#### **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/ MS / MRS / MR FIRST М OFFICEHOLDER OFFICE USE ONLY Rene NAME NICKNAME Date Received LAST SUFFIX JUL 15 201 n/a Montalvo THE ELECTIONS OF THE ELECTIONS OF THE ELECTRONS OF THE EL STREET OF THE ELECTIONS 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE PO Box 16 Rio Grande City, TX. 78582 OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** OFFICEHOLDER (956)PHONE 735-7247 P 6 CAMPAIGN MS / MRS / MR FIRST MI Date Processed TREASURER Mr Rene NAME NICKNAME LAST SUFFIX Date Imaged n/a Montalvo STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CAMPAIGN STATE: ZIP CODE **TREASURER** 108 Sparrows Nest St. Rio Grande City, TX 78582 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (956 735-7247 9 REPORT TYPE 30th day before election Rupoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year COVERED Day 16 24 7 15 / 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Day Runoff 24 General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Starr County Attorney Starr County Attorney THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Rene P.Montalvo		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,705.42
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 42,402.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 27,652.98
18 SIGNATURE I se	wear, or affirm, under penalty of perjury, that the accompanying report is true ulred to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
(1) Affidavit	Please complete either option below	:
NOTARY STAMP/SEAL		
Sworn to and subscribed t	pefore me by	
	this thethich, witness my hand and seal of office.	, day of,
Signature of officer administeri	ng cath Printed name of officer administering cath	Title of officer administering oath
	ÓR	Control of the contro
(2) Unsworn Declaration	n en	
My name is Rene P. Mo	ontaivo, and my date of birth is	05-24-1961
My address is 108 Sparr	ows Nest St. Rlo Grande City TX	78582 STARR
Executed in STARR	(street) (city) (street)  County, State of TEXAS on the 15 day of July (month)	ate) (zip code) (country) 20 24 (year)
		le/Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	ER NAME P. Montalvo	s Commi	ssion Filers)	)
21 SCH NAM	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTA	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		0.00
2,	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	(	0.00
3.	SCHEDULE B; PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$	68,255	5.67
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	_	42,402	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	(	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	C	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	(	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	C	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	эн \$	0	0.00
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0	0.00
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0	0.00

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

in the reque	sted information is not applicable, DO NO	include this page in the	e report.
	instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
Rene P. M			3 Filer ID (Ethics Commission Filers)
4 Date 07/19/2023	5 Full name of contributor out-of-state Rene P. Montalvo	7 Amount of contribution (\$)	
	8 Contributor address; City: 108 Sparrows Nest St. Rio Gran	State: Zip Code ade City, TX 78582	40,602.69
	pation / Job title (See Instructions)	9 Employer (See Instruc	
Attorney a La	ew -	Rene P. Montalvo	, PC / Starr County Attorney
Date	Full name of contributor out-of-state		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state i	PAC (ID#:	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P	AC (ID#:	Amount of contribution (\$)
j	Contributor address; City;	State; Zip Code	
Principal occups	ntion / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES if contributor is out-of-state PAC, please see Inst	OF THIS SCHEDULE AS NE ruction guide for additional re	EDED porting requirements.
ms provided by Tex	cas Ethics Commission www.ethica	s.state.tx.us	Revised 1/1/2024

## LOANS

## SCHEDULE E

If the requeste	ed Information is not applicable, DO NC	T include this page in the re	eport.
The	instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Rene P. Mo	ontalvo		Control Continuation Library
4 TOTAL OF U	NITEMIZED LOANS		\$ 40,602.69
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
07/12/2024	Rene P. Montalvo		40,602.69
6 Is lender a financial institution?	8 Lender address; City; 108 Sparrows Nest St. Rio Gra	State; Zip Code	10 Interest rate 0.00
YBN		inde Oity, 17 70002	11 Maturity date 12/02/2024
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	latera)	15 Check if personal fun	ds were deposited into political
поле	T	account (See Instruc	tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	Chair The Actual	
not applicable	Only,	State; Zip Code	
20 Principal Occupa	tion (See instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
is lander a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
□ Y □ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal fund account (See Instruction	is were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACHADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE	DED
	7,	The second secon	Arma radnitainalita"

### 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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/V/ages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Credit Card Payment	The instruction Guide explains how to	Mages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME	complete this form.	2 Elles ID (Elles C.
	Rene P. Montalvo		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/30/2024	Starr County Towne Crier		
6 Amount (\$)	7 Payee address;	City;	State: Zip Code
300.00	Starr County Towne Crier Rio Grand	le City, TX 7858	2
8	(a) Category (See Categories listed at the top of this schadule)	(b) Description	
PURPOSE OF	Publication	Publication	
EXPENDITURE		1- dollcation	
	(c) Check If travel outside of Texas. Complete Schedula T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/01/2024	Rene P. Montalvo		
Amount (\$)	Payee address;	City;	State; Zip Code
40,602.69	108 Sparrows Nest St. Rio Grande C	Sity, TX 78582	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Payment	Loan Payments	
EXPENDITURE	-	Loan Payment	
	✓ Check if travel outside of Texas. Complete Schoolule T.	Chack if Arrelia	TV millionhabber is t
Complete ONLY if direct	Candidate / Officeholder name	Office sought	TX, officeholder living expense
expenditure to benefit C/OH	1	Cilioc adagini	Office held
Date	Pausa		
	Payee name		
06/17/2024	Rene Fuentes		
Amount (\$)	Payee address;	City;	State; Zip Code
1,000.00	Rene Fuentes Rio Grande City, TX 78		Zp Code
1,000.00		0002	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation	Cntribution	
EXPENDITURE			1
	Check if travel outside of Texas, Complete Schedule T,	Chack If Austin. T	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			Othice tield
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E AR MEER	EN

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE / MS / MRS / MR FIRST **OFFICEHOLDER** OFFICE USE ONLY Mr Rene P. NAME Date Received NICKNAME 6-2024 LAST SUFFIX n/a Montalvo 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE OFFICEHOLDER PO Box 16 Rio Grande City, TX. 78582 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date **OFFICEHOLDER** (956)735-7247 食 **PHONE** Receipt # 6 CAMPAIGN MS / MRS / MR FIRST MI TREASURER Mr. Rene Date Processed NAME NICKNAME LAST SUFFIX Date Imaged n/a Montaivo STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE **TREASURER** 108 Sparrows Nest St. Rio Grande City, TX. 78582 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 735-7247 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year COVERED 15 23 1 15 24 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Month Runoff Year Description 24 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Starr County Attorney Starr County Attorney 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**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	TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E	TICAL CONTRIBUTIONS (OTHER THAN JARANTEES OF LOANS, OR ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF LOANS)	\$ 24,862.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPE	ENDITURES	\$ 34,875.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAST D	\$ 20,536.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS AS OF TH TING PERIOD	\$ 30,550.25
18 SIGNATURE IS	swear or affirm under penalty of perior	ry, that the accompanying report is true an	and payment and includes all information
re	quired to be reported by me under Title 1	<ol> <li>the accompanying report is true and</li> <li>Election Code.</li> </ol>	id correct and includes all information
		Cionatura of Candi	data as Office holds
		Signature of Candid	date or Officendider
	Please cor	nplete either option below:	
(1) Affidavit			
NOTARY STAMP/SEA			
Swom to and subscribed	before me by	this the	day of
20, to certify	which, witness my hand and seal of office	<b>2</b> .	
Signature of officer administe	ring oath Printed name of	officer administering oath	Title of officer administering oath
DESCRIPTION OF THE PARTY NAMED IN		OR	The state of the s
(2) Unsworn Declaration	on		
My name is Rene P. M	lontaivo	, and my date of birth is $05$	-24-1961
My address is 108 Spar	rows Nest St.	Rio Grande City TX	78582 USA
	(street)	(city) (state	
Executed in Starr	. ,	on the 15th day of January	20 24
	,,	(month)	(year)
		-//IVONSE	m
		Signature of Candidate/	Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	RNAME P. Montalvo	20 Filer ID (Ethics Co	mmis	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			24,862.29
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	34,875.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	\$	0.00

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Rene P. Moi	C This is (Earlier Commission Fricia)		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 24,862.29
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
07/19/2023	Rene P. Montalvo		5,500.00
6 Is lender a financial Institution?	8 Lender address; City; 108 Sparrows Nest St. Rio Gra	State; Zip Code	10 Interest rate 0.00
Y N	Too opanows Nest St. Tilo Gra	inde City, 17. 70002	11 Maturity date 12/01/2024
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Attorney		Rene P. Montalvo, P	.C.
14 Description of Coll	ateral	15 Check if personal fund	ds were deposited into political
■ none		account (See Instruct	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	Sity,	State, Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	,	- Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
□ y □ N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal fund account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	3.17	oldio, Zip oode	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
•			
If Ie	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE truction guide for additional reg	DED porting requirements.

## LOANS

## SCHEDULE E

ii dio requeste		Include this page in the re	eport.	
The	Instruction Guide explains how to comp	1 Total pages Schedule E:		
Rene P. Mo	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF U	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
09/08/2023	Rene P. Montalvo	, , , , , , , , , , , , , , , , , , , ,	8,778.31	
6 Is lender a financial Institution?	8 Lender address; City; 108 Sparrows Nest St. Rio Gra	State; Zip Code	10 Interest rate 0.00	
YN			11 Maturity date 12/01/2024	
Attorney	on / Job title (See Instructions)	13 Employer (See Instructions) Rene P. Montalvo, P	.C.	
14 Description of Coll	ateral	15		
■ none		Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
YN			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral			
none		Check if personal fund account (See Instruction	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
if ler	ATTACH ADDITIONAL COPIL	ES OF THIS SCHEDULE AS NEE	DED	
	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME			2 Files ID (Fithing Commission Files)
Rene P. Mo	ntalvo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
10/10/2023	Rene P. Montalvo	,	8,162.53
6 Is lender a financial Institution?	8 Lender address; City; 108 Sparrows Nest St. Rio Gra	State; Zip Code	10 Interest rate 0.00
YN			11 Maturity date 12/01/2024
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	1
Attorney		Rene P. Montalvo, P	.C.
14 Description of Col	ateral	15	
■ none		Check if personal fundament (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
		,	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Charle it as well at a	
none		account (See Instruction	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEED	DED
If ler	ider is out-of-state PAC, please see Inst	ruction guide for additional ren	Orting requirements

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Rene P. Mor	The 15 (Lines Commission Filess)		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:	9 Loan Amount (\$)
11/12/2023	Rene P. Montalvo		500.00
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	108 Sparrows Nest St. Rio Gra	inde City, TX. 78582	0.00
YN		•	11 Maturity date 12/01/2024
	on / Job title (See Instructions)	13 Employer (See Instructions)	1
Attorney		Rene P. Montalvo, P	.C.
14 Description of Coll  none	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
1	49 Cuppenter address.	54 · · · · 5.5.555 · · · · · · · · · · · ·	
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
		, AO (10#	( <del>)</del>
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	eteral	Observation of the second of t	
none Check if personal funds were account (See Instructions)			ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	City,	olate, Zip code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
		,	
If le	ATTACH ADDITIONAL COPII nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE truction guide for additional re	DED porting requirements.

