

# 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2 Total pages filed: |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr.</b></div> <div>FIRST<br/><b>Rene</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Fuentes</b></div> <div>SUFFIX</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received: <span style="float: right; font-size: 1.5em;">7/8/24</span><br/> <br/> Date Hand Carried and Postmarked </div> <div style="display: flex; border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount \$</div> </div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;">Date Processed</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin-top: 5px;">Date Imaged</div> |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;<br/><b>1463 Fairground Road</b></div> <div>APT / SUITE #;</div> <div>CITY;<br/><b>Rio Grande City</b></div> <div>STATE;<br/><b>TX</b></div> <div>ZIP CODE<br/><b>78582</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/><b>(956)</b></div> <div>PHONE NUMBER<br/><b>487-5571</b></div> <div>EXTENSION</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                                                | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr.</b></div> <div>FIRST<br/><b>Calixtro</b></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Villarreal</b></div> <div>SUFFIX<br/><b>Jr.</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);<br/><b>205 W. Main St.</b></div> <div>APT / SUITE #;</div> <div>CITY;<br/><b>Rio Grande City</b></div> <div>STATE;<br/><b>TX</b></div> <div>ZIP CODE<br/><b>78582</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                                               | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE<br/><b>(956)</b></div> <div>PHONE NUMBER<br/><b>487-3739</b></div> <div>EXTENSION</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE                                                                            | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED                                                                        | <div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year<br/> <b>01 / 01 / 2024</b> </div> <div>THROUGH</div> <div> Month      Day      Year<br/> <b>06 / 30 / 2024</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION                                                                              | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month      Day      Year<br/> <b>11 / 05 / 2024</b> </div> <div> ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE                                                                                | OFFICE HELD (if any)<br><b>Sheriff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13 OFFICE SOUGHT (if known)<br><b>Sheriff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE                                                                           | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                                         | COMMITTEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                                                        | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                          | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                |                                                                                                                                       |                                               |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b>            |                                                                                                                                       | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                          |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                           | \$ 41,522.65                                  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 0                                          |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$ 8,635.62                                   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 32,887.03                                  |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 0                                          |

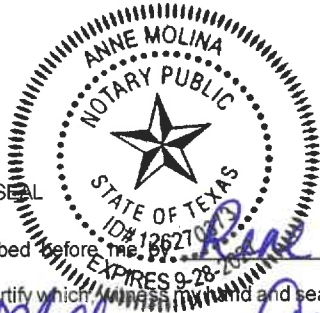
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL



Sworn to and subscribed before me, Anne Fuentes, this the 8th day of July, 2024, to certify which, Anne Janet Molina, and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                     |                                                                                    |              |
|-----|-------------------------------------|------------------------------------------------------------------------------------|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 36,001.00 |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 5,521.65  |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$           |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$           |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 8,635.62  |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$           |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$           |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$           |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$           |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$           |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$           |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$           |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                                                                                                                                                    |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:                           |
| <b>2</b> FILER NAME<br><b>RENE FUENTES</b>                                                                                                                            |                                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)                |
| <b>4</b> Date<br><b>02/25/2024</b>                                                                                                                                    | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br><b>RGC HIX HOSPITALITY LLC</b><br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><b>5274 E US HWY 83 RIO GRANDE CITY TX 78582</b> | <b>7</b> Amount of contribution (\$)<br><br><b>1,001.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)                        |
| Date<br><b>1/28/2024</b>                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br><b>OSCAR TORRES</b><br><hr/> Contributor address; City; State; Zip Code<br><b>105 Hollywood Blvd. Victoria TX 77904</b>                                  | Amount of contribution (\$)<br><br><b>500.00</b>            |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                    | Employer (See Instructions)                                 |
| Date<br><b>1/17/2024</b>                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Reyna Homes LLC</b><br><hr/> Contributor address; City; State; Zip Code<br><b>6144 E. US Hwy 83 RIO GRANDE CITY TX 78582</b>                          | Amount of contribution (\$)<br><br><b>1,500.00</b>          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                    | Employer (See Instructions)                                 |
| Date<br><b>03/01/2024</b>                                                                                                                                             | Full name of contributor out-of-state PAC (ID#: _____)<br><b>DAVID T. VILLARREAL</b><br><hr/> Contributor address; City; State; Zip Code<br><b>1305 FM 649 RIO GRANDE CITY TX 78582</b>                            | Amount of contribution (\$)<br><br><b>250.00</b>            |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                                                    | Employer (See Instructions)                                 |
|                                                                                                                                                                       |                                                                                                                                                                                                                    |                                                             |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                                    |                                                             |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                                                                                                                    |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:                |
| <b>2</b> FILER NAME<br>RENE FUENTES                                                                                                                                   |                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br>03/4/2024                                                                                                                                            | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>MELISANDRA MENDOZA<br><b>6</b> Contributor address; City; State; Zip Code<br>PO BOX 50 RIO GRANDE CITY TX 78582 | <b>7</b> Amount of contribution (\$)<br>1,000.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)             |
| Date<br>04/21/24                                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br>WYATT RANCHES OF TEXAS LLC<br>Contributor address; City; State; Zip Code<br>PO DRAWER 10 REALITOS TX 78376               | Amount of contribution (\$)<br>15,000.00         |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                    | Employer (See Instructions)                      |
| Date<br>04/21/24                                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br>BRADFORD A. WYATT<br>Contributor address; City; State; Zip Code<br>PO DRAWER 10 REALITOS TX 78376                        | Amount of contribution (\$)<br>5,000.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                    | Employer (See Instructions)                      |
| Date<br>04/24/36                                                                                                                                                      | Full name of contributor out-of-state PAC (ID#: _____)<br>RUFINO GARZA<br>Contributor address; City; State; Zip Code<br>3779 N. BENTSEN PALM DR. MISSION TX 78574                  | Amount of contribution (\$)<br>2,000.00          |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                    | Employer (See Instructions)                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                                    |                                                  |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |  |                                                                                                          |  |                                                             |  |
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| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |  |                                                                                                          |  | <b>1 Total pages Schedule A1:</b>                           |  |
| <b>2 FILER NAME</b><br>RENE FUENTES                                                                                                                                   |  |                                                                                                          |  | <b>3 Filer ID (Ethics Commission Filers)</b>                |  |
| <b>4 Date</b><br>05/02/2024                                                                                                                                           |  | <b>5 Full name of contributor</b> out-of-state PAC (ID#: _____)<br>LINEBARGER GOGGAN BLAIR & SAMPSON LLP |  | <b>7 Amount of contribution (\$)</b><br><br><b>1,100.00</b> |  |
|                                                                                                                                                                       |  | <b>6 Contributor address; City; State; Zip Code</b><br>PO BOX 17428 AUSTIN TX 78760                      |  |                                                             |  |
| <b>8 Principal occupation / Job title (See Instructions)</b>                                                                                                          |  |                                                                                                          |  | <b>9 Employer (See Instructions)</b>                        |  |
| <b>Date</b><br>05/21/24                                                                                                                                               |  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>NICHOLAS LAMANTIA                       |  | <b>Amount of contribution (\$)</b><br><br><b>1,000.00</b>   |  |
|                                                                                                                                                                       |  | <b>Contributor address; City; State; Zip Code</b><br>230 LOMBARDY AVE EL PASO TX 79922                   |  |                                                             |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |  |                                                                                                          |  | <b>Employer (See Instructions)</b>                          |  |
| <b>Date</b><br>05/29/24                                                                                                                                               |  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>R & S BEST, INC                         |  | <b>Amount of contribution (\$)</b><br><br><b>150.00</b>     |  |
|                                                                                                                                                                       |  | <b>Contributor address; City; State; Zip Code</b><br>419 E. 2ND ST. RIO GRANDE CITY TX 78582             |  |                                                             |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |  |                                                                                                          |  | <b>Employer (See Instructions)</b>                          |  |
| <b>Date</b><br>06/06/24                                                                                                                                               |  | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>RGC HIX HOSPITALITY LLC                 |  | <b>Amount of contribution (\$)</b><br><br><b>1,000.00</b>   |  |
|                                                                                                                                                                       |  | <b>Contributor address; City; State; Zip Code</b><br>5274 E US HWY 83 RIO GRANDE CITY TX 78582           |  |                                                             |  |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |  |                                                                                                          |  | <b>Employer (See Instructions)</b>                          |  |
|                                                                                                                                                                       |  |                                                                                                          |  |                                                             |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |                                                                                                          |  |                                                             |  |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                                                                                                                                 |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A1:                         |
| <b>2</b> FILER NAME<br>RENE FUENTES                                                                                                                                   |                                                                                                                                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br>06/13/2024                                                                                                                                           | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>VICTOR D SALINAS<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>24 ROSA SALINAS RD RIO GRANDE CITY TX 78582 | <b>7</b> Amount of contribution (\$)<br><br><b>500.00</b> |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)                      |
| <b>Date</b><br>06/17/24                                                                                                                                               | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>RENE P. MONTALVO<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO BOX 16 RIO GRANDE CITY TX 78582              | <b>Amount of contribution (\$)</b><br><br><b>1,000.00</b> |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                                                                                                 | <b>Employer (See Instructions)</b>                        |
| <b>Date</b><br>06/17/24                                                                                                                                               | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>RENE P MONTALVO<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO BOX 112 RIO GRANDE CITY TX 78582              | <b>Amount of contribution (\$)</b><br><br><b>1,000.00</b> |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                                                                                                 | <b>Employer (See Instructions)</b>                        |
| <b>Date</b><br>04/24/36                                                                                                                                               | <b>Full name of contributor</b> out-of-state PAC (ID#: _____)<br>S.F. VALE<br><hr/> <b>Contributor address; City; State; Zip Code</b><br>PO BOX 156 RIO GRANDE CITY, TX 78582                   | <b>Amount of contribution (\$)</b><br><br><b>2,000.00</b> |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                            |                                                                                                                                                                                                 | <b>Employer (See Instructions)</b>                        |
|                                                                                                                                                                       |                                                                                                                                                                                                 |                                                           |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                 |                                                           |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                                                                                                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                           | <b>1</b> Total pages Schedule A1:                                                                           |
| <b>2</b> FILER NAME<br>RENE FUENTES                                                                                                                                   |                                                                                                                                                                           | <b>3</b> Filer ID (Ethics Commission Filers)                                                                |
| <b>4</b> Date<br><br>04/17/24                                                                                                                                         | <b>5</b> Full name of contributor out-of-state PAC (ID#: _____)<br>MIKE EAST<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>PO BOX 69 SARITA TX 78385 | <b>7</b> Amount of contribution (\$)<br><br><div style="font-size: 2em; text-align: center;">2,000.00</div> |
| <b>8</b> Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                           | <b>9</b> Employer (See Instructions)                                                                        |
| Date                                                                                                                                                                  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                                                             | Amount of contribution (\$)                                                                                 |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                           | Employer (See Instructions)                                                                                 |
| Date                                                                                                                                                                  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                                                             | Amount of contribution (\$)                                                                                 |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                           | Employer (See Instructions)                                                                                 |
| Date                                                                                                                                                                  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                                                             | Amount of contribution (\$)                                                                                 |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                           | Employer (See Instructions)                                                                                 |
|                                                                                                                                                                       |                                                                                                                                                                           |                                                                                                             |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                           |                                                                                                             |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                |                                                                                                                                                                                   |                                                             |                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                      |                                                                                                                                                                                   | 1 Total pages Schedule A2:                                  |                                                                                                                                                                    |
| 2 FILER NAME<br>RENE FUENTES                                                                                                                                   |                                                                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)                       |                                                                                                                                                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                          |                                                                                                                                                                                   | \$ 5,521.65                                                 |                                                                                                                                                                    |
| 5 Date<br>02/26/2024                                                                                                                                           | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Nicolasa Moreno<br>7 Contributor address; City; State; Zip Code<br>4808 Sweetwater McAllen TX 78501 | 8 Amount of Contribution \$<br>2,888.65                     | 9 In-kind contribution description<br>9x7 Banner, (4) 8x15 banner (2) 7x21 banner (2) 150" x 294" banner<br>Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                                                                                       |                                                                                                                                                                                   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)            |                                                                                                                                                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                                                                                           |                                                                                                                                                                                   | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) |                                                                                                                                                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                                                                                              |                                                                                                                                                                                   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                                                                                                                                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                    |                                                                                                                                                                                   |                                                             |                                                                                                                                                                    |
| Date<br>01/24/24                                                                                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>Noe Gonzalez<br>Contributor address; City; State; Zip Code                                            | Amount of Contribution \$<br>203.00                         | In-kind contribution description<br>Box of Letter heads w/ linen finish<br>Check if travel outside of Texas. Complete Schedule T.                                  |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                                                                                          |                                                                                                                                                                                   | Employer (FOR NON-JUDICIAL)(See Instructions)               |                                                                                                                                                                    |
| Contributor's principal occupation (FOR JUDICIAL)                                                                                                              |                                                                                                                                                                                   | Contributor's job title (FOR JUDICIAL)(See Instructions)    |                                                                                                                                                                    |
| Contributor's employer/law firm (FOR JUDICIAL)                                                                                                                 |                                                                                                                                                                                   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)    |                                                                                                                                                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                       |                                                                                                                                                                                   |                                                             |                                                                                                                                                                    |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                                   |                                                             |                                                                                                                                                                    |

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**\$ 5,521.65**

Revised 8/17/2020

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                      |  |  |                                                        |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--------------------------------------------------------|-------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                      |  |  | <b>1</b> Total pages Schedule B:                       |                                           |
| <b>2</b> FILER NAME                                                                                                                                                   |                                                                                      |  |  | <b>3</b> Filer ID (Ethics Commission Filers)           |                                           |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                                                                                                                                  |                                                                                      |  |  | \$                                                     |                                           |
| <b>5</b> Date                                                                                                                                                         | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) |  |  | <b>8</b> Amount of Pledge \$                           | <b>9</b> In-kind contribution description |
|                                                                                                                                                                       | <b>7</b> Pledgor address; City; State; Zip Code                                      |  |  |                                                        |                                           |
|                                                                                                                                                                       |                                                                                      |  |  | Check if travel outside of Texas. Complete Schedule T. |                                           |
| <b>10</b> Principal occupation / Job title (See Instructions)                                                                                                         |                                                                                      |  |  | <b>11</b> Employer (See Instructions)                  |                                           |
| Date                                                                                                                                                                  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          |  |  | Amount of Pledge \$                                    | In-kind contribution description          |
|                                                                                                                                                                       | Pledgor address; City; State; Zip Code                                               |  |  |                                                        |                                           |
|                                                                                                                                                                       |                                                                                      |  |  | Check if travel outside of Texas. Complete Schedule T. |                                           |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                      |  |  | Employer (See Instructions)                            |                                           |
| Date                                                                                                                                                                  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          |  |  | Amount of Pledge \$                                    | In-kind contribution description          |
|                                                                                                                                                                       | Pledgor address; City; State; Zip Code                                               |  |  |                                                        |                                           |
|                                                                                                                                                                       |                                                                                      |  |  | Check if travel outside of Texas. Complete Schedule T. |                                           |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                      |  |  | Employer (See Instructions)                            |                                           |
| Date                                                                                                                                                                  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          |  |  | Amount of Pledge \$                                    | In-kind contribution description          |
|                                                                                                                                                                       | Pledgor address; City; State; Zip Code                                               |  |  |                                                        |                                           |
|                                                                                                                                                                       |                                                                                      |  |  | Check if travel outside of Texas. Complete Schedule T. |                                           |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                      |  |  | Employer (See Instructions)                            |                                           |
| Date                                                                                                                                                                  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)          |  |  | Amount of Pledge \$                                    | In-kind contribution description          |
|                                                                                                                                                                       | Pledgor address; City; State; Zip Code                                               |  |  |                                                        |                                           |
|                                                                                                                                                                       |                                                                                      |  |  | Check if travel outside of Texas. Complete Schedule T. |                                           |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                      |  |  | Employer (See Instructions)                            |                                           |
|                                                                                                                                                                       |                                                                                      |  |  |                                                        |                                           |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                      |  |  |                                                        |                                           |

**LOANS****SCHEDULE E**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                  |                                                                                 |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                 |                                                                                 | <b>1</b> Total pages Schedule E:                                                           |
| <b>2</b> FILER NAME                                                                                                                                              |                                                                                 | <b>3</b> Filer ID (Ethics Commission Filers)                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                                                                                                               |                                                                                 | \$                                                                                         |
| <b>5</b> Date of loan                                                                                                                                            | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | <b>9</b> Loan Amount (\$)                                                                  |
| <b>6</b> Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                             | <b>8</b> Lender address; City; State; Zip Code                                  | <b>10</b> Interest rate                                                                    |
|                                                                                                                                                                  |                                                                                 | <b>11</b> Maturity date                                                                    |
| <b>12</b> Principal occupation / Job title (See Instructions)                                                                                                    |                                                                                 | <b>13</b> Employer (See Instructions)                                                      |
| <b>14</b> Description of Collateral<br>none                                                                                                                      |                                                                                 | <b>15</b> Check if personal funds were deposited into political account (See Instructions) |
| <b>16</b> GUARANTOR INFORMATION<br><br>not applicable                                                                                                            | <b>17</b> Name of guarantor                                                     | <b>19</b> Amount Guaranteed (\$)                                                           |
|                                                                                                                                                                  | <b>18</b> Guarantor address; City; State; Zip Code                              |                                                                                            |
| <b>20</b> Principal Occupation (See Instructions)                                                                                                                |                                                                                 | <b>21</b> Employer (See Instructions)                                                      |
| <b>Date of loan</b>                                                                                                                                              | <b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | <b>Loan Amount (\$)</b>                                                                    |
| <b>Is lender a financial institution?</b><br><input type="checkbox"/> Y <input type="checkbox"/> N                                                               | <b>Lender address; City; State; Zip Code</b>                                    | <b>Interest rate</b>                                                                       |
|                                                                                                                                                                  |                                                                                 | <b>Maturity date</b>                                                                       |
| <b>Principal occupation / Job title (See Instructions)</b>                                                                                                       |                                                                                 | <b>Employer (See Instructions)</b>                                                         |
| <b>Description of Collateral</b><br>none                                                                                                                         |                                                                                 | <b>Check if personal funds were deposited into political account (See Instructions)</b>    |
| <b>GUARANTOR INFORMATION</b><br><br>not applicable                                                                                                               | <b>Name of guarantor</b>                                                        | <b>Amount Guaranteed (\$)</b>                                                              |
|                                                                                                                                                                  | <b>Guarantor address; City; State; Zip Code</b>                                 |                                                                                            |
| <b>Principal Occupation (See Instructions)</b>                                                                                                                   |                                                                                 | <b>Employer (See Instructions)</b>                                                         |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                 |                                                                                            |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

|                                                              |                                                                                                             |                                       |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>1                              | 2 FILER NAME<br>RENE FUENTES                                                                                | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>02/27/24                                           | 5 Payee name<br>NATIONAL PRINTING                                                                           |                                       |
| 6 Amount (\$)<br>2,868.62                                    | 7 Payee address; City; State; Zip Code<br>1300 TRENTON STE 115 MCALLEN TX<br>78504                          |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                     | (b) Description<br>BANNERS / SIGNS    |
|                                                              | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                             |                                       |
| Candidate / Officeholder name Office sought Office held      |                                                                                                             |                                       |
| Date<br>06/21/24                                             | Payee name<br>Aaron Marroquin Jr. (Start Studio)                                                            |                                       |
| Amount (\$)<br>717.00                                        | Payee address; City; State; Zip Code<br>3235 Encino Street. Rio Grande city TX, 78582                       |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                         | Description<br>TARPS                  |
|                                                              | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                             |                                       |
| Candidate / Officeholder name Office sought Office held      |                                                                                                             |                                       |
| Date<br>06/26/24                                             | Payee name<br>The Grafix Express LLC                                                                        |                                       |
| Amount (\$)<br>5,050.00                                      | Payee address; City; State; Zip Code<br>230 W. Newcombe Ave. Pharr TX 78577                                 |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                         | Description<br>BANNERS / SIGNS        |
|                                                              | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                             |                                       |
| Candidate / Officeholder name Office sought Office held      |                                                                                                             |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |                                                                                                             |                                       |

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

|                                                                      |                                                                                                             |                                              |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F2:                                    | <b>2</b> FILER NAME                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |                                                                                                             | \$                                           |
| <b>5</b> Date                                                        | <b>6</b> Payee name                                                                                         |                                              |
| <b>7</b> Amount (\$)                                                 | <b>8</b> Payee address;                                                                                     | City; State; Zip Code                        |
| <b>9</b> TYPE OF EXPENDITURE                                         | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                   |                                              |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)                                            | (b) Description                              |
|                                                                      | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                               | Office sought Office held                    |
| Date                                                                 | Payee name                                                                                                  |                                              |
| Amount (\$)                                                          | Payee address;                                                                                              | City; State; Zip Code                        |
| TYPE OF EXPENDITURE                                                  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                   |                                              |
| PURPOSE OF EXPENDITURE                                               | Category (See Categories listed at the top of this schedule)                                                | Description                                  |
|                                                                      | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name                                                                               | Office sought Office held                    |
|                                                                      |                                                                                                             |                                              |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                  |                                                                                                             |                                              |

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                           |                                                                              |                                       |  |
|-----------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. |                                                                              | 1 Total pages Schedule F3:            |  |
| 2 FILER NAME                                              |                                                                              | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date                                                    | 5 Name of person from whom investment is purchased                           |                                       |  |
|                                                           | 6 Address of person from whom investment is purchased; City; State; Zip Code |                                       |  |
|                                                           | 7 Description of investment                                                  |                                       |  |
|                                                           | 8 Amount of investment (\$)                                                  |                                       |  |
| Date                                                      | Name of person from whom investment is purchased                             |                                       |  |
|                                                           | Address of person from whom investment is purchased; City; State; Zip Code   |                                       |  |
|                                                           | Description of investment                                                    |                                       |  |
|                                                           | Amount of investment (\$)                                                    |                                       |  |
|                                                           |                                                                              |                                       |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED       |                                                                              |                                       |  |

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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:                                    | 2 FILER NAME                                                                                                | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   | \$                                                                                                          |                                       |
| 5 Date                                                        | 6 Payee name                                                                                                |                                       |
| 7 Amount (\$)                                                 | 8 Payee address; City; State; Zip Code                                                                      |                                       |
| 9 TYPE OF EXPENDITURE                                         | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                   |                                       |
| 10 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)                                            | (b) Description                       |
|                                                               | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                       |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                               | Office sought Office held             |
| Date                                                          | Payee name                                                                                                  |                                       |
| Amount (\$)                                                   | Payee address; City; State; Zip Code                                                                        |                                       |
| TYPE OF EXPENDITURE                                           | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political                                   |                                       |
| PURPOSE OF EXPENDITURE                                        | Category (See Categories listed at the top of this schedule)                                                | Description                           |
|                                                               | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH    | Candidate / Officeholder name                                                                               | Office sought Office held             |
|                                                               |                                                                                                             |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED           |                                                                                                             |                                       |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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 G:                                                                                               | <b>2</b> FILER NAME                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                                                                                                                  | <b>5</b> Payee name                                                                                                |                                              |
| <b>6</b> Amount (\$)<br><br>Reimbursement from<br>political contributions<br>intended                                          | <b>7</b> Payee address; City; State; Zip Code                                                                      |                                              |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                            | <b>(b)</b> Description                       |
|                                                                                                                                | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                    |                                              |
| Date                                                                                                                           | Payee name                                                                                                         |                                              |
| Amount (\$)<br><br>Reimbursement from<br>political contributions<br>intended                                                   | Payee address; City; State; Zip Code                                                                               |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                                                                                | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                    |                                              |
| Date                                                                                                                           | Payee name                                                                                                         |                                              |
| Amount (\$)<br><br>Reimbursement from<br>political contributions<br>intended                                                   | Payee address; City; State; Zip Code                                                                               |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                                                                                | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                    |                                              |
| Date                                                                                                                           | Payee name                                                                                                         |                                              |
| Amount (\$)<br><br>Reimbursement from<br>political contributions<br>intended                                                   | Payee address; City; State; Zip Code                                                                               |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                          | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                                                                                | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                    |                                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

### 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 H:                                    | <b>2</b> FILER NAME                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                                                       | <b>5</b> Business name                                                                                             |                                              |
| <b>6</b> Amount (\$)                                                | <b>7</b> Business address; City; State; Zip Code                                                                   |                                              |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                            | <b>(b)</b> Description                       |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                    |                                              |
|                                                                     | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                                | Business name                                                                                                      |                                              |
| Amount (\$)                                                         | Business address; City; State; Zip Code                                                                            |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                              |
|                                                                     | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                                | Business name                                                                                                      |                                              |
| Amount (\$)                                                         | Business address; City; State; Zip Code                                                                            |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                              |
|                                                                     | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                                | Business name                                                                                                      |                                              |
| Amount (\$)                                                         | Business address; City; State; Zip Code                                                                            |                                              |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                               | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                              |
|                                                                     | Candidate / Officeholder name                                                                                      | Office sought Office held                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

|                                                   |                                                                               |      |                                                                                   |          |
|---------------------------------------------------|-------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------|----------|
| <b>1</b> Total pages Schedule I:                  | <b>2</b> FILER NAME                                                           |      | <b>3</b> Filer ID (Ethics Commission Filers)                                      |          |
| <b>4</b> Date                                     | <b>5</b> Payee name                                                           |      |                                                                                   |          |
| <b>6</b> Amount (\$)                              | <b>7</b> Payee address;                                                       | City | State                                                                             | Zip Code |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | <b>(a) Category</b> (See instructions for examples of acceptable categories.) |      | <b>(b) Description</b> (See instructions regarding type of information required.) |          |
| Date                                              | Payee name                                                                    |      |                                                                                   |          |
| Amount (\$)                                       | Payee address;                                                                | City | State                                                                             | Zip Code |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            |      | Description (See instructions regarding type of information required.)            |          |
| Date                                              | Payee name                                                                    |      |                                                                                   |          |
| Amount (\$)                                       | Payee address;                                                                | City | State                                                                             | Zip Code |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            |      | Description (See instructions regarding type of information required.)            |          |
| Date                                              | Payee name                                                                    |      |                                                                                   |          |
| Amount (\$)                                       | Payee address;                                                                | City | State                                                                             | Zip Code |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            |      | Description (See instructions regarding type of information required.)            |          |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                           |                                                                                          |                                       |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form. |                                                                                          | 1 Total pages Schedule K:             |
| 2 FILER NAME                                              |                                                                                          | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                                    | 5 Name of person from whom amount is received                                            | 8 Amount (\$)                         |
|                                                           | 6 Address of person from whom amount is received; City; State; Zip Code                  |                                       |
|                                                           | 7 Purpose for which amount is received Check if political contribution returned to filer |                                       |
| Date                                                      | Name of person from whom amount is received                                              | Amount (\$)                           |
|                                                           | Address of person from whom amount is received; City; State; Zip Code                    |                                       |
|                                                           | Purpose for which amount is received Check if political contribution returned to filer   |                                       |
| Date                                                      | Name of person from whom amount is received                                              | Amount (\$)                           |
|                                                           | Address of person from whom amount is received; City; State; Zip Code                    |                                       |
|                                                           | Purpose for which amount is received Check if political contribution returned to filer   |                                       |
| Date                                                      | Name of person from whom amount is received                                              | Amount (\$)                           |
|                                                           | Address of person from whom amount is received; City; State; Zip Code                    |                                       |
|                                                           | Purpose for which amount is received Check if political contribution returned to filer   |                                       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                              |
| <b>5</b> Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> |                                                                                     |                                              |
| <b>6</b> Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b> Name of person(s) traveling                                                |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>8</b> Departure city or name of departure location                               |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9</b> Destination city or name of destination location                           |                                              |
| <b>10</b> Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |                                              |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                              |
| Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>          |                                                                                     |                                              |
| Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of person(s) traveling                                                         |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Departure city or name of departure location                                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Destination city or name of destination location                                    |                                              |
| Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Purpose of travel (including name of conference, seminar, or other event)           |                                              |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                              |
| Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>          |                                                                                     |                                              |
| Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of person(s) traveling                                                         |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Departure city or name of departure location                                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Destination city or name of destination location                                    |                                              |
| Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Purpose of travel (including name of conference, seminar, or other event)           |                                              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                              |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

### A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

## 5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

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

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |                                                                                                                                       |                                        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME            |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 29,441. <sup>25</sup>               |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 5,687. <sup>00</sup>                |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 54,641. <sup>28</sup>               |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                     |

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

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

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

OR

## (2) Unsworn Declaration

My name is RENE FUENTES, and my date of birth is 10/27/60.

My address is 1463 FAIRGROUND RD, Killebrew City, TEX, 75582, STARR.  
(street) (city) (state) (zip code) (country)

Executed in STARR County, State of TEX, on the 7<sup>th</sup> day of OCT, 20 24.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|                                           |                                                                                                             |                                        |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 19 FILER NAME                             |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 28,200. <sup>00</sup>               |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 1,241. <sup>25</sup>                |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                     |
| 4.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                     |
| 5.                                        | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 5887. <sup>00</sup>                 |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                                     |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                   |                                                                                                                  |  |                                                                |                                                               |  |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|---------------------------------------------------------------|--|
| The Instruction Guide explains how to complete this form.                                         |                                                                                                                  |  |                                                                | 1 Total pages Schedule A1:<br><b>4</b>                        |  |
| 2 FILER NAME<br><b>RENE FUENTES</b>                                                               |                                                                                                                  |  |                                                                | 3 Filer ID (Ethics Commission Filers)                         |  |
| 4 Date<br><b>7/9/24</b>                                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ALVARO ILSE IGLESIAS</b> |  |                                                                | 7 Amount of contribution (\$)<br><br><b>500.<sup>00</sup></b> |  |
| 6 Contributor address; City; State; Zip Code<br><b>3589 W. TURTLE DR RIO GRANDE CITY TX 78582</b> |                                                                                                                  |  |                                                                |                                                               |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>INS. AGENT</b>                        |                                                                                                                  |  | 9 Employer (See Instructions)                                  |                                                               |  |
| Date<br><b>7/10/24</b>                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ISAAC PENA</b>             |  |                                                                | Amount of contribution (\$)<br><br><b>1500.<sup>00</sup></b>  |  |
| Contributor address; City; State; Zip Code<br><b>1105 W. HOUSTON ST RIO GRANDE CITY TEX 78582</b> |                                                                                                                  |  |                                                                |                                                               |  |
| Principal occupation / Job title (See Instructions)<br><b>L2WYER</b>                              |                                                                                                                  |  | Employer (See Instructions)<br><b>LAW OFFICE of Isaac Pena</b> |                                                               |  |
| Date<br><b>7/12/24</b>                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>JOSE ALBERTO BARRERA</b>   |  |                                                                | Amount of contribution (\$)<br><br><b>6500.<sup>00</sup></b>  |  |
| Contributor address; City; State; Zip Code<br><b>334 OAK ST. RIO GRANDE CITY TX 78582</b>         |                                                                                                                  |  |                                                                |                                                               |  |
| Principal occupation / Job title (See Instructions)<br><b>EMS</b>                                 |                                                                                                                  |  | Employer (See Instructions)<br><b>STARR CO. HOSPITAL</b>       |                                                               |  |
| Date<br><b>7/15/24</b>                                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>GEORGE E. G</b>            |  |                                                                | Amount of contribution (\$)<br><br><b>2000.<sup>00</sup></b>  |  |
| Contributor address; City; State; Zip Code<br><b>2901 CENTRAL BLVD BROWNVILLE TEX 78526</b>       |                                                                                                                  |  |                                                                |                                                               |  |
| Principal occupation / Job title (See Instructions)                                               |                                                                                                                  |  | Employer (See Instructions)                                    |                                                               |  |
|                                                                                                   |                                                                                                                  |  |                                                                |                                                               |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                                                                                                                                                                |                                                                                                                                                                                                          |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                                                      |                                                                                                                                                                                                          | 1 Total pages Schedule A1:<br>4                        |
| 2 FILER NAME<br>RENE FUENTES                                                                                                                                                                                   |                                                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br>7/18/24                                                                                                                                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>JORGE ALBERTO BARRERA R<br>6 Contributor address; City; State; Zip Code<br>334 OAK ST. Rio Grande City TX 78582            | 7 Amount of contribution (\$)<br>\$2500. <sup>00</sup> |
| 8 Principal occupation / Job title (See Instructions)<br>EMS                                                                                                                                                   |                                                                                                                                                                                                          | 9 Employer (See Instructions)<br>STARL CO. HOSPITAL    |
| Date<br>7/19/24                                                                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>ROEL A GONZALEZ & ROSA E. GONZALEZ<br>Contributor address; City; State; Zip Code<br>164 MIMOSA ST Rio Grande City Tex 78582  | Amount of contribution (\$)<br>\$1000. <sup>00</sup>   |
| Principal occupation / Job title (See Instructions)<br>RETIRED                                                                                                                                                 |                                                                                                                                                                                                          | Employer (See Instructions)<br>TEACHER                 |
| Date<br>7/19/24                                                                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>RIVERWINDS, INC. SUB-WAY<br>Contributor address; City; State; Zip Code<br>610 N. SMITH ST. HERBORNVILLE, TEX 78361           | Amount of contribution (\$)<br>\$1000. <sup>00</sup>   |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                                                                                          | Employer (See Instructions)<br>SUB-WAY REST.           |
| Date<br>8/14/24                                                                                                                                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>RIVERSIDE BUILDING MATERIALS LLC<br>Contributor address; City; State; Zip Code<br>6144 U.S. HWY 83 Rio Grande City Tex 78582 | Amount of contribution (\$)<br>500. <sup>00</sup>      |
| Principal occupation / Job title (See Instructions)<br>LUMBER YARD                                                                                                                                             |                                                                                                                                                                                                          | Employer (See Instructions)                            |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                                                                                                          |                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                                                                                                                                                                |                                                                                                                                                 |                                             |
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| The Instruction Guide explains how to complete this form.                                                                                                                                                      |                                                                                                                                                 | 1 Total pages Schedule A1:<br>4             |
| 2 FILER NAME<br>RENE FUENTES                                                                                                                                                                                   |                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>8/14/24                                                                                                                                                                                              | 5 Full name of contributor<br>REYNA HOMES<br>6 Contributor address; City; State; Zip Code<br>6144 U.S. Hwy 83 Rio Grande City TX 78582          | 7 Amount of contribution (\$)<br>\$1500.00  |
| 8 Principal occupation / Job title (See Instructions)<br>HOME BUILDERS                                                                                                                                         |                                                                                                                                                 | 9 Employer (See Instructions)               |
| Date<br>8/21/24                                                                                                                                                                                                | Full name of contributor<br>ALVARO J. ILSE IGLESIAS<br>Contributor address; City; State; Zip Code<br>3589 W. Turtle Dr Rio Grande City TX 78582 | Amount of contribution (\$)<br>\$500.00     |
| Principal occupation / Job title (See Instructions)<br>INS. AGENT                                                                                                                                              |                                                                                                                                                 | Employer (See Instructions)<br>IGLESIA INS. |
| Date<br>9/16/24                                                                                                                                                                                                | Full name of contributor<br>WYATT RANCHES OF TEX LLC<br>Contributor address; City; State; Zip Code<br>P.O. DRAWER 10                            | Amount of contribution (\$)<br>\$10,000.00  |
| Principal occupation / Job title (See Instructions)<br>RANCHING                                                                                                                                                |                                                                                                                                                 | Employer (See Instructions)                 |
| Date<br>9/17/24                                                                                                                                                                                                | Full name of contributor<br>HUGO BERLANEA<br>Contributor address; City; State; Zip Code<br>28 HEWIT DR CORPUS CHRISTI TX. 78404                 | Amount of contribution (\$)<br>\$1000.00    |
| Principal occupation / Job title (See Instructions)<br>RETIRED                                                                                                                                                 |                                                                                                                                                 | Employer (See Instructions)                 |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |                                                                                                                                                 |                                             |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                        |                                                                                                      |  |                               |                                                   |  |
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| The Instruction Guide explains how to complete this form.              |                                                                                                      |  |                               | 1 Total pages Schedule A1:<br><b>4</b>            |  |
| 2 FILER NAME<br><b>RENE FUENTES</b>                                    |                                                                                                      |  |                               | 3 Filer ID (Ethics Commission Filers)             |  |
| 4 Date<br><b>9/20/24</b>                                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>ANTONIO FALCON</b>  |  |                               | 7 Amount of contribution (\$)<br><b>\$1700.00</b> |  |
|                                                                        | 6 Contributor address; City; State; Zip Code<br><b>2768 PHARMACY RD. RIO GRANDE CITY TEX 78182</b>   |  |                               |                                                   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Doctor</b> |                                                                                                      |  | 9 Employer (See Instructions) |                                                   |  |
| Date<br><b>9/20/24</b>                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>AIDA LILIANA SOZA</b> |  |                               | Amount of contribution (\$)<br><b>\$500.00</b>    |  |
|                                                                        | Contributor address; City; State; Zip Code<br><b>137 LA PALOMA CIR RIO GRANDE CITY TEX 78182</b>     |  |                               |                                                   |  |
| Principal occupation / Job title (See Instructions)                    |                                                                                                      |  | Employer (See Instructions)   |                                                   |  |
| Date                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                             |  |                               | Amount of contribution (\$)                       |  |
|                                                                        | Contributor address; City; State; Zip Code                                                           |  |                               |                                                   |  |
| Principal occupation / Job title (See Instructions)                    |                                                                                                      |  | Employer (See Instructions)   |                                                   |  |
| Date                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                             |  |                               | Amount of contribution (\$)                       |  |
|                                                                        | Contributor address; City; State; Zip Code                                                           |  |                               |                                                   |  |
| Principal occupation / Job title (See Instructions)                    |                                                                                                      |  | Employer (See Instructions)   |                                                   |  |
| Date                                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                             |  |                               | Amount of contribution (\$)                       |  |
|                                                                        | Contributor address; City; State; Zip Code                                                           |  |                               |                                                   |  |
| Principal occupation / Job title (See Instructions)                    |                                                                                                      |  | Employer (See Instructions)   |                                                   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

|                                                                                        |                                                                                              |                                                                                 |                                                       |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                              |                                                                                              | 1 Total pages Schedule A2:<br>1                                                 |                                                       |
| 2 FILER NAME<br>RENE FUENTES                                                           |                                                                                              | 3 Filer ID (Ethics Commission Filers)                                           |                                                       |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                  |                                                                                              | \$                                                                              |                                                       |
| 5 Date<br>7/29/24                                                                      | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>ROMEO GONZALEZ | 8 Amount of Contribution \$<br>9281.25                                          | 9 In-kind contribution description<br>BUMPER STICKERS |
| 7 Contributor address; City; State; Zip Code<br>1403 GARCIA ST ROMA TEX 78584          |                                                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                       |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br>INS. AGENT |                                                                                              | 11 Employer (FOR NON-JUDICIAL)(See Instructions)                                |                                                       |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                   |                                                                                              | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)                     |                                                       |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                      |                                                                                              | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                                       |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)            |                                                                                              |                                                                                 |                                                       |

|                                                                                          |                                                                                            |                                                                                 |                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| Date<br>7/24                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br>NOELIA GUILLEN | Amount of Contribution \$<br>960. <sup>00</sup>                                 | In-kind contribution description<br>BANNER |
| Contributor address; City; State; Zip Code<br>OLD HWY 83 GARCEN TEX 78584                |                                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                            |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br>RETIRED TEACHER |                                                                                            | Employer (FOR NON-JUDICIAL)(See Instructions)                                   |                                            |
| Contributor's principal occupation (FOR JUDICIAL)                                        |                                                                                            | Contributor's job title (FOR JUDICIAL)(See Instructions)                        |                                            |
| Contributor's employer/law firm (FOR JUDICIAL)                                           |                                                                                            | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                            |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |                                                                                            |                                                                                 |                                            |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                     |                                                                                                                               |                                                                                                                                        |                                                                              |                                              |             |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br><div style="text-align: center;">2</div>       |                                                                                                                               | <b>2</b> FILER NAME<br><div style="text-align: center;">RENE FUENTES</div>                                                             |                                                                              | <b>3</b> Filer ID (Ethics Commission Filers) |             |
| <b>4</b> Date<br><div style="text-align: center;">7/29/24</div>                     |                                                                                                                               | <b>5</b> Payee name<br><div style="text-align: center;">THE GRAFIX EXPRESS LLC</div>                                                   |                                                                              |                                              |             |
| <b>6</b> Amount (\$)<br><div style="text-align: center;">\$ 2700<sup>00</sup></div> |                                                                                                                               | <b>7</b> Payee address; City; State; Zip Code<br><div style="text-align: center;">230 W. NEWCOMBE AVE PHARR TEX 78577</div>            |                                                                              |                                              |             |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="text-align: center;">ADVERTISING</div> |                                                                                                                                        | <b>(b)</b> Description<br><div style="text-align: center;">4'x8' SIGNS</div> |                                              |             |
|                                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                               |                                                                                                                                        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense    |                                              |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                 |                                                                                                                               | Candidate / Officeholder name                                                                                                          |                                                                              | Office sought                                | Office held |
| <b>Date</b><br><div style="text-align: center;">8/1/24</div>                        |                                                                                                                               | <b>Payee name</b><br><div style="text-align: center;">ISMAEL GUERRA III</div>                                                          |                                                                              |                                              |             |
| <b>Amount (\$)</b><br><div style="text-align: center;">\$312.<sup>00</sup></div>    |                                                                                                                               | <b>Payee address; City; State; Zip Code</b><br><div style="text-align: center;">2505 MAJESTIC PALM DR. RIO GRANDE CITY TEX 78582</div> |                                                                              |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                               | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="text-align: center;">ADVERTISING</div>     |                                                                                                                                        | <b>Description</b><br><div style="text-align: center;">8'x12' BANNERS</div>  |                                              |             |
|                                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                               |                                                                                                                                        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense    |                                              |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          |                                                                                                                               | Candidate / Officeholder name                                                                                                          |                                                                              | Office sought                                | Office held |
| <b>Date</b><br><div style="text-align: center;">8/13/24</div>                       |                                                                                                                               | <b>Payee name</b><br><div style="text-align: center;">ENRIQUE GONZALEZ</div>                                                           |                                                                              |                                              |             |
| <b>Amount (\$)</b><br><div style="text-align: center;">\$2000<sup>00</sup></div>    |                                                                                                                               | <b>Payee address; City; State; Zip Code</b><br><div style="text-align: center;">100 DEER RUN RIO GRANDE CITY TEX 78582</div>           |                                                                              |                                              |             |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                               | <b>Category</b> (See Categories listed at the top of this schedule)<br><div style="text-align: center;">ADVERTISING</div>     |                                                                                                                                        | <b>Description</b><br><div style="text-align: center;">BILL BOARD</div>      |                                              |             |
|                                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                               |                                                                                                                                        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense    |                                              |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          |                                                                                                                               | Candidate / Officeholder name                                                                                                          |                                                                              | Office sought                                | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                                                               |                                                                                         |                                 |                                       |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|---------------------------------------|--|
| 1 Total pages Schedule F1:<br><b>2</b>                       |                                                                                                                                                               | 2 FILER NAME<br><b>RENE FUENTES</b>                                                     |                                 | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>9/12/24</b>                                     |                                                                                                                                                               | 5 Payee name<br><b>THE GRAFIX EXPRESS LLC</b>                                           |                                 |                                       |  |
| 6 Amount (\$)<br><b>475.<sup>00</sup></b>                    |                                                                                                                                                               | 7 Payee address; City; State; Zip Code<br><b>230 W. NEWCUMBE AVE PHARR TEX 78577</b>    |                                 |                                       |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING</b>                                                                        |                                                                                         | (b) Description<br><b>SIGNS</b> |                                       |  |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                                         |                                 |                                       |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                               | Candidate / Officeholder name                                                           |                                 | Office sought Office held             |  |
| Date<br><b>9/27/24</b>                                       |                                                                                                                                                               | Payee name<br><b>OUR LADY OF GUADALUPE CATHOLIC CHURCH</b>                              |                                 |                                       |  |
| Amount (\$)<br><b>\$200.<sup>00</sup></b>                    |                                                                                                                                                               | Payee address; City; State; Zip Code<br><b>1155 N. FM 649 Rio Grande City TEX 78582</b> |                                 |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>GIFT</b>                                                                                   |                                                                                         | Description<br><b>DONATION</b>  |                                       |  |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                                                                         |                                 |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                                                               | Candidate / Officeholder name                                                           |                                 | Office sought Office held             |  |
| Date                                                         |                                                                                                                                                               | Payee name                                                                              |                                 |                                       |  |
| Amount (\$)                                                  |                                                                                                                                                               | Payee address; City; State; Zip Code                                                    |                                 |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                                                                                                  |                                                                                         | Description                     |                                       |  |
|                                                              | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                                                                         |                                 |                                       |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                                                               | Candidate / Officeholder name                                                           |                                 | Office sought Office held             |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
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| The C/OH Instruction Guide explains how to complete this form.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 Filer ID (Ethics Commission Filers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2 Total pages filed: |                |                |                                  |                   |                                   |                                   |  |                                      |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                              | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr.</b></div> <div>FIRST<br/><b>Rene</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Fuentes</b></div> <div>SUFFIX</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 5px;"> Date Received <b>1-10-2024</b> <i>LM</i> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px;"> Receipt #      Amount \$ </div> <div style="border: 1px solid black; padding: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px;"> Date Imaged </div> |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | <div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>1463 Fairground Road</b></div> <div><b>Rio Grande City TX 78582</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 5 CANDIDATE/ OFFICEHOLDER PHONE                                                              | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(956 )</b></div> <div><b>487-5571</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 6 CAMPAIGN TREASURER NAME                                                                    | <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR<br/><b>Mr.</b></div> <div>FIRST<br/><b>Calixtro</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST<br/><b>Villarreal</b></div> <div>SUFFIX<br/><b>Jr.</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | <div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>205 W. Main St.</b></div> <div><b>Rio Grande City TX 78582</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 8 CAMPAIGN TREASURER PHONE                                                                   | <div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><b>(956 )</b></div> <div><b>487-3739</b></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 9 REPORT TYPE                                                                                | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 10 PERIOD COVERED                                                                            | <div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year<br/> <b>07 / 01 / 2023</b> </div> <div>THROUGH</div> <div> Month      Day      Year<br/> <b>01 / 16 / 2024</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 11 ELECTION                                                                                  | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month      Day      Year<br/> <b>03 / 05 / 2024</b> </div> <div> ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 12 OFFICE                                                                                    | OFFICE HELD (if any)<br><b>Sheriff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13 OFFICE SOUGHT (if known)<br><b>Sheriff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages       | <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 5px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;"></td> <td style="border: 1px solid black; padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE                                                                               | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL                                                             | COMMITTEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC                                                            | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |
|                                                                                              | COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                |                |                                  |                   |                                   |                                   |  |                                      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|                                |                                                                                                                                       |                                               |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b>            |                                                                                                                                       | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                          |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 5,918.79                                   |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 0                                          |
|                                | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 3,488.90                                   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 0                                          |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 0                                          |

**18 SIGNATURE** 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.

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |                                                                                    |             |
|-----|-------------------------------------|------------------------------------------------------------------------------------|-------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 5,350.00 |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 568.79   |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$          |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$          |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 3,488.90 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$          |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                                                                                                                  |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                                                                                  | 1 Total pages Schedule A1:                  |
| 2 FILER NAME<br>RENE FUENTES                                                                                                                                          |                                                                                                                                                                                  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>10/31/2023                                                                                                                                                  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>DR. ADALBERTO GARZA<br>6 Contributor address; City; State; Zip Code<br>PO BOX 3246 EDINBURG TX 78540                 | 7 Amount of contribution (\$)<br><br>500.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                                                                                  | 9 Employer (See Instructions)               |
| Date<br>11/06/2023                                                                                                                                                    | Full name of contributor out-of-state PAC (ID#: _____)<br>R. SERGIO RAMIREZ, MD<br>Contributor address; City; State; Zip Code<br>210 S. BRYAN RD STE. 5A MISSION TX 78572        | Amount of contribution (\$)<br><br>50.00    |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                  | Employer (See Instructions)                 |
| Date<br>11/28/2023                                                                                                                                                    | Full name of contributor out-of-state PAC (ID#: _____)<br>HERNANDEZ FUNERALS LLC<br>Contributor address; City; State; Zip Code<br>701 E. EISENHOWER ST. RIO GRANDE CITY TX 78582 | Amount of contribution (\$)<br><br>2,000.00 |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                  | Employer (See Instructions)                 |
| Date<br>12/06/2023                                                                                                                                                    | Full name of contributor out-of-state PAC (ID#: _____)<br>LIONEL B. AGUIRRE<br>Contributor address; City; State; Zip Code<br>824 RANCHERS CLUB LN DRIFTWOOD TX 78619             | Amount of contribution (\$)<br><br>300.00   |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                  | Employer (See Instructions)                 |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                  |                                             |

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |                                                                                                                                                                                 |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                             |                                                                                                                                                                                 | 1 Total pages Schedule A1:                       |
| 2 FILER NAME<br>RENE FUENTES                                                                                                                                          |                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br>01/11/2024                                                                                                                                                  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>SANTA CRUZ PROPERTIES LTD<br>6 Contributor address; City; State; Zip Code<br>2810 N. CLOSNER BLVD EDINBURG TX 78541 | 7 Amount of contribution (\$)<br><b>2,500.00</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                                                                                 | 9 Employer (See Instructions)                    |
| Date                                                                                                                                                                  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code                                                                            | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                 | Employer (See Instructions)                      |
| Date                                                                                                                                                                  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code                                                                            | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                 | Employer (See Instructions)                      |
| Date                                                                                                                                                                  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code                                                                            | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                                                                                 | Employer (See Instructions)                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |                                                                                                                                                                                 |                                                  |

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**If the requested information is not applicable, **DO NOT** include this page in the report.

|                                                                                                                                                                       |  |                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |  |                                                                                                                                                                                                                   |  | <b>1</b> Total pages Schedule A2:                                                                                                                                                                               |  |
| <b>2</b> FILER NAME<br><b>RENE FUENTES</b>                                                                                                                            |  |                                                                                                                                                                                                                   |  | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                                                    |  |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                          |  |                                                                                                                                                                                                                   |  | <b>\$ 568.79</b>                                                                                                                                                                                                |  |
| <b>5</b> Date<br><br>10/27/2023                                                                                                                                       |  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>ROMEO GONZALEZ</b><br><hr/> <b>7</b> Contributor address; City; State; Zip Code<br>1403 N. GARCIA ST ROMA TX 78584 |  | <b>8</b> Amount of Contribution \$<br><br>568.79<br><br><b>9</b> In-kind contribution description<br>BUMPER STICKERS AND POSTCARDS<br><br><small>Check if travel outside of Texas. Complete Schedule T.</small> |  |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br>INSURANCE SALESMAN                                                                |  |                                                                                                                                                                                                                   |  | <b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)<br>GONZALEZ INSURANCE                                                                                                                                  |  |
| <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)                                                                                    |  |                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                 |  |
| Date                                                                                                                                                                  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code                                                                               |  | Amount of Contribution \$<br><br><br><br>In-kind contribution description<br><br><br><br><small>Check if travel outside of Texas. Complete Schedule T.</small>                                                  |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                                                                                                |  |                                                                                                                                                                                                                   |  | Employer (FOR NON-JUDICIAL) (See Instructions)                                                                                                                                                                  |  |
| Contributor's principal occupation (FOR JUDICIAL)                                                                                                                     |  |                                                                                                                                                                                                                   |  | Contributor's job title (FOR JUDICIAL) (See Instructions)                                                                                                                                                       |  |
| Contributor's employer/law firm (FOR JUDICIAL)                                                                                                                        |  |                                                                                                                                                                                                                   |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                                                                                                                                        |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                              |  |                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                 |  |
|                                                                                                                                                                       |  |                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                 |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                 |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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:<br>1                              | <b>2</b> FILER NAME<br>RENE FUENTES                                                                                | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>01/01/2024                                         | <b>5</b> Payee name<br>NATIONAL PRINTING                                                                           |                                              |
| <b>6</b> Amount (\$)<br><br>3,073.22                                | <b>7</b> Payee address; City; State; Zip Code<br>1300 TRENTON STE 115 MCALLEN TX<br>78504                          |                                              |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                     |                                              |
|                                                                     | <b>(b)</b> Description<br>BANNERS / SIGNS                                                                          |                                              |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                    |                                              |
| Candidate / Officeholder name Office sought Office held             |                                                                                                                    |                                              |
| Date<br>11/20/2023                                                  | Payee name<br>NATIONAL PRINTING                                                                                    |                                              |
| Amount (\$)<br>415.68                                               | Payee address; City; State; Zip Code<br>1300 TRENTON STE 115 MCALLEN TX<br>78504                                   |                                              |
| PURPOSE OF EXPENDITURE                                              | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                                |                                              |
|                                                                     | Description<br>OUTDOOR BANNER                                                                                      |                                              |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                              |
| Candidate / Officeholder name Office sought Office held             |                                                                                                                    |                                              |
| Date                                                                | Payee name                                                                                                         |                                              |
| Amount (\$)                                                         | Payee address; City; State; Zip Code                                                                               |                                              |
| PURPOSE OF EXPENDITURE                                              | Category (See Categories listed at the top of this schedule)                                                       |                                              |
|                                                                     | Description                                                                                                        |                                              |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                    |                                              |
| Candidate / Officeholder name Office sought Office held             |                                                                                                                    |                                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

RENE

NICKNAME

LAST

SUFFIX

FUENTES

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1463 Fairgrounds Rd.

Rio Grande City TX

78582

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 956 )

844-0122

5 OFFICE  
HELD  
(if any)

SHERIFF, STARR COUNTY, TEXAS

6 OFFICE  
SOUGHT  
(if known)

SHERIFF, STARR COUNTY, TEXAS

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CALIXTRO

VILLARREAL

JR

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

205 W. MAIN ST.

RIO GRANDE CITY

TX 78582

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 956 )

487-3739

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

7/12/2023

Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

**12 MODIFIED  
REPORTING  
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,010 in political contributions or  
make more than \$1,010 in political expenditures (excluding filing fees)  
in connection with any future election within the election cycle. I  
understand that if either one of those limits is exceeded, I will be  
required to file pre-election reports and, if necessary, a runoff  
report.

2024

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

**Semiannual Reports:** A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

**1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.

**2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.

**3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.

**4. Original Report Type.** Mark the type of report you are correcting.

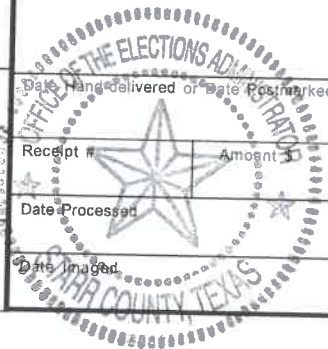
**5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.

**6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.

**7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                              |                                                   |                                                                                   |                                          |                                                                                                                                                                                                                                                                        |     |      |
|----------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| <b>1</b> Filer ID (Ethics Commission Filers) |                                                   | <b>2</b> Total pages filed:                                                       |                                          | <b>OFFICE USE ONLY</b><br><br>Date Received <u>1-23-2024</u><br><br><br>Date Hand-delivered or Date Postmarked<br>Receipt # _____ Amount \$ _____<br>Date Processed<br>Date Indexed |     |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME       | MS / MRS / MR                                     | FIRST                                                                             | MI                                       |                                                                                                                                                                                                                                                                        |     |      |
|                                              | RENE                                              |                                                                                   |                                          |                                                                                                                                                                                                                                                                        |     |      |
|                                              | NICKNAME                                          | LAST                                                                              | SUFFIX                                   |                                                                                                                                                                                                                                                                        |     |      |
| FUENTES                                      |                                                   |                                                                                   |                                          |                                                                                                                                                                                                                                                                        |     |      |
| <b>4</b> ORIGINAL REPORT TYPE                | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff                                                   | <input type="checkbox"/> Final report    |                                                                                                                                                                                                                                                                        |     |      |
|                                              | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded modified reporting limit                        | <input type="checkbox"/> Other (specify) |                                                                                                                                                                                                                                                                        |     |      |
|                                              | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |                                          |                                                                                                                                                                                                                                                                        |     |      |
|                                              | <input type="checkbox"/> 8th day before election  |                                                                                   |                                          |                                                                                                                                                                                                                                                                        |     |      |
|                                              |                                                   |                                                                                   |                                          |                                                                                                                                                                                                                                                                        |     |      |
| <b>5</b> ORIGINAL PERIOD COVERED             | Month                                             | Day                                                                               | Year                                     | Month                                                                                                                                                                                                                                                                  | Day | Year |
|                                              | 07                                                | 01                                                                                | 23                                       | THROUGH                                                                                                                                                                                                                                                                | 07  | 16   |

**6** EXPLANATION OF CORRECTION

DONATION CHECK WAS DISCOVERED AFTER FILING OF REPORT AND THEREFOR WAS INCOMPLETE

**7** SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# 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)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Rene

NICKNAME

LAST

SUFFIX

Fuentes

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1463 Fairground Road

Rio Grande City TX 78582

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956 )

487-5571

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Calixtro

NICKNAME

LAST

SUFFIX

Villarreal

Jr.

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

205 W. Main St.

Rio Grande City

TX 78582

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956 )

487-3739

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

07 / 01 / 2023

THROUGH

Month

Day

Year

01 / 16 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 05 / 2024

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

Sheriff

14 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. 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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10,918.79

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3,488.90

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

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.

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |                                                                                    |              |
|-----|-------------------------------------|------------------------------------------------------------------------------------|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 10,350.00 |
| 2.  | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 568.79    |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$           |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                  | \$           |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 3,488.90  |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$           |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$           |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$           |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$           |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$           |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$           |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$           |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME  
RENE FUENTES

3 Filer ID (Ethics Commission Filers)

4 Date  
10/31/2023

5 Full name of contributor out-of-state PAC (ID#:  
DR. ADALBERTO GARZA

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code  
PO BOX 3246 EDINBURG TX 78540

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
11/06/2023

Full name of contributor out-of-state PAC (ID#:  
R. SERGIO RAMIREZ, MD

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code  
210 S. BRYAN RD STE. 5A MISSION TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/28/2023

Full name of contributor out-of-state PAC (ID#:  
HERNANDEZ FUNERALS LLC

Amount of contribution (\$)

2000.00

Contributor address; City; State; Zip Code  
701 E. EISENHOWER ST. RIO GRANDE CITY TX 78582

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/06/2023

Full name of contributor out-of-state PAC (ID#:  
LIONEL B. AGUIRRE

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code  
824 RANCHERS CLUB LN DRIFTWOOD TX 78619

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

RENE FUENTES

3 Filer ID (Ethics Commission Filers)

4 Date

01/11/2024

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

SANTA CRUZ PROPERTIES LTD

7 Amount of contribution (\$)

2,500.00

6 Contributor address;

City;

State;

Zip Code

2810 N. CLOSNER BLVD

EDINBURG

TX

78541

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/29/2023

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

GEORGE E. GAVITO

Amount of contribution (\$)

5,000.00

Contributor address;

City;

State;

Zip Code

3005 OLD ALICE RD APT. 500-D

BROWNSVILLE TX

78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

RENE FUENTES

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 568.79

5 Date

10/27/2023

6 Full name of contributor

☐ out-of-state PAC (ID#:

ROMEO GONZALEZ

8 Amount of Contribution \$

568.79

9 In-kind contribution description

BUMPER STICKERS AND POSTCARDS

7 Contributor address;

City;

State;

Zip Code

1403 N. GARCIA ST

ROMA

TX

78584

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  
INSURANCE SALESMAN

11 Employer (FOR NON-JUDICIAL)(See Instructions)  
GONZALEZ INSURANCE

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address;

City;

State;

Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                                         |                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>1                                                                                         | 2 FILER NAME<br>RENE FUENTES                                                                                | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>01/01/2024                                                                                                    | 5 Payee name<br>NATIONAL PRINTING                                                                           |                                       |
| 6 Amount (\$)<br>3,073.22                                                                                               | 7 Payee address;<br>1300 TRENTON STE 115<br>78504<br>City: MCALLEN State: TX Zip Code                       |                                       |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                              | (a) Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                     | (b) Description<br>BANNERS / SIGNS    |
|                                                                                                                         | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                             |                                       |
| Date<br>11/20/2023                                                                                                      | Payee name<br>NATIONAL PRINTING                                                                             |                                       |
| Amount (\$)<br>415.68                                                                                                   | Payee address;<br>1300 TRENTON STE 115<br>78504<br>City: MCALLEN State: TX Zip Code                         |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                   | Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE                         | Description<br>OUTDOOR BANNER         |
|                                                                                                                         | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                             |                                       |
| Date                                                                                                                    | Payee name                                                                                                  |                                       |
| Amount (\$)                                                                                                             | Payee address;<br>City: State: Zip Code                                                                     |                                       |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                                   | Category (See Categories listed at the top of this schedule)                                                | Description                           |
|                                                                                                                         | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                             |                                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|                                       |                                                   |                                                                                      |                                          |                                                                                                                                                                                            |     |      |
|---------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 1 Filer ID (Ethics Commission Filers) |                                                   | 2 Total pages filed:                                                                 |                                          | <b>OFFICE USE ONLY</b><br><br>Date Received <u>1-23-2024</u><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # _____ Amount \$ _____<br><br>Date Processed<br><br>Date Imaged |     |      |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME | MS / MRS / MR                                     | FIRST                                                                                | MI                                       |                                                                                                                                                                                            |     |      |
|                                       | RENE                                              |                                                                                      |                                          |                                                                                                                                                                                            |     |      |
|                                       | NICKNAME                                          | LAST                                                                                 | SUFFIX                                   |                                                                                                                                                                                            |     |      |
|                                       | FUENTES                                           |                                                                                      |                                          |                                                                                                                                                                                            |     |      |
| 4 ORIGINAL REPORT<br>TYPE             | <input checked="" type="checkbox"/> January 15    | <input type="checkbox"/> Runoff                                                      | <input type="checkbox"/> Final report    |                                                                                                                                                                                            |     |      |
|                                       | <input type="checkbox"/> July 15                  | <input type="checkbox"/> Exceeded modified reporting<br>limit                        | <input type="checkbox"/> Other (specify) |                                                                                                                                                                                            |     |      |
|                                       | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer<br>appointment (officeholder only) |                                          |                                                                                                                                                                                            |     |      |
|                                       | <input type="checkbox"/> 8th day before election  |                                                                                      |                                          |                                                                                                                                                                                            |     |      |
| 5 ORIGINAL PERIOD<br>COVERED          | Month                                             | Day                                                                                  | Year                                     | Month                                                                                                                                                                                      | Day | Year |
|                                       | 07                                                | 01                                                                                   | 23                                       | THROUGH                                                                                                                                                                                    | 07  | 16   |

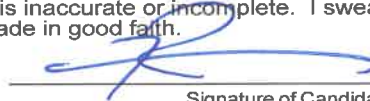
6 EXPLANATION OF CORRECTION

DONATION CHECK WAS DISCOVERED AFTER FILING OF REPORT AND THEREFOR WAS INCOMPLETE

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections