CANDIDAT CAMPAIGN	E / OFFI	CEHOLDER E REPORT	Amend	ed	FO COVER SH	RM C/OH EET PG 1
The C/OH Instruction G			1 Filer ID (Ethics C		2 Total pages filed	:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
NAME	NICKNAME	Abuil	AR	SUFFIX	Date Received FILI	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;	APT / SUITE #; C	Alice TY	ZIP CODE 78332	FEB 1	69 car
ADDRESS Change of Address					By By III, Co. 2015	Jim Wells Co., Texas Deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	701-567	EXTENS	ION		CLOCK A M
6 CAMPAIGN TREASURER	MS / MRS / MR	ANNA		M	Receipt # MAR	0 1 2024
NAME	NICKNAME	BENAVI	0.65	SUFFIX		Clic Jim Wells Co., Teo
7 CAMPAIGN TREASURER ADDRESS (Residence or Business))	ROSS Ave			STATE:	78332
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	ION		
TREASURER PHONE	(361)	701-319	19			
9 REPORT TYPE	January 15	30th day before e	lection Ru	noff	15th day afte treasurer app (Officeholder	ointment
	July 15	8th day before ele	Cuon 1	ceeded Modified porting Limit	Final Report	Attach C/OH - FR)
10 PERIOD COVERED	Month OI	OI / 2024	THROUGH	D2	Day Year / 05 / 20	24
11 ELECTION	ELECTION DA	TE Year Primary	Runoff	ELECTION TYPE Other Description		
	03/05/	2024 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if know	Commission	er Pct 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFK	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES 3 AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL MAY HAVE BEEN MADE	EXPENDITURES I	MADE BY POLITICAL COMI DIDATE'S OR OFFICEHOLD	AITTEES TO SUPPORT ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		<u> </u>
15 C/OH NAME		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-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _ 0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - D-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,251.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* - D -
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Dional Can	lau didate or Officeholder
of	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
(0) 11	OR	
(2) Unsworn Declarati	0	
My name is	rge Hguilar, and my date of birth is	
My address is		x . 76332 . USA
Executed in Sim We		vary . 20 2 4. (year)
	Signature of Candi	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME GEORGE AGUILAR 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 691.74
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 559.60
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

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SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense					
1 Total pages Schedule F4:	2 FILER NAME GEORGE AGUIL		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date 01/03/2024	6 Payee name UNITED STATES POST	TAL service			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
\$ 66.00	401 E. 2nd St	Alice	Tr 78332		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense 100 postage stamps				
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense		
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH					
01 09 2024	Payee name UNITED STATES POS	TAL SERVICE			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 66.00	214 S. EUGENIA	grange Grove	2 TY 78372		
TYPE OF EXPENDITURE	Political	Non-Political	0.07.90		
	Category (See Categories listed at the top of this	,			
PURPOSE OF Expenditure	Advertising Expe	nse 100	Postage Stamps		
	Check if travel outside of Texas. Complete	Schedule T. Chack if A	ustin, 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 O	F THIS SCHEDULE AS NE	EDED		

EXPENDITURES MADE BY CREDIT CARD

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SCHEDULE F4

If the requested inforn	nation is not applicable, DO NOT include this page in	the report.
T ₁	EXPENDITURE CATEGORIES FOR BOX 1	0(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		xpense Transportation Equipment & Related Expense Travel In District Travel Out Of District Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	GEORGE AGUILAR	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CAI	RD \$
5 Date 01/30/2024	6 Payee name LAMAR ADVERTISING	
7 Amount (\$) 291-25	8 Payee address; Cit 133 N. PADRE ISLAND BR.	
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	Advertising Expense @ a	HAPRO RESTAURANT:
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
OZ 02 2024	Payee name HEB	
Amount (\$)	Payee address; Cit	y; State; Zip Code
# 56.62	1115 E MAIN AL	ice TX 78332
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF Expenditure	FOOD & Beverage expense 2-4	ription EST # MEET SAN DIECT -24 JUSTIN'S HALL Check if Austin, TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

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SCHEDULE F4

If the requested inform	mation is not applicable, DO NOT inc	lude this page in the re	port.	
	EXPENDITURE CATEG	GORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4: 2 FILER NAME GEORGE AGUICAN 3 Filer ID (Ethics Commission File)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date 02/03/2024	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
# 221.87	1115 E MAIN ST	T Acico	TV 78332	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this EVENT EXPENSE FOOD 4 BENERADO (c) Check if travel outside of Texas. Complete S	Food To Meer & 6	BE SERVED @ SREST-SAN DI COD JUSTIN S HALL ustin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	- 100 - 100		
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF Expenditure	Category (See Categories listed at the top of this	schedule) Description		
	Check if travel outside of Texas. Complete	Schedule T, Check if A	ustin. TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ine of .

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)

Orock Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUILAR		3 Filer ID (Ethics Commission Filers)
4 Date 02 03 2024	5 Payee name SILVA'S RESTUARENT	-	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 1310 RANGE	City; Avice	State; Zip Code 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD Expense	FOR PCT	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Relmbursement from political contributions Intended			
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/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	75	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED .

Date Table Guests Server APPT-SOUP/SAL-ENTREE-VEG/POT-DESSERT-BEV Tax Total SYSCO CORPORATION Reorder #4604476 MADE IN THE USA Guest Receipt Amount Guesta Date 51641

SCHEDULE G

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

		iot applicable; a	JO 1101 III	iolado (i	ms page	m the rep			
		EXPENDITU	IRE CATE	ORIES I	FOR BOX	(8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form,		d Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		nent & Related Expense		
1 Total pages Schedule G:	2 FILER NAI	ME	AGU	iLA	e	T	3 Filer	ID (Ethics	Commission Filers)
4 Date 01/12/2024									
6 Amount (\$)	7 Payee add	ress;				City;		State;	Zip Code
ReImbursement from political contributions Intended	1607	CARME	TZ 14	•	A	<i>Lice</i>		TX	78332
8 PURPOSE	(a) Category	(See Categories listed at	the top of this sc	hedule)	(b) Desc	ription		- 3	
OF EXPENDITURE	Po	LLINGE	xpens	se	CA	WVAS	SIN	G	
	(c) c	heck if travel outside of Tex	as. Complete Sch	edule T		Check if Austin, 1	TX, officet	nolder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder r	name		Office sou	ıght			Office held
Date	Payee nam								
01 12 2024	N	oemi k	Pocho	L					
Amount (\$)	Payee add	ress;				City;		State;	Zip Code
200.00 Reimbursement from political contributions intended	1459	Easterli	ng Dri	ve #	iu –	Acice		TK	78332
PURPOSE	Category	(See Categories listed at	the top of this so	hedule)	Desc	ription			
OF EXPENDITURE	Po	LLING	EXPO	NSE		CANVI	455	ING	
		heck if travel outside of Tex	kas. Complete Sch	edule T.		Check if Austin,	TX, office	holder living e	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/G		ate / Officeholder r	name		Office sou	ıght			Office held
Date	Payee nam	18							
01/12/2024	Nit	VA GAR	ciA						
Amount (\$)	Payee add	ress;			(City;	-	State;	Zip Code
200.00 Reimbursement from political contributions intended	4541	FW 1329	Apt	29	SA	m Die	60	TX	78384
PURPOSE	Category	(See Categories listed at	the top of this sc	hedule)	Desc	ription			
OF EXPENDITURE	Poi	LLING ET	(Pans	E		CANU	ASS	SING	
		hack if travel outside of Tex	ras. Complete Sch	edule T		Check if Austin, 1	TX, officel	nolder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder r	name		Office sou	ught			Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form.

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel Out Of District
Other (enter a category not listed above)

1 Total pages Schedule G:	GEORGE AGUIL	AR	3 Filer ID (Ethics Co	mmission Filers)
4 Date 1 1 2 20 24	5 Payee name ELENA SANCHE	22		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	P.O. Box 58	SAN DIE	60 TK	78384
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	POLLING EXPENSE	CANVA	assing-	
EX CHOTORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living exper	nse
Gomplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
1 1 2 2024	Payee name ELMA GONZAL	ez		
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	P.O. 1304 305	SAN DIE	GO TX	78384
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	POLLING GXDENT	CAN	VASSING	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name		889030	
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Of	fice held
expenditure to benefit C/OH				

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/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 Gulde explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUILAR		3 Filer ID (Ethics	Commission Filers)
4 Date 01 19 2024	5 Payee name STEPHANIE GON	nez		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1607 CARMEN ST.	Arice	TK	78332
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	POLLING EXPENSE	CANV	assing-	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 01 19 2024	Payee name Noem i RocatA			
Amount (\$) 200.00	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1455 Easterling Dr. # 111	Alice	TX	78332
PURPOSE	Category (See Calegories listed at the top of this schedule)	Description		
OF EXPENDITURE	POLLING EXPENSE	CANVI	assino	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	<u>5</u> 1	Office held
01 19 2024	Payee name NINA GARCIA			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	4541 FM 1329 Apt 12	LA SAND	1660 TX .	78384
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	POLLING EXPENSE	CAN	VASSING	•
	Check if travel outside of Texas. Complete Schedula T.		, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gifl/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

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUIU	3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2024	5 Payee name EVENA SANCHE	2	
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
150.00 Reimbursement from political contributions intended	Po. Box 58	SANDLEGO TO 78384	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_
OF EXPENDITURE	Pouring Expense	CANVASSING	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 01 19 2024	Payee name ELMA GONZAT Payee address; D. O. BOX 305	ez	
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended	SAN DIEGO	TK 78384	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Polling expense	CANVASSING	
	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/	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Relmbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE			
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) GLORGE AGUILAR Date 5 Payee name 01/26/2024 6 Amount (\$) 7 Payee address; City: Zip Code 200.00 ALICE 78 332 1607 CARMEN Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** CANVASSING POLLING EXPENSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name 01 24 2024 Noemi ROCHA Amount (\$) Payee address; City; Zip Code 7.00.00 H65 Baskerling Dr. # 111 Alice 78332 eimbursement from political contributions intended Category (See Categories listed at the top of this achedule) PURPOSE CANVASSING OF POLLING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name NINA GARCIA 01/26/2024 Amount (\$) Payee address; State: Zip Code *?*ഹഗ.ഗഗ SAN DIEGO TX 78384 4541 FM 1329 Apt 129 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** CANVASSING POULING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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	complete this form.	Sam forms a caregory	TOT HATES ABOVEY
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUILA	n	3 Filer ID (Ethics C	ommission Filers)
4 Date 0 24 2024	5 Payee name ELENA SANCHEZ			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Relmbursement from political contributions Intended	D.0 Box 58	SAN DIEGO	TX	78332
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	POLLING EXPENSE	CANVI	Assimo	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	С	ffice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Relmbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPERIENCE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	C	ffice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exp	ense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

. . . .

Event Expense Fees Food/Beverage Expense Grif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

oron ozar ayılan	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	GEORGE A SUILAR		3 Filer ID (Ethics Commission Filers)	
4 Date 02 02 2014	5 Payee name STEPHANIE GOMEZ			
6 Amount (\$)	7 Payee address:	City;	State;	Zip Code
200.00 Reimbursement from political contributions Intended	1607 CARMEN ST	Auc	e TX	78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Polling expense	CANVASSING		
	(c) Check if travel outside of Texas. Complete Schedule T.	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 02/02/2024	Payee name Noemi RocHA			
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
	1455 EASTELLING DR # 111	Alice	TX	78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	129.70	
	POLLING EXPENSE CANVASSING			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date, 02/02/2024	Payee name NINA GARCIA			
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code
	4541 FM 1329 Apt 129	SAN DIE	EGO TY	18384
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description			
	POULING EXPENSE	CANVASSING		
	Check if travel outside of Texas. Complete Schedule T.			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED	