		CEHOLDER E REPORT	Amended	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	iulde explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	AGUILA	SUFFIX	AT 2 O'CLOCK M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		state: zipcode	FEB 2 6/2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 101-5672	EXTENSION	Date Hand-deliver to Late Postmarked AT O'CLOCK 1 M Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	ANNA BENAVIO	SUFFIX	MAR 0 1 2024 Date Processed JC Perez III, Co. Cit. dim Wells Co. Texas- CBye 1999
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE). APT / S	OITE #. CITY:	STATE: ZIP CODE X 78332
8 CAMPAIGN TREASURER PHONE	(361)	PHONE NUMBER 701-3199	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month 02	Day Year / 06 / 202	4 THROUGH 02	Day Year 26/2024
11 ELECTION	Month Day	Year Primary 2024 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	C 22 33 4	13 OFFICE SOUGHT (if known	unty Commissioner Par
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		<i>y</i> 1 == 1
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASUREN NAME	— <u>— — — — — — — — — — — — — — — — — — </u>
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	IAN	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 9
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 6.225.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$ 9
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$ 0
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and con	rect and includes all information
		2	/
	Lever to	(Par	illail
	- X Juige	agu	ance
	Sigfature of	Candidate o	or Officeholder
	Please complete either option below	ow:	
	·		
(1) Affidavit			
NOTARY STAMP/SEA	NL CONTRACTOR OF THE CONTRACTO		
Sworn to and subscribed	before me by	he	day of,
20, to certify	y which, witness my hand and seal of office.		
Signature of officer administr	ering oath Printed name of officer administering oath		Title of officer administering oath
	OR		
(2) Unsworn Declarati	ion		
My name is	CORGE AGUILAR , and my date of birth	n is	2/03/1966
My address is8	34 FM 1554 Acice	TK 7	
8.4	(street) (city)	(state) ((zip code) (country)
Executed in JiM We	County, State of TexAS on the 26 day of F	BRUARY	1, 20 242
	Q (mc	onth)	(year)
	- Local	- 1000	Andrew Construction
1	Signature of Car	naldate/Office	older (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

<u> </u>				
19	19 FILER NAME 20 Filer ID (Ethics Co			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5.	\$			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 4.033.88 \$ 2,192.06	
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

E - 14 1

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Awa	everage Expense ards/Memorials Expense ervices	Polling E Printing E		Travel In Dis Travel Out 0	
The Instruction	Guide explains how to	complete this form.		USE A NEW PAGE FO		
1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME	orge AG	uiLAR	,	3 FILER IC	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO	A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial insti	tution CHASE	E BAH	VK.		
6 PAYMENT	(a) Amount Charged \$ 511. 48	(b) Date Expenditu		(c) Date(s) Credit Card		300
7 PAYEE	(a) Payee name NAtional	Printing	(b) Payee add	0.1	city, MCAHler	State, Zip Code Tx 78504
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categoria	is listed at the top of this sched	lule}	(b) Description 15 •		Political signs Political signs
Non-Political	(c) Check if travel	outside of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeho	lder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Offi	ice Sought	0	ffice Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	Issuer Paid	
180.00	\$ 3,151.80	2/14/		N/A		
PAYEE	(a) Payee name GULF COAST	MAILING SKS		dress; 5. Padre Island 2, 103A	christi	State, Zip Code 78412
PURPOSE OF EXPENDITURE Political	(a) Category (see Categories listed at the top of this schedule) ADVERTISING EXPENSE (b) Description Political POSTCARD PRINTING & MAILING 5, 253.					
Non-Political	(c) Check if travel	outside of Texas. Complete	Schedule T.	Check if	Austin, TX, officeho	older living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Offi	ice Sought	0	ffice Held
PAYMENT	(a) Amount Charged \$ 44.23	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card	Issuer Paid	
PAYEE	Family D	ollar	(b) Payee add	N FRONT ST	City, ALICE	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categori	es listed at the top of this sched	lule)	(b) Description 12 \$ addition	pks of si	ettanius et cheese -
Non-Political	(c) Check if travel	outside of Texas. Complete	Schedule T.	Check	if Austin, TX, office	holder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Offi	ice Sought	0	ffice Held
	ATTACH ADI	DITIONAL COPIES	S OF THIS	SCHEDULE AS N	EEDED	

EXPENDITURES MADE BY CREDIT CARD

	RES MADE BY nation is not applicable				SCHEDULE F4
	EXPE	IDITURE CATE	GORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit The Instruction	Event Expens Fees Food/Bevere By Gift/Awards/N	se ge Expense demorials Expense es	Loan Rep Office Ov Polling E Printing E	eyment/Reimbursement erhead/Rental Expense xpense xpense Mages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 TOTAL PAGES	2 FILER NAME				3 FILER ID (Ethics Commission Filers)
SCHEDULE F4: 3	GCORGE	+Gui	A12		, , , , , , , , , , , , , , , , , , , ,
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A CF	REDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution MORGAN		BAN	K	
6 PAYMENT	(a) Amount Charged \$ 143.33	b) Date Expenditure $02/231$	· ·	(c) Date(s) Credit Card Is	suer Paid
7 PAYEE	(a) Payee name HEI3	(1	Payee add		City, State, Zip Code Auice TX 78332
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description DRNKS, CONDIMENTS FOOD & BEVERAGE DYPENSE & SERVING TRAY				
Non-Political	(c) Check if travel outsid	e of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Off	ce Sought	Office Held
PAYMENT	(a) Amount Charged \$ 68.83	(b) Date Expenditure	A 1	(c) Date(s) Credit Card Is	suer Paid
PAYEE	(a) Payee name Alice Mant		b) Payee add		City, State, Zip Code Y ALICE TY 78337
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories liste	10000000	r)	(b) Description	K Super Statul Day
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Off	ce Sought	Office Held
PAYMENT	(a) Amount Charged \$ 50.49	(b) Date Expenditure	_	(c) Date(s) Credit Card Is	suer Paid
PAYEE	(a) Payee name	(b) Payee ad		City, State, Zip Code
	HEB		1115 E	MAIN A	hice TX 78332
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) FOOD & BEURLAGE			(b) Description	cers for super
Non-Political	(c) Check if travel outsic	le of Texas. Complete S	chedule T.	Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Off	ice Sought	Office Held
	ATTACH ADDITE	ONAL CODIES	OE TUIC	SCHEDIII E AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

1 124 *

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

Candidate/Officeholder/Po		is/Memonais Expense vices		Expense Wages/Contrad		Out Of District enter a categor	y not listed above)
The Instructio	n Guide explains how to co	emplete this form.		USE A NEW	PAGE FOR EACH O	REDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4: 3	2 FILER NAME GEORGE	Acui	AR		3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EX	KPENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut		SE BA	NK		· · ·	
6 PAYMENT	(a) Amount Charged \$ 63.72	(b) Date Expendito	ū	(c) Date(s) Cr	edit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	drace.	City,	State	Zip Code
	ALICE MEAT	MARKET					
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) FOOD \$ BEVENAGE				on super s		Y
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, off	STEELS STEEL	expense
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder	name	Of	fice Sought		Office Held	. <u>. </u>
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Ci	redit Card Issuer Paid		
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	(a) Category (See Categories listed at the top of this schedule) (b) Description					
Non-Political	(c) Check if travel out	tside of Texas. Complet	te Schedule T.	·	Check if Austin, TX, of	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	_
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Co	redit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories II	(a) Category (See Categories listed at the top of this schedule) (b) Description					
Non-Political	(c) Check if travel out	tside of Texas. Complet	e Schedule T.		Check if Austin, TX,	officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDUL	E AS NEEDED		

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SCHEDULE G

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

			- Company			
	2	EXPENDITURI	CATEGORIES	FOR BOX 8(a)		9
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Ov Polling Expense Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME CORGE AC	SUILAR		3 Filer ID (Ethics	Commission Filers)
4 Date 02/10/2024	5 Payee nan	Democratic Kick-OFF DANCE				
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	204	Dewey !	STREET	Acice	TX	78332
8 PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description	TO Demo	CRATIC
OF EXPENDITURE	EVE	nt expen	se		Kick-OFF	
to.	(c) (c)	Check if travel outside of Texas. (Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder nan	ne	Office sought		Office held
Date 02 20 2024	Payee nar	FM 92.1				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	2722	HWY 281	Business	Alice	TX	78332
PURPOSE	Category	(See Categories listed at the	top of this schedule)	Description ORADIO COmm	ercial 700	
OF EXPENDITURE	Abver	tising exp	ense	Q LIVE TACK		
		Check if travel outside of Texas,	Complete Schedule T	Check if Austin	, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder nan	ne	Office sought		Office held
02/08/2024	Payee nar		AN DIEG		-1,351.	EVERNO S
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	- 6					1
PURPOSE		(See Categories listed at the	•		VATION TO	
OF EXPENDITURE	EVEN	JT FUNDRA	115ING	SANDIEGO DWAL BARD DANCE 225		
		Check if travel outside of Texas.	Complete Schedule T.		, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder nan	ne	Office sought		Office held
	ΔΤΤΑ	CH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS NEED	FD.	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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) complete this form.
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUILAN	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/24	5 Payee name DOLLAR GENERAL	
6 Amount (\$) 27.06 Reimbursement from	7 Payee address; 601 N. Tolmson St	City; State; Zip Code
political contributions intended	55.14 (0)(1/2010 2)	Alice TX 78332
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Super SATURIDAY
OF EXPENDITURE	Event expense	Pails of Aluminum Fool
	(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 02/24/24	Payee name IST COMMUNITY BANK	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	1600 E Main	Acice TX 78332
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	SUPER SATURIDAY & SUNDAY.
	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/G	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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 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 Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor 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) GRORGE AGUILAR 4 Date 5 Payee name 02/19 7 Payee address 6 Amount (\$) City; Zip Code 200.00 Auce 1607 CARMEN ST 78332 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** 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 NOEMI ROCHA Amount (\$) Payee address; City: State: Zip Code *200.00* 1455 EASTERLING OF # 111 7833> political contributions Category (See Categories listed at the top of this schedule) 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 NINA GARCIA Payee address; City; Zip Code 200,00 4541 FM 1329 Apt 129 SAN DIEGO TX political contributions Category (See Categories listed at the top of this schedule) 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