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
2 FILER NAME			2 Filor ID (Ethios Commission Files)	
Rene P. Mo	ntalvo		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF U	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#:	9 Loan Amount (\$)	
12/10/2023	Rene P. Montalvo	,	1,525.00	
6 Is lender a financial Institution?	8 Lender address; City; 108 Sparrows Nest St. Rio Gra	State; Zip Code ande City, TX. 78582	10 Interest rate 0.00	
YN		,	11 Maturity date 12/01/2024	
	on / Job title (See Instructions)	13 Employer (See Instructions)		
Attorney		Rene P. Montalvo, P.	.C.	
14 Description of Coll	ateral	15		
■ none		Check if personal fundaccount (See Instruct	ds were deposited into political iions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable	City,	State, Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	,	Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
		,		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
YN			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	nteral	Charlette		
none Check if pe		account (See Instruction	ls were deposited into political ons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable	•	Gioto, Zip Gode		
Principal Occupation	on (See Instructions)	Employer (See Instruction )		
	,	Employer (See Instructions)		
	ATTACH ADDITIONAL CODIE	ES OF THIS SCHEDULE AS MEET	DED	
if ler	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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

- Indiade this page in the report.							
The	1 Total pages Schedule E:						
2 FILER NAME Rene P. Moi	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF U	NITEMIZED LOANS		\$				
5 Date of loan 01/10/2024	Rene P. Montalvo	PAC (ID#:)	9 Loan Amount (\$) 396.39				
6 Is lender a financial Institution?	8 Lender address; City; 108 Sparrows Nest St. Rio Gra	10 Interest rate 0.00  11 Maturity date 12/01/2024					
12 Principal occupation	on / Job title (See Instructions)	12	12/01/2024				
Attorney	on 7 300 title (See Instructions)	13 Employer (See Instructions) Rene P. Montalvo, P.C.					
14 Description of Coll  none	ateral	Check if personal funds were deposited into political account (See Instructions)					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code	·				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)					
Date of loan Name of lender out-of-state		PAC (ID#:)	Loan Amount (\$)				
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate				
☐ Y ☐ N			Maturity date				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
Description of Colla	ateral						
none		Check if personal funds were deposited into political account (See Instructions)					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code					
not applicable							
Principal Occupation	on (See Instructions)	Employer (See Instructions)					
If ler	ATTACH ADDITIONAL COPIE  ander is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE	DED				

Forms provided by Texas Ethics Commission

### 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

Event Expense Fees Food/Beverage Expense Giff/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)

Credit Card Payment	The Instruction Guide explains how to	//ages/Contract Labor  complete this form.	Other (enter a category not listed above)						
1 Total pages Schedule F1:									
4 Date 01/15/2024	5 Payee name Starr County Democratic Party								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
750.00	c/o Starr County Democratic Chair Jessica Vera								
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description							
PURPOSE OF EXPENDITURE	Candidate Filing Fee	Filing Fee							
	(c) Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder living expense							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
01/09/2024	Lee Roy Garcia Roma, Texas								
Amount (\$)	Payee address;	City;	State; Zip Code	-					
250.00 Roma High School Student - Scholarship Contribution									
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE OF EXPENDITURE	Scholarship Contribution Scholarship Contribution								
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name			=					
10/08/2023	City of Escobares Economic Develop	ment Corporation	on						
Amount (\$)	Payee address;	City;	State; Zip Code	┪					
125.00	City Hall - City of Escobares, TX								
	Category (See Categories listed at the top of this schedule)	Description		+					
PURPOSE OF EXPENDITURE	Contribution/Donation	Contribution/Do	onation						
	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	1					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEET	DED	=					

### SCHEDULE F1

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## **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)

Candidate/Officeholder/Political Credit Card Payment	al Committee	Legal Services		Nages/Contract Labor	Other (enter a cate	gory not listed above)	
4		The Instruction Guid	e explains how to	complete this form.			
1 Total pages Schedule F1:		<sup>AME</sup> <b>Montaivo</b>			3 Filer ID (Ethi	cs Commission Filers)	
4 Date 07/18/2023	5 Payee na Rene P.	<sub>ame</sub> . Montalvo					
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zin Code	
13,000.00	108 Sparrows Nest St, Rio Grande City, TX. 78582						
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description			
PURPOSE	Loan Pa	ayment		Loan Payment	avment		
OF EXPENDITURE							
	(c) Charles to an all a state of the control of the				tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	•	Office sought		Office held	
Date	Payee na	me					
08/01/2023	Rene P.	Montalvo					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
1,000.00							
1,000.00		•		,,			
	Category	(See Categories listed at the t	op of this schedule)	Description			
PURPOSE	Loan Pa		,	Loan Payment			
OF EXPENDITURE				Zour raymone	•		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
09/21/2023	Dans D	Mantal					
0012112020	Rene P.	Montalvo					
Amount (\$)	Payee add	-		City;	State;	Zip Code	
3,000.00	108 Sparrows Nest St., Rio Grande City, TX. 78582						
	Category	(See Categories listed at the to	p of this schedule)	Description			
PURPOSE OF	Loan Pag	yment		Loan Payment			
EXPENDITURE				and a significant			
	C	Check if travel outside of Texas. C	omplete Schedule T.	Check if Austin	TX, officeholder living	AVDENSA	
Complete ONLY if direct		te / Officeholder name		Office sought	, emesion and and	Office held	
expenditure to benefit C/OH				ooo oougiit		Onice neig	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidato/fficeholder/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 (International Content of Con

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Rene P. Montalvo	3 Filer ID (Ethics Commission Filers)					
4 Date 09/29/2023	5 Payee name Rene P. Montalvo						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
3,500.00	108 Sparrows Nest St, Rio Grande C	City, TX. 78582					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Loan Payment	Loan Payment					
	(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/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
10/25/2023	Rene P. Montalvo						
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code						
2,500.00 108 Sparrows Nest St., Rio Grande City, TX. 78582							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Loan Payment	Loan Payment					
	Check if travel outside of Texas. Complete Schedule T.	n, 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						
11/05/2023	Rene P. Montalvo						
Amount (\$)	Payee address;	City;	State; Zip Code				
7,500.00	1400 000 000 000 000 000 000 000 000 000						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Loan Payment	Loan Payment					
	TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED				

### SCHEDULE F1

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

Advertising Expense
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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:								
4 Date 12/11/2023	5 Payee name Rene P. Montalvo							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
2,250.00	108 Sparrows Nest St, Rio Grande City, TX. 78582							
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF EXPENDITURE	Loan Payment	Loan Payment						
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	nt (\$) Payee address;		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 fiving ex							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED					

## 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	MS/MRS/MR	FIRST			MI	OFFIC	E USE ONLY		
	NAME	Mr.	Rene			P	Filer ID #			
		NICKNAME	LAST			SUFFIX				
		n/a	Montaly	.0		n/a	Date Received	JG 15 2022 📈		
					07175		· '`	SO 1 9 EULE P		
3	CANDIDATE MAILING ADDRESS	PO Box 16	APT / SUITE #	Rio Grande	STATE City TX	ZIP CODE 78582	Qare Habit delivere	THONS ADMIN		
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSI	ON	Receipt 6	Anomis &		
	PHONE	( 956 )	735-7247				Date Processed			
5	OFFICE HELD (if any)	Interim Starr Co	unty Attorney				Date images 79 (	OUNTALLES		
õ	OFFICE SOUGHT (if known)	Starr County Att	orney							
7	CAMPAIGN	MS/MRS/MR	FIRST	Wt	NICKNAM	E	LAST	SUFFIX		
1	TREASURER NAME	Mr.	Rene	P.	n/a		Montalvo	n/a		
		STREET ADDRESS		APT / SUITE #		CITY	STATE	ZIP CODE		
8	CAMPAIGN TREASURER STREET ADDRESS	108 Sparrows Ne			Rio (	Grande City	TX	78582		
(	residence or business)									
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSIO	ρŃ				
	TREASURER PHONE	( 956 ) 735-	7247							
10	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.							tributions		
		monthe			08-08-22					
			Signature of Car	didate			Date Sign	ed		
	GO TO PAGE 2									