

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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,423.78
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,800
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 32,102.41
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 66,565.50
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: 5
2 FILER NAME Hector Salinas		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Walker	7 Amount of contribution (\$) 1,000
	6 Contributor address; City; State; Zip Code Centennial CO 80111	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bradley	Amount of contribution (\$) 500
	Contributor address; City; State; Zip Code Gilliard FL 32046	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Goutcher	Amount of contribution (\$) 263.90
	Contributor address; City; State; Zip Code [REDACTED] St. Augustine FL 32092	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ean Johnson	Amount of contribution (\$) 250
	Contributor address; City; State; Zip Code Akron OH 44333	
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Bell <hr/> 6 Contributor address; City; State; Zip Code Erie CO 80516	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Malter <hr/> Contributor address; City; State; Zip Code [REDACTED] Hawthorn Wood IL 60047	Amount of contribution (\$) 1,054.62
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Stoll <hr/> Contributor address; City; State; Zip Code Denver CO 80209	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zac Vallos <hr/> Contributor address; City; State; Zip Code [REDACTED] Denver CO 80205	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Kroger <hr/> 6 Contributor address; City; State; Zip Code Centennial CO 80016	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Peterson <hr/> Contributor address; City; State; Zip Code [REDACTED] Denver CO 80209	Amount of contribution (\$) 2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colby Tanner <hr/> Contributor address; City; State; Zip Code [REDACTED] Haslet TX 76052	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Broe <hr/> Contributor address; City; State; Zip Code [REDACTED] Denver CO 80206	Amount of contribution (\$) 20,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Bennett <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Ft. McCoy FL 32134	7 Amount of contribution (\$) 527.47
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Ramos <hr/> Contributor address; City; State; Zip Code [REDACTED] Windsor CA 80550	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bradley <hr/> Contributor address; City; State; Zip Code [REDACTED] Hilliard FL 32046	Amount of contribution (\$) 211.18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Ellman <hr/> Contributor address; City; State; Zip Code [REDACTED] Walparaiso IN 46385	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Ramos <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Windsor CO 80550	7 Amount of contribution (\$) 316.61
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge de la Garza <hr/> Contributor address; City; State; Zip Code [REDACTED] Brownsville TX 78526	Amount of contribution (\$) 1,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bradley <hr/> Contributor address; City; State; Zip Code Hilliard FL 32046	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Dreier <hr/> Contributor address; City; State; Zip Code Golden CO 80401	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	
2 FILER NAME Hector Salinas		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3,800	
5 Date 4/7/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Sabatini	8 Amount of Contribution \$ 900	9 In-kind contribution description Food
7 Contributor address; City; State; Zip Code 50 S Steel Denver CO 80209		<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 4/3/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shariff Gonnella	Amount of Contribution \$ 2,000	In-kind contribution description Podcast Ads
Contributor address; City; State; Zip Code 125 Jacklyn Cir. Rancho Viejo TX 78575		<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)			

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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		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3,800	
5 Date 4/9/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humberto Torres	8 Amount of Contribution \$ 900	9 In-kind contribution description Advertising Banner
7 Contributor address; City; State; Zip Code 13 Casa de Palma Brownsville TX 78520		<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
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)			

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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	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: 6	2 FILER NAME Hector Salinas	3 Filer ID (Ethics Commission Filers)
4 Date 4/3/26	5 Payee name Fiesta Graphics	
6 Amount (\$) 2,706.25	7 Payee address; City; State; Zip Code 205 Paredes Ln Brownsville TX 78521 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/3/26	Payee name Pink Ape Media	
Amount (\$) 10,000	Payee address; City; State; Zip Code 3892 Magali Cir Brownsville TX 78521 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/5/26	Payee name RGV Media Group	
Amount (\$) 335.25	Payee address; City; State; Zip Code 2108 Central Blvd Brownsville TX 78520 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 4/8/26	5 Payee name Walmart
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6 Amount (\$) 213.95	7 Payee address; 2205 Ruben Torres Blvd <input type="checkbox"/> Check if individual's residence address.	City; Brownsville TX 78526	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description
	<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
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Date 4/9/26	Payee name Ricardo's Restaurant
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Amount (\$) 140.74	Payee address; 5850 Ruben Torres Blvd <input type="checkbox"/> Check if individual's residence address.	City; Brownsville TX 78526	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	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
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Date 4/11/26	Payee name Border Press Inc
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Amount (\$) 4,812.34	Payee address; 620 E. Price, <input type="checkbox"/> Check if individual's residence address.	City; Brownsville TX 78521	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/26	5 Payee name EI Valle Noticias	
6 Amount (\$) 811.87	7 Payee address; City; State; Zip Code 3125 Resaca Vista Dr. Brownsville TX 78526 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(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 4/15/26	Payee name EHLJ LLC	
Amount (\$) 1,918.73	Payee address; City; State; Zip Code 652 Levee St Brownsville TX 78520 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 4/17/26	Payee name Pink Ape Media	
Amount (\$) 15,500	Payee address; City; State; Zip Code 3892 Magali Cir. Brownsville TX 78521 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/17/26	5 Payee name Leo's Advertising	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(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 4/17/26	Payee name ProVision Productions	
Amount (\$) 3,000	Payee address; City; State; Zip Code 1724 Boca Chica Blvd Brownsville TX 78520	
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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 4/23/26	Payee name Border Press Inc	
Amount (\$) 5,481.07	Payee address; City; State; Zip Code 620 E. Price, Rd Brownsville TX 78521	
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/26	5 Payee name Pink Ape Media	
6 Amount (\$) 18,000	7 Payee address; City; State; Zip Code 3892 Magali Cir Brownsville TX 78521 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description
	(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 4/15/26	Payee name Tuches Tacos and Beer	
Amount (\$) 620.12	Payee address; City; State; Zip Code 1393 E Alton Gloor Blvd Brownsville TX 78526 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	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 4/20/26	Payee name Tuches Tacos and Beer	
Amount (\$) 600	Payee address; City; State; Zip Code 1393 E Alton Gloor Blvd Brownsville TX 78526 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	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

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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/8/26	5 Payee name Walmart	
6 Amount (\$) 229.95	7 Payee address; City; State; Zip Code 2205 Ruben Torres Blvd Brownsville TX 78526 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description
	(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 4/20/26	Payee name IBC	
Amount (\$) 70.90	Payee address; City; State; Zip Code 1600 Ruben Torres Blvd Brownsville TX 78521 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	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 4/23/26	Payee name Donorbox	
Amount (\$) 1,624.33	Payee address; City; State; Zip Code 1520 Belle View Blvd Alexandria VA 22307 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Processing Fees	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