filer ID (Ethics Commission Filers) 00089939 |
| 4 Date 01/05/2026 | 5 Payee name JVC Media | |
| 6 Amount (\$) \$6,170.25 | 7 Payee address; City; State; Zip Code 6856 Alamo Downs Pkwy 78238 SAN ANTONIO, TX 78238 | |
| 8 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 Signs |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Linda | Office sought Office held |
| Date 01/21/2026 | Payee name Johnson, Linda | |
| Amount (\$) \$480.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rio Medina, TX 78066 | |
| 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 Labor |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Linda | Office sought Office held |
| Date 01/22/2026 | Payee name Mailchimp | |
| Amount (\$) \$27.72 | Payee address; City; State; Zip Code 405 N Angier Avenue Atlanta, GA 30312 | |
| 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 Eblast subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Johnson, Linda | 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: 10/10 | 2 FILER NAME Reyna, Adrian R. | 3 Filer ID (Ethics Commission Filers) 00089939 | |
| 4 Date 01/21/2026 | 5 Payee name Menjares, Michael | | |
| 6 Amount (\$) \$180.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78250 | | |
| 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 Contract labor | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |