

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Andres</td> <td>O</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Rios</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Andres	O	NICKNAME	LAST	SUFFIX		Rios		<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> OFFICE USE ONLY </div> <div style="text-align: center;"> <p>Date Received</p> <div style="font-size: 2em; color: blue; font-weight: bold; margin: 0;">RECEIVED</div> <p style="color: red; font-weight: bold; margin: 0;">APR 26 2024</p> <p style="font-size: 0.8em;">BY: </p> </div> <div style="text-align: center;"> <p>Date Hand-delivered or Date Postmarked</p> <p style="font-size: 1.2em;">4/26/24 1:45pm</p> </div> <table style="width:100%; font-size: 0.8em;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$			Date Processed		Date Imaged	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">305 Calle Jacaranda, Brownsville, TX. 78520</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	305 Calle Jacaranda, Brownsville, TX. 78520															
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center; font-size: small;">Month Day Year</td> <td style="width:10%; text-align: center; font-size: small;">THROUGH</td> <td style="width:25%; text-align: center; font-size: small;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">03 / 26 / 2024</td> <td></td> <td style="text-align: center;">04 / 24 / 2024</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	03 / 26 / 2024		04 / 24 / 2024														
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: small;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td>BND Commissioner Place 3</td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		BND Commissioner Place 3																
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14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="font-size: x-small;">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.</div> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:20%; border-right: 1px solid black; padding-right: 5px;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:80%; padding-left: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS																		
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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)

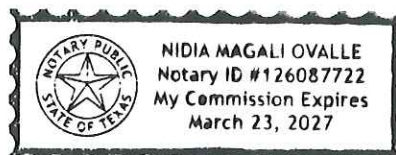
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,209.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,504.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,482.96
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 Andrew Oscar Ninos this the 24th day of April, 2024, to certify which, witness my hand and seal of office.

Nidia M. Ovalle

Nidia M. Ovalle

Notary

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

Andres O. Rios

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,987.52
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,221.52
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	\$ 2,504.56
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	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 12	
2 FILER NAME Andres O. Rios			3 Filer ID (Ethics Commission Filers)		
4 Date 3/29/24	5 Full name of contributor Jane Fonda Climate PAC		<input checked="" type="checkbox"/> out-of-state PAC (ID#: C00806893)	7 Amount of contribution (\$) \$ 2,000.00	
6 Contributor address; [REDACTED]			City; Washington DC	State; 20003	Zip Code
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 4/7/24	Full name of contributor Robin Schneider		<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 25.00	
Contributor address; [REDACTED]			City; Austin	State; TX	Zip Code 78704
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/12/24	Full name of contributor Lynn Redmon		<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 5.00	
Contributor address; [REDACTED]			City; Temple Terrace	State; FL	Zip Code 33617
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/12/24	Full name of contributor Laura Wilder		<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 5.00	
Contributor address; [REDACTED]			City; Garland	State; TX	Zip Code 75043
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 Andres O. Rios		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Stover 6 Contributor address; City; State; Zip Code [REDACTED] Lancaster OH 43130	7 Amount of contribution (\$) \$ 3.84
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Rothstein Contributor address; City; State; Zip Code [REDACTED] Santa Rosa Beach FL 32459	Amount of contribution (\$) \$ 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arden Buck Contributor address; City; State; Zip Code [REDACTED] Nederland CO 80466	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaryaman Singhal Contributor address; City; State; Zip Code [REDACTED] Berkeley CA 94703	Amount of contribution (\$) \$ 11.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Andres O. Rios		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaac Ramirez 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> Union City CA	7 Amount of contribution (\$) \$ 3.34
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Coy Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> Northampton MA 1060	Amount of contribution (\$) \$ 1,000.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne Nittler Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> Davis CA 95616	Amount of contribution (\$) \$ 10.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martina Nicholson Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> Soquel CA 95073	Amount of contribution (\$) \$ 9.⁰⁰
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

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2 FILER NAME Andres O. Rias				3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane McCarney			7 Amount of contribution (\$) \$ 1.67	
	6 Contributor address; City; State; Zip Code [REDACTED] LaCenter WA 98629				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann McNeal			Amount of contribution (\$) \$ 9.00	
	Contributor address; City; State; Zip Code [REDACTED] Pelham MA 1002				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry DeWitt			Amount of contribution (\$) \$ 3.00	
	Contributor address; City; State; Zip Code [REDACTED] Cypress TX 77433				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Zupan			Amount of contribution (\$) \$ 9.00	
	Contributor address; City; State; Zip Code [REDACTED] Eugene OR 97405				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <u>Andres O. Rios</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/15/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joanne Witty</u>	7 Amount of contribution (\$) <u>\$ 500.⁰⁰</u>
6 Contributor address; City; State; Zip Code [REDACTED] <u>Bedford Hills NY 10507-2208</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/15/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William G. Pigman</u>	Amount of contribution (\$) <u>\$ 9.⁰⁰</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Petersburg FL 33704</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/15/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Roger Derrough</u>	Amount of contribution (\$) <u>\$ 9.⁰⁰</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Weaverville NC 28787</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/15/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Kieschnick</u>	Amount of contribution (\$) <u>\$ 27.⁰⁰</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Palo Alto CA 94301</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 4/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Brickman	7 Amount of contribution (\$) \$ 9.⁰⁰
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Needham MA 2494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Crider	Amount of contribution (\$) \$ 1.⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Meeker CO 81641-3425		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shari Lawson	Amount of contribution (\$) \$ 27.⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> La Jolla CA 92037		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Laughlin	Amount of contribution (\$) \$ 27.⁰⁰
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Tesque NM 87574		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Andres O. Rios		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberta Chan	7 Amount of contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code [REDACTED] Gualala CA 95445		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillary Reeves	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code [REDACTED] Minneapolis MN 55401		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adriane Underwood	Amount of contribution (\$) \$9.00
Contributor address; City; State; Zip Code [REDACTED] St. Louis MO 63132-4418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Decesare	Amount of contribution (\$) \$8.33
Contributor address; City; State; Zip Code [REDACTED] Nashua NH 3062		
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 Andres O. Rios		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Connolly 6 Contributor address; City; State; Zip Code [REDACTED] Kensington CA 94707	7 Amount of contribution (\$) \$ 9.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Allyn Contributor address; City; State; Zip Code [REDACTED] Houston TX 77077	Amount of contribution (\$) \$ 6.67
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda Bowen Contributor address; City; State; Zip Code [REDACTED] Spokane WA 99203	Amount of contribution (\$) \$ 3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Barouch Contributor address; City; State; Zip Code [REDACTED] Richmond CA 94805	Amount of contribution (\$) \$ 20.00
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 Andres O. Rios		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Smith <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Florence SC 29501	7 Amount of contribution (\$) \$ 9.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chip Sharpe <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Bayside CA 95524-9301	Amount of contribution (\$) \$ 9.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William M. Majors III <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Oklahoma City, OK 73120	Amount of contribution (\$) \$ 8.33
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucinda Huggins <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Schenectady NY 12309	Amount of contribution (\$) \$ 20.00
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 Andres O. Rias		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/24	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00806893) Jane Fonda Climate PAC 6 Contributor address; City; State; Zip Code Washington DC 20003	7 Amount of contribution (\$) \$ 2,000.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Slater Contributor address; City; State; Zip Code New York NY 10025-7142	Amount of contribution (\$) \$ 3.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elijah Bradford Contributor address; City; State; Zip Code Canton OH 44706	Amount of contribution (\$) \$ 1.67
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore Chase Jr. Contributor address; City; State; Zip Code Princeton NJ 08540	Amount of contribution (\$) \$ 9.00
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 Andres O. Rios		3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fawaz Anwar 6 Contributor address; City; State; Zip Code [REDACTED] TX 75010	7 Amount of contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniella Marrero Hi Contributor address; City; State; Zip Code [REDACTED] Mission, TX 78572	Amount of contribution (\$) \$83.33
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Hingjasa Contributor address; City; State; Zip Code [REDACTED] Brownsville TX 78526	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Brady Contributor address; City; State; Zip Code [REDACTED] Chicago, IL 60640	Amount of contribution (\$) \$16.67
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 Andres O. Rias		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lutz	7 Amount of contribution (\$) \$4.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Woodstock GA 30188		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 1	
2 FILER NAME Andres O. Rios		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/23/24	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C 00874032) Lead Locally PAC	8 Amount of Contribution \$ \$3,221.52	9 In-kind contribution description staff time, email list rental, voter contact
7 Contributor address; City; State; Zip Code [REDACTED] Los Angeles, CA 90029		<input type="checkbox"/> 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> 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	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: 4	2 FILER NAME Andres O. Ries	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/24	5 Payee name Security Service Federal Credit Union	
6 Amount (\$) 9.00	7 Payee address; City; State; Zip Code 4150 North Expressway US-77 Brownsville, TX. 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/banking	(b) Description bank fee
	(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 4/8/24	Payee name Aly Schmidt	
Amount (\$) \$79.86	Payee address; City; State; Zip Code 410 N. 17th St. McAllen, TX. 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description flyers
	<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 4/12/24	Payee name Brand Boosters Co LLC	
Amount (\$) \$405.94	Payee address; City; State; Zip Code 3607 S L Ln McAllen, TX 78503	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description signs
	<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

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:	2 FILER NAME Andres O. Rios		3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/24	5 Payee name The Home Depot			
6 Amount (\$) \$41.77	7 Payee address;	City;	State;	Zip Code
	4551 Padre Island Hwy	Brownsville	TX	78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description stakes	
	(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 4/20/24	Payee name Patricia Rios			
Amount (\$) \$300.⁰⁰	Payee address;	City;	State;	Zip Code
	1324 Boca Chica	Brownsville	TX.	78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages		Description Block walk	
	<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 4/20/24	Payee name Gabriela Rios			
Amount (\$) \$300.⁰⁰	Payee address;	City;	State;	Zip Code
	1324 Boca Chica	Brownsville	TX.	78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages		Description Block walk	
	<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

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:		2 FILER NAME Andres D. Rios		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/24		5 Payee name Gloria Thomas			
6 Amount (\$) \$101.32		7 Payee address; 3735 Torres Rd. Apt. B		City; Brownsville	State; TX
				Zip Code 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract labor		(b) Description campaign services		
	(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 4/22/24		Payee name Denisce Palacios			
Amount (\$) \$500.00		Payee address; 4105 Old Hwy 77, Apt. A		City; Brownsville, TX.	State; TX
				Zip Code 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor		Description Campaign manager		
	<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 4/22/24		Payee name Aly Schmidt			
Amount (\$) \$666.67		Payee address; 410 N. 17th St.		City; McAllen	State; TX
				Zip Code 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor		Description Campaign manager		
	<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

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:	2 FILER NAME Andres O. Rias	3 Filer ID (Ethics Commission Filers)
4 Date 4/9/24	5 Payee name Democrats of Southern Cameron County	
6 Amount (\$) \$ 100.⁰⁰	7 Payee address; 3207 Noble Dr.	City; State; Zip Code Brownsville TX 78526
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Candidate's Forum
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF 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

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Lead Locally PAC

ADDRESS (number and street)

1110 N Virgil Ave

☐ (Check if address is changed)

#375

Los Angeles

CITY ▲

CA

STATE ▲

90029

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

LeadLocally@leftledger.co

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
03 / 21 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00874032

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stanger, Howie, . .

Signature of Treasurer Stanger, Howie, . .

Date

MM / DD / YYYY
03 / 21 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation☐ Corporation w/o Capital Stock☐ Labor Organization☐ Membership Organization☐ Trade Association☐ Cooperative☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☒ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.**Joint Fundraising Representative:**

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. 2.

C	<input type="text"/>
C	<input type="text"/>

Write or Type Committee Name

Lead Locally PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Hall, Mo, Rudick, ,

Mailing Address

1110 N Virgil Ave

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

310

929

0276

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Stanger, Howie, , ,

Mailing Address

1110 N Virgil Ave

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

310

929

0276

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Jane Fonda Climate PAC

ADDRESS (number and street)

600 Pennsylvania Ave SE



(Check if address is changed)

Unit 15180

Washington

CITY ▲

DC

STATE ▲

20003

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

reporting@capcompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

janePAC.com

2. DATE

MM / DD / YYYY
01 / 09 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00806893

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Halfon, Jay, , ,

Signature of Treasurer

Halfon, Jay, , ,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 09 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative



In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)



In addition, this committee is a Lobbyist/Registrant PAC.



In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☒ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).



In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Write or Type Committee Name

Jane Fonda Climate PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Myles, Joshua, , ,

Full Name

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

202

544

6960

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

Halfon, Jay, , ,

of Treasurer

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202

544

6960

Full Name of
Designated
Agent

Rowe, Daniel, , ,

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

202

544

6960

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

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Washington

DC

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CITY ▲

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Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