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) eorge Asuilar 4 Date 5 Payee name FIRNA SANCHEZ 02/09/2024 6 Amount (\$) 7 Payee address; City; State: Zip Code 150.00 P.O. BOX 58 SAN DIEGO Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF POULING 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 ELMA GONZALEZ 02/09/2024 Pavee address: Amount (\$) City; State; Zip Code SAN DIEGO TY D.O. BOX 305 78384 political contributions Category (See Categories listed at the top of this schedule) **PURPOSE** CANVASSING POLLING EXPRENSE 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 Date Payee name Amount (\$) Payee address; Zip Code City; State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** 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 CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	tepsyment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUIL	AR	3 Filer ID (Ethics	Commission Filers)
4 Date 02/16/2024	5 Payee name STEPHANIC GOW	lez		
6 Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee address; 1607 CARMEN ST.	city; Arice	State;	Zip Code 78337
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSES (c) Check if travel outside of Texas. Complete Schedule T.		wassing-	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living e	Office held
Date 02 16 2024	Payee name Nocumi Routh	_	1	
Amount (\$) 250.00 Reimbursement from political contributions intended	Payee address; 1453 Easkrling Dr #	city:	State;	Zip Code 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		esing	
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	, TX, officeholder living e	Office held
Date 02/16/2024	Payee name NINA GARCIA			
Amount (\$) 200.00 Reimbursement from political contributions intended	Payee address; 4541 PM 1329 APT 129	SAN DIE	State;	Zip Code 78384
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLING EXPENSE	Description CAN	vas sing	

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE G

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

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	-,	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Over Polling Ex se Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	GLORGE A	GUILA	HE	3 Filer ID (Ethics	Commission Filers)
4 Date 02/23/2024	5 Payee na	STEPHAN	ie Go	mez		
6 Amount (\$) 200.00	7 Payee ad	dress;	-0-	City;	State;	Zip Code
Reimbursement from political contributions intended	1607	CARMEN S	T	Acice	z TX	78332
8 PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b) Description	0 1	
OF EXPENDITURE	P	owing ext	enses	CANVI	ASSING	
	(c)	Check if Iravel outside of Texas. Com	plete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense
9 Complete ONLY if direct	Candid	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
Date 02/23/2024	Payee na	NOEM i	Roch	A		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	1455	Easterling i	JC# 111	Acice	TK	78332
PURPOSE	Category	/ (See Categories listed at the top	of this schedule)	Description		
OF EXPENDITURE	Pe	ouling exa	Penses	CANVA	rsing	
		Check if travel outside of Texas, Com	piele Schedule T.	Check if Austin,	TX, officeholder living e	хрепѕе
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name		Office sought		Office held
Date 02 20 24	Payee na	NINA 6	ARCIA	*		
Amount (\$)	Payee ad	0.00		City;	State;	Zip Code
Reimbursement from political contributions intended	4541	FM 1329	Apt 120	ici uaz	C60 TY	78384
PURPOSE		(See Categories listed at the top of		Description	La La .	
OF EXPENDITURE	Po	ui'ng exo	enses	CAN	VASIN	<i>ت</i>
		Check if travel outside of Texas. Comp	plete Schedule T,	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		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 CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contribitions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Of Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense larles/Wages/Contract Labor ow 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 G:	2 FILER NAME GEORGE AGAIN	LAR	3 Filer ID (Ethics Commission Filers)
4 Date 02 23 2024	5 Payee name ELENA SA	vollez	
Amount (\$) 150 00 Reimbursement from political contributions intended	7 Payee address: P.0, B04 56	SAN DIEG	State; Zip Code 77 78384
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE		tssing-
-AF ENDITORE	(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 02/23/2024	Payee name CELIA FLORE	95	
Amount (\$) 150.00 Reimbursement from political contributions intended	Payee address: 121 Staples St	Auce	State; Zip Code 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede	CAN	UVASSING
	Check if travel outside of Texas. Complete Schedul		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 02 23 2024	SYLVIA RUIZ		
Amount (\$) 150.00 Reimbursement from political contributions	Payee address: 1258 FM 1554	city; Alice	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Pouring Expans Check if travel outside of Texas. Complete Schedule	e CA	NVASSUNG.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS 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

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/Fundralsing 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.				
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUILAR		3 Filer ID (Ethics Commission Filers)		
4 Date 02/23/24	5 Payee name Ada Alejandro				
6 Amount (\$) 150.00 Reimbursement from political contributions intended	7 Payee address; 834 FM 1554	City; Alice	State: Zip Code 77 78330		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description CANVA Check if Austin.	VASSI'NG-		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from political contributions Intended	Payee address;	City;	State; Zip Code		
PURPÖSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		