#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) 16 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** GEORGE NAME ATO O'CLOCK AM NICKNAME AGUILAR 4 CANDIDATE / ADDRESS / PO BOX; NOV 14 2024 **OFFICEHOLDER** 834 FM 1554 Alice Tx 78332 MAILING **ADDRESS** Jim Wells Co., Texas Change of Address \_ Deputy AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER PHONE** Receipt # Amount \$ ANNA MS / MRS / MR **CAMPAIGN TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE **CAMPAIGN** TREASURER 1009 Ross Ave **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE EXTENSION TREASURER 701-3199 PHONE (361)REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month COVERED 24/2024 05/ 2024 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Dav Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ORGE ACOUILAR 16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 4
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s <del>D</del>
	4. TOTAL POLITICAL EXPENDITURES	\$ 4925.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	s <b>4</b>
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and cautired to be reported by me under Title 15, Election Code.	orrect and includes all information
	Signature & Candidate  Please complete either option below:	or Officeholder
(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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on OR	
My name is George My address is 834	, and my date or bitter to	12   03   1966 18372 USA (zip code) (country)
Executed in Jim We	County, State of TEVAS, on the 14 day of November (month)	gental

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	GEORGE AGUILAR	20 Filer ID (Ethics Cor	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <b>1,006.00</b>
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 CO	NTRIBUTIONS	\$ 1,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 3925.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 1  2 FILER NAME  GEORGE ACTUCABE  10 IBS 24*  10 IBS 24*  6 Contributor   out-of-state PAC (DB:	If the requested information is not applicable, DO NOT include this page in the report.					
GEORGE AGUICAR  4 Date   5 Full name of contributor   out-of-state PAC (ID#   7 Amount of contribution (\$)   10   1/5   24   6 Contributor address; City; State; Zip Code   1,000 . OO   1,	The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:		
TDS ENTERSES INC   1,000.00	2 FILER NAME	George Aguil Are		3 Filer ID (Ethics Commission Filers)		
8 Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:		TDS ENTEPRISES DUC 6 Contributor address; City; S				
Contributor address; City; State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address: City: State: Zip Code	8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)		
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	/		State; Zip Code	NA		
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#:	Date	Full name of contributor	#:)	Amount of contribution (\$)		
Date Full name of contributor	/	Contributor address; City; S	State; Zip Code	NA		
Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date	Full name of contributor	#:)	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Contributor address; City; S	State; Zip Code			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL CODIES OF	THIS SCHEDIU E AS ME	FDFD		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

II the requested into	ormation is not applicable, bo Not include	this page in the re	sport.
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	Expense Wages/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 Schedule F1:	2 FILER NAME GEORGE AGUILAR		3 Filer ID (Ethics Commission Filers)
4 Date 10 28 2024	5 Payee name NINA GARCIA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
150.00	4541 FM 1329 A	ptlag SA	N Diego TX 78384
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	POLLING EXPENSE	CAN	VASSING- 2 SATURDAY
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/28/24	STEPHANIE GOMEZ		
Amount (\$)	Payee address;	City;	State; Zip Code
15000	1607 CARMEN ST	Avic	e TE 78332
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	POLLING EXPANSE	CAN	VASSING Er SATURDAY
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/28/24	Noemi Rocha		
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	1455 EASTERLING	e or #111	Alice TX 78337
	Category (See Categories listed at the top of this schedule)	Description	2004 W
PURPOSE OF EXPENDITURE	folling expense	Supe	JVASSING V SATURDAY
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
AdvertIsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expo Transportation Equipment & I Travel In District Travel Out Of District Other (enter a category not list	Related Expense	
1 Total pages Schedule F1:	1 Total pages Schedule F1: 2 FILER NAME GEORGE AGUITAR 3 Filer ID (Ethics Commission Filers)				
4 Date 10128124	5 Payee name NOEMI SIWA			40000	
6 Amount (\$)	7 Payee address:	City;	State; Zip	Code	
15000	1819 Carmen St	Mice	TY 7	8332	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	POLING EXPONSE	CAN	VASSING R SATURDA	P	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expens	е	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held	
Date	Payee name				
10/28/24	SYLVIA Ruiz				
Amount (\$)	Payee address;	City;	State; Zip	Code	
150.00	1258 FM 1594	Arice	TK 78	332	
All the Principal State of the	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	POLLING EXPENSE	CAN	VASSING- er Saturday		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expens	e	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held	
Date	Payee name				
10 28 24	CELIA FLORES				
Amount (\$)	Payee address;	City;	State; Zip	Code	
15000	121 Staples St	Arice	TY TO	8332	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Polling expense		ASSING OF SATURDAY		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	9	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Travel Out Of District Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 10 12 State: Zip Code City: 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE POLING EXPENSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State; Zip Code Amount (\$) Payee address; 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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City: State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 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)

Total pages Schedule G:	2 FILER NAME GEORGE AGUILAR		3 Filer ID (Ethics (	Commission Filers
10 18 24	KOPY FM 92.1			
Amount \$ 00 Reimbursement from political contributions	7 Payee address; 2722 N HWY 281	Alice	State;	Zip Code 7833
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising  (b) Check if travel outside of lexes. Complete Schedule T.		Bronze Pl	
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name N/A			
Amount (\$)  Reimbursement from political contributions spended	Payee address;	City;	State;	Zip Code
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 Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
Date	Payee name NA			
Amount (\$)  Reignousement from partical contributions intended	Payee address;	City;	State;	Zip Code
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 Austi	n, TX, officeholder living ex	pense
omplete ONLY if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

### SCHEDULE G

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

ii the requested iii	official of 19 for applicable, <b>BO NOT Include</b>	tino page in the re		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memonals Expense Printing	payment/Reimbursement werhead/Rental Expense Expense Expense //Wages/Contract Labor complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
9	GEORGE AGUILAR	-		
4 10 25 24	5 Payee name NINA GARCIA			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	4541 FM 1329 Apt 120	SAN DÌ	ego TY	78384
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	POLLING EXPENSE	CA	MVASSIY	5
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10 25 24	STEPHANIE 60ME	Z		
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1607 Carmen St	Acice	TK	78332
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	POLLING EXPENSE	CA	JUASSING	5-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
10 25 24	NOEMI ROCHA			
Amount (\$)	Payee address;	City;	State;	Zip Code
Beimbursement from political contributions intended	1455 EASTCPLING	or#111 A	lice To	78332
PURPOSE OF EXPENDITURE	Pown General Powse	Description CAA	JVA8SING	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Constributions/Donations Made & Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 G:	2 FILER NAME GOOLGE AGUILAR		3 Filer ID (Ethics Commission Filers)
10 25 24	5 Payee name ELENA SANCHEZ		
6 Amount (\$)  Reimbursement from political contributions intended	P.O.BOX 58	SAN Dle	State; Zip Code  50 TV 78384
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	A 1 N	rassing-
	(c) Check if travel outside of Texas. Complete Sched	dule 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 10 25 24	Payee name SYLVIA	Ruiz	
Amount (\$) Reimbursement from political contributions intended	Payee address; 1259 FM 1554	City:	State; Zip Code  78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school of the Category C		UVASSING
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10 25 24	Payee name CELIA FLORES		
Amount (\$)  Reimbursement from political contributions intended	Payee address: 121 Staples St	Alice	State; Zip Code  78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche		vassing-
	Check if travel outside of Texas. Complete Sched	dule 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

### SCHEDULE G

		EXPENDITURE CATE	GORIES	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 Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains 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 G:	2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)	
4 Date 10 25 24	5 Payee nar	MI SILVA				
Reimbursement from political contributions intended	7 Payee add	carmen St		Auce	State;	Zip Code 78332
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this OLLING EXPEN		(b) Description	JVASSIN(	5
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH						
Date	Payee nar	ne N/A				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description	W-550F - 3750	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, afficeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name		Office sought	C	Office held
Date	Payee nar	ne N/	Ą			
Amount (\$)	Payee ad	dress;		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 S	Schedule T.	Check if Austin	TX, officeholder living exp	oense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	erroma USTA	Office sought	C	Office held
	ATTA	CH ADDITIONAL COPIES (	OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement o Overhead/Rental Expense ig Expense ng Expense les/Wages/Contract Labor 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 AGUILA	R	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name NOEMI ROCHA			
6 Amount (\$)  200.00 eimbursement from political contributions intended	7 Payee address; 1455 EASTERLING P	r#111 Alice	State; Zip Code  78332	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Pouring expense		nvassing	
	(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	Payee name NINA GARCIA			
Amount (\$)  200.00  Reimbursement from political contributions intended	Payee address; 4541 FM   329 Apt #   129	SAN DIEG	State; Zip Code 78384	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule POLLING EXPENSE	Description	nvassing	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date         2024	Stephanie Gomez	2		
Amount (\$)  200 - 00  Reimbursement from political contributions intended	Payee address: 1607 Coumen St	City:	State; Zip Code  78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule POLLING EXPENSE	CANV	assing	
	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 THE	S SCHEDULE AS NEED	ED	

SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense transportation Equipment & Related Expense travel In District Travel Out Of District Other (enter a category not listed above)  w to complete this form.
1 Total pages Schedule G:	2 FILER NAME GEORGE AGUILA	3 Filer ID (Ethics Commission Filers)
4 Date 11 1 2024	5 Payee name SALVADOR RIOS	
6 Amount (\$) 175.00 Reimbursement from political contributions intended	7 Payee address; 2002 Soliz St	City: State; Zip Code  Alia Tf 78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Po LLING EXPENSE	CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule  Candidate / Officeholder name	Office sought Office sought
Date 11 1 2024	Payee name CCLIA FLORES	
Amount (\$)  75-00  Reimbursement from political contributions intended	Payee address; 121 Staples St	City; State; Zip Code  Acice Tx 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul POLLING EXPENSE  Check if travel outside of Texas. Complete Schedule	CANVASSING
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date   1   2024	Payee name SYWA Ruiz	
Amount (\$)  175.00  Reimbursement from political contributions intended	Payee address; 1258 FM 1554	City; State; Zip Code  Acice TX 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  POLING EXPENSE	Description  CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule:  Candidate / Officeholder name	T. Check if Austin, TX, officeholder living expense  Office sought  Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED

### SCHEDULE G

		- T. S. W. S	
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 G:	GEORGE AGUIL	re	3 Filer ID (Ethics Commission Filers)
4 Date	NOEMI SIWA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1819 CARMENST	Alic	e TY 78332
8 PURPOSE	(a) Category (See Categories listed at the top of this so		3110
OF EXPENDITURE	POLLING EXP	ense ca	nvasing
	(c) Check if travel outside of Texas Complete Sch	edule 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   11   5   2024	STEPHANIE GOM	itZ	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1607 CARMEN ST	Alre	TX 78332
PURPOSE	Category (See Categories listed at the top of this so	hedule) Description	Election
OF EXPENDITURE	POLLING EXPENSE	CAN	WASSING DAY
	Check if travel outside of Texas. Complete Sch	edule 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 11/5/2024	Noemi Rocha		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1455 Easterling Or #	tin Acice	TY 78332
PURPOSE	Category (See Categories listed at the lop of this so		11
OF EXPENDITURE	POLLING EXPAN	ise canvass	ing-Euction Day
	Check if travel outside of Texas Complete Sch	edule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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 I Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising E Transportation Equipmen Travel In District Travel Out Of District Other (enter a category no	t & Related Expense	
1 Total pages Schedule G:	2 FILER NAME CORGE AGUILAR		3 Filer ID (Ethics Co	mmission Filers)	
4 Date 11 5 24	5 Payee name NINA GARAA	(20)			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	4541 FM 1329 Apt 129 SAN DIEGO TX 78384				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	NAV		
OF EXPENDITURE	POLLING EXPANSE Election DAY				
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austin	, TX, officeholder living expe	nse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held	
Date	Payee name CELIA FLORES				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended	121 Staples St	ALIC	ce TY	78332	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	LAND DAV		
	POLLING EXPENSE Election DAY				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	OI	ffice held	
Date	Payee name				
11524	SYLVIA Ruiz				
Amount (\$)    50.00   Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
	1258 FM 1554	A	Lice TX	78332	
PURPOSE OF EXPENDITURE	Category (See Categories issled at the top of this schedule)	Description	lection Da	y	
	found expense	Can	Canvassing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	ffice held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	pan Repayment/Reimbursement office Overhead/Rental Expense oiling Expense rinting Expense alarles/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 AGUILAT	e	3 Filer ID (Ethics Commission Filers)		
4 Date   5 2A	Noemi SiLVA	0.9)			
6 Amount (\$)  150  Reimbursement from political contributions intended	7 Payee address: 1819 CARMEN ST	City: Auc	State: Zip Code 78332		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description	(b) Description Electron DAY CANVASSING		
	(c) Check if travel outside of Texas. Complete Schedu	le 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		
II 5 24	SALVADOR RIDS				
Amount (\$) 100.00 Reimbursement from political contributions intended	Payee address: 2002 Soliz St.	Auc	State: Zip Code  78332		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	CAN	ection DAY VASSING in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description			
	Check if travel outside of Texas, Complete Schedu	le 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 T	HIS SCHEDULE AS NEED	DED .		