

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00090230	<b>2</b> Total pages filed: 16			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
		Sarah				
	NICKNAME	LAST	SUFFIX	Date Received <b>ELECTRONICALLY FILED</b> 02/23/2026		
		Sagredo-Hammond				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	2801 Quail Ave.					
	McAllen, TX 78504			Receipt #      Amount		
				Date Processed		
				Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
		Arlene Marie				
	NICKNAME	LAST	SUFFIX			
		Garza				
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	23857 Rabb Road  La Feria , TX 78559					
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(508)	423-3328				
<b>8</b> REPORT TYPE	<input 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 checked="" 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	Month	Day	Year	Month	Day	Year
		01/23/2026		THROUGH		02/21/2026
<b>10</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		03/03/2026		<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known)		
				State Representative District 41		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME Sagredo-Hammond, Sarah **14** Filer ID (Ethics Commission Filers)  
00090230

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> 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)	\$	36,255.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	54,862.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	17,505.00
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.

Sarah Sagredo-Hammond  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

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<b>18 FILER NAME</b> Sagredo-Hammond, Sarah		<b>19 Filer ID</b> (Ethics Commission Filers) 00090230
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,255.44
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	\$ 54,862.12
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/16
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 01/25/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALVARADO, YULIANA <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) DIRECTOR		<b>9</b> Employer (See Instructions) YA INC
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHAMS, CAROLINA <hr/> Contributor address; City; State; Zip Code  PENGILLY, MN 55775	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) PERSONAL DEVELOPMENT COACH		Employer (See Instructions) CAROLINA CHAMS LLC
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, MARIE <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78542	Amount of Contribution (\$)  \$10.41
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF-EMPLOYED
Date 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARCIA, MARIE <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78542	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF-EMPLOYED
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, ELIZA <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) AUTHOR		Employer (See Instructions) ELIZA GARZA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/16
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 01/31/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GATES, NICOLE <hr/> <b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) PHOTOGRAPHER		<b>9</b> Employer (See Instructions) SELF-EMPLOYED
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GATLING, MINERVA <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	Amount of Contribution (\$)  \$10.41
Principal occupation / Job title (See Instructions) PROGRAM DIRECTOR		Employer (See Instructions) RGV COLLEGE
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HERNANDEZ, LORI <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions) HOLCHEMONT LTD
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MASCARENHAS, GISELLE <hr/> Contributor address; City; State; Zip Code  MISSION, TX 78574	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HEART MIND MONEY FOUNDATION
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NAVARRO, REBECCA <hr/> Contributor address; City; State; Zip Code  LA JOYA, TX 78560	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) WAL MART

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/16
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PERALEZ, LETICIA <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	<b>7</b> Amount of Contribution (\$)  \$10.41
<b>8</b> Principal occupation / Job title (See Instructions) RECREATIONAL AIDE		<b>9</b> Employer (See Instructions) CITY OF PHARR
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SANTOS, EMILIO <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78502	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TERRY, MARSHA <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78503	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) ADMINISTRATOR		Employer (See Instructions) TERRY PHYSICAL THERAPY
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXANS FOR LAWSUIT REFORM PA_ <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78701	Amount of Contribution (\$)  \$35,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VILLALOBOS, ILIANA <hr/> Contributor address; City; State; Zip Code  MISSION, TX 78573	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) VILLALOBOS LAW FIRM

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/16
<b>2</b> FILER NAME Sagredo-Hammond, Sarah		<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 02/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN, LAURA	<b>7</b> Amount of Contribution (\$) \$520.51
	<b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78501	
<b>8</b> Principal occupation / Job title (See Instructions) ARCHITECT OWNER		<b>9</b> Employer (See Instructions) THE WARREN GROUP ARCHITECTS INC
<b>Date</b> 01/31/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ZERTUCHE, JOHN	<b>Amount of Contribution (\$)</b> \$26.03
	<b>Contributor address; City; State; Zip Code</b>  MCALLEN, TX 78504	
<b>Principal occupation / Job title (See Instructions)</b> DIRECTOR OF OPERATIONS		<b>Employer (See Instructions)</b> FP

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/9 Rpt: 8/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 02/09/2026	<b>5</b> Payee name BRAND BOOSTERS CO LLC	
<b>6</b> Amount (\$) \$1,355.83	<b>7</b> Payee address; City; State; Zip Code 301 N MCCOLL RD STE G MCALLEN, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGN & BUMPER STICKER PRINTING
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name BRAND BOOSTERS CO LLC	
Amount (\$) \$985.08	Payee address; City; State; Zip Code 301 N MCCOLL RD STE G MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS, DOOR HANGERS, BUSINESS CARDS PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name BRAND BOOSTERS CO LLC	
Amount (\$) \$311.22	Payee address; City; State; Zip Code 301 N MCCOLL RD STE G MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGN PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/9 Rpt: 9/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
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<b>4</b> Date 02/17/2026	<b>5</b> Payee name De La Graza, Jordan
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<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name FACEBOOK
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Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 HACKER WAY  MENLO PARK, CA 94025
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ONLINE ADVERTISING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2026	Payee name FALCON, NORA
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Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 6107 ROULETTE ST  EDINBURG, TX 78542
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN GOTV OPERATIONS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/9 Rpt: 10/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 02/04/2026	<b>5</b> Payee name Graza, ELIZA	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1616 Sycamore Ave  MCALLEN, TX 78501	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EVENT ADVERTISING
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name LINES CONSULTING, LLC	
Amount (\$) \$7,454.93	Payee address; City; State; Zip Code 4904 HARBOR CT  FLOWER MOUND, TX 75022	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN GENERAL CONSULTANT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name LINES CONSULTING, LLC	
Amount (\$) \$7,963.94	Payee address; City; State; Zip Code 4904 HARBOR CT  FLOWER MOUND, TX 75022	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN GENERAL CONSULTANT
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/9 Rpt: 11/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
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<b>4</b> Date 01/23/2026	<b>5</b> Payee name MOUSAI ASIAN CONTEMPORARY CUISINE
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<b>6</b> Amount (\$) \$1,399.13	<b>7</b> Payee address; City; State; Zip Code 1200 AUBURN AVE SUITE 320 MCALLEN, TX 78504
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN EVENT CATERING
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2026	Payee name OPARI LASER ENGRAVING GIFTS
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Amount (\$) \$642.55	Payee address; City; State; Zip Code 129 SAN JACINTO ST  MISSION, TX 78572
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN TSHIRT PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2026	Payee name OPARI LASER ENGRAVING GIFTS
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Amount (\$) \$310.62	Payee address; City; State; Zip Code 129 SAN JACINTO ST  MISSION, TX 78572
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN TSHIRT PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/9 Rpt: 12/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 02/06/2026	<b>5</b> Payee name PALM FIELDS	
<b>6</b> Amount (\$) \$4,126.00	<b>7</b> Payee address; City; State; Zip Code 230 COUNTRY CLUB ROAD  BROWNSVILLE, TX 78520	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CANVASSING
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name RGV HISPANIC CHAMBER OF COMMERCE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 801 E FERN SUITE #131 MCALLEN, TX 78501	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2026	Payee name SAN JUAN DIEGO CATHOLIC REGIONAL HIGH SCHOOL	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 3888  MISSION, TX 78573	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
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                        | 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 -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/9 Rpt: 13/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 02/18/2026	<b>5</b> Payee name SHORT COURSE STRATEGIES LLC	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 9762  SEATTLE, WA 98119	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN COMPLIANCE CONSULTING
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/09/2026	Payee name SPECTRUM MARKETING COMPANIES	
Amount (\$) \$4,258.80	Payee address; City; State; Zip Code 95 EDDY RD SUITE 101  MANCHESTER, NH 03102	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN DIRECT MAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/09/2026	Payee name SPECTRUM MARKETING COMPANIES	
Amount (\$) \$4,911.10	Payee address; City; State; Zip Code 95 EDDY RD SUITE 101  MANCHESTER, NH 03102	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN DIRECT MAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/9 Rpt: 14/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
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<b>4</b> Date 02/17/2026	<b>5</b> Payee name SPECTRUM MARKETING COMPANIES
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<b>6</b> Amount (\$) \$5,444.46	<b>7</b> Payee address; City; State; Zip Code 95 EDDY RD SUITE 101  MANCHESTER, NH 03102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN DIRECT MAIL
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/21/2026	Payee name Sanchez Hinojosa, Priscilla Yvette
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Amount (\$) \$750.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Pharr, TX 78577
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MARKETING CONSULTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2026	Payee name THE BOYS & GIRLS CLUB OF MCALLEN
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7800 N WARE RD  MCALLEN, TX 78504
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/9 Rpt: 15/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
<b>4</b> Date 01/26/2026	<b>5</b> Payee name WINRED TECHNICAL SERVICES LLC	
<b>6</b> Amount (\$) \$3.08	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MERCHANT FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2026	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$9.06	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2026	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$13.76	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MERCHANT FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/9 Rpt: 16/16	<b>2</b> FILER NAME Sagredo-Hammond, Sarah	<b>3</b> Filer ID (Ethics Commission Filers) 00090230
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<b>4</b> Date 02/06/2026	<b>5</b> Payee name WINRED TECHNICAL SERVICES LLC
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<b>6</b> Amount (\$) \$2.05	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MERCHANT FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/11/2026	Payee name WINRED TECHNICAL SERVICES LLC
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Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MERCHANT FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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