

# 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: <b>9</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>George L</b> NICKNAME LAST SUFFIX <b>Aguilar</b>	<b>OFFICE USE ONLY</b> Date Received <b>2:53</b> FILED AT <b>9</b> O'CLOCK <b>OCT 24 2024</b> JC Perez III, Co. Clk. Jim Wells Co., Texas By <i>[Signature]</i> Deputy Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>834 FM 1554 Alice TX 78332</b>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 701-5672</b>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>ANNA</b> NICKNAME LAST SUFFIX <b>BENAVIDES</b>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1009 ROSS AVE Alice TX 78332</b>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 701-3199</b>										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year    Month Day Year <b>09 / 27 / 2024</b> THROUGH <b>10 / 23 / 2024</b>										
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>11 / 05 / 2024</b> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>George Aguilar</u>		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)	\$ <u>2530.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2530.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>2516.71</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2516.71</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13.29</u>
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.

George Aguilar  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is GEORGE AGUILAR, and my date of birth is 12/03/1966  
My address is 834 FM 1554, Alice, TX, 78332, USA  
(street) (city) (state) (zip code) (country)

Executed in Jim Wells County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

George Aguilar  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>George Aguilar</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,530.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 2516.71
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: <u>1</u>
2 FILER NAME <u>GEORGE AGUILAR</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/2/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jesusa Sanchez-Vera</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 3070 Alice TX 78332</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10/4/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NEWELL ATKINSON III</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 3336 Alice TX 78332</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/12/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>POLITICAL Fundraiser for George Aguilar</u>	Amount of contribution (\$) <u>CKS - \$270.00</u>
Contributor address; City; State; Zip Code <u>monies &amp; checks collected on the</u>		<u>CASH - \$1,960.00</u>
<u>sale of fundraiser plates @ \$10.00 each</u>		<u>2,230.00</u>
Principal occupation / Job title (See Instructions) <u>Includes 20 tickets (Jesusa) &amp; 30 ticket (Newell)</u>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

# 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: <b>5</b>	2 FILER NAME <b>GEORGE AGUILAR</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/29/24</b>	5 Payee name <b>MCDONALDS #25553</b>	
6 Amount (\$) <b>128.06</b>	7 Payee address: <b>212 N. JOHNSON</b>	City; State; Zip Code <b>Alice TX 78332</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	(b) Description <b>70 Cheeseburgers 9/29/24 Democrats for Democracy Event</b>
	(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 <b>10/9/24</b>	Payee name <b>HERB #223</b>	
Amount (\$) <b>96.93</b>	Payee address: <b>1115 E Main St.</b>	City; State; Zip Code <b>Alice TX 7832</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>BEVERAGE EXPENSE</b>	Description <b>15 (12) pack soft drinks POLITICAL FUNDRAISER on 10/12</b>
	<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 <b>10/10/24</b>	Payee name <b>SAM'S WAREHOUSE #8267</b>	
Amount (\$) <b>254.40</b>	Payee address: <b>4833 South Padre Island Dr.</b>	City; State; Zip Code <b>Corpus Christi TX 78411</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>PORK BEEF SAUSAGE, ASST CHIPS STEAM PANS, FOIL, PLATES - COMPARTMENT FOR POLITICAL FUNDRAISER on 10/12/24</b>
	<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	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: <b>5</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11/24</b>	5 Payee name <b>HEB #223</b>	
6 Amount (\$) <b>148.99</b>	7 Payee address; <b>1115 E. Main St. ALice</b>	City; State; Zip Code <b>TX 78332</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE expense</b>	(b) Description <b>CHIPS, DRINKS, TORTILLAS, WATERS FOR POLITICAL FUNDRAISER 10/12/24</b>
	(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 <b>10/11/24</b>	Payee name <b>Alice MEAT MARKET</b>		
Amount (\$) <b>581.89</b>	Payee address; <b>1002 SAN DIEGO HWY</b>	City; State; Zip Code <b>Alice TX 78332</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>300 PORK STEAKS FOR POLITICAL FUNDRAISER</b>	
	<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 <b>10/12/24</b>	Payee name <b>Alice MEAT MARKET</b>		
Amount (\$) <b>5.98</b>	Payee address; <b>1002 SAN DIEGO HWY</b>	City; State; Zip Code <b>Alice TX 78332</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <b>2 pks tortillas for fundraiser</b>	
	<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: <b>5</b>	2 FILER NAME <b>GEORGE AGUILAR</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/12/24</b>	5 Payee name <b>Alice Meat Market</b>	
6 Amount (\$) <b>45.28</b>	7 Payee address; <b>1002 SAN DIEGO HWY</b>	City; State; Zip Code <b>Alice TX 78332</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Food expense</b>	(b) Description <b>Fajitas - workers - for fundraiser</b>
	(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 <b>10/12/24</b>	Payee name <b>DAN'S PROCESSING Center</b>	
Amount (\$) <b>184.64</b>	Payee address; <b>701 S Stadium</b>	City; State; Zip Code <b>Alice TX 78332</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food expense</b>	Description <b>61.55/123.09 STEAKS/SAUSAGE fundraiser</b>
	<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 <b>10/12/24</b>	Payee name <b>Alice MEAT MARKET</b>	
Amount (\$) <b>58.44</b>	Payee address; <b>1002 San Diego Hwy</b>	City; State; Zip Code <b>Alice TX 78332</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food expense</b>	Description <b>47.61/110.83 ADDITIONAL FAJITAS SAUSAGE, PORK STEAKS</b>
	<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	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: <b>5</b>		2 FILER NAME <b>GEORGE AGUILAR</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/14</b>		5 Payee name <b>ELENA SANCHEZ</b>			
6 Amount (\$) <b>150.00</b>		7 Payee address; <b>PO BOX 58</b>		City: <b>SAN DIEGO TX</b>	State; Zip Code <b>78332</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>POLLING EXPENSE</b>		(b) Description <b>CANVASSING</b>		
	(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 <b>10/14</b>		Payee name <b>ELMA GONZALEZ</b>			
Amount (\$) <b>150.00</b>		Payee address; <b>P. O. BOX 305</b>		City: <b>SAN DIEGO TX</b>	State; Zip Code <b>78384</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>POLLING EXPENSE</b>		Description <b>CANVASSING</b>		
	<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 <b>10/19/24</b>		Payee name <b>HEB #223</b>			
Amount (\$) <b>228.01</b>		Payee address; <b>1115 E. Main St</b>		City: <b>Alice</b>	State; Zip Code <b>TX 78332</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>		Description <b>CHICKEN, SAUSAGE &amp; TOTS FOR TRUNK OR TREAT</b>		
	<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: <b>5</b>		2 FILER NAME <b>GEORGE AGUILAR</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/19/24</b>		5 Payee name <b>Walmart 791</b>			
6 Amount (\$) <b>134.09</b>		7 Payee address; <b>2701 E. Main St</b>		City; <b>Alice</b>	State; <b>TX</b>
Zip Code <b>78332</b>					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		(b) Description <b>costume winner-gift cards candy &amp; decor-TRUNK OR Treat</b>		
	(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 <b>10/21/24</b>		Payee name <b>Celia Flores</b>			
Amount (\$) <b>175<sup>00</sup></b>		Payee address; <b>121 staples St</b>		City; <b>Alice</b>	State; <b>TX</b>
Zip Code <b>78332</b>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>		Description <b>Canvassing</b>		
	<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 <b>10/21/24</b>		Payee name <b>SYLVIA RUIZ</b>			
Amount (\$) <b>175<sup>00</sup></b>		Payee address; <b>1258 FM 1554</b>		City; <b>Alice</b>	State; <b>TX</b>
Zip Code <b>78332</b>					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Political polling exp</b>		Description <b>Canvassing</b>		
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED