# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages i	filed
3 CANDIDATE/ OFFICEHOLDER NAME	NICKNAME	Danid	Bueno	SUFFIX	Date Received	FILED b'CLOCK M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX  A 40 (  AREA CODE  34()	14	CITY STATE	ZIP CODE	DE III, CO	Wells Co., Texas Deputy
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST CLAST	în.	SUFFIX	Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT/S	SUITE #: CITY:	oTv	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  389-462	EXTENSION		7000	
9 REPORT TYPE	January 15	30th day before el	ection Exceed	f ded Modified ting Limit	treasurer a	after campaign appointment der Onty) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month / D	Day Year / 1D / 13	THROUGH	Month	Day Yea / 15 / 2	n -624
11 ELECTION	Month Day	Year Primary  JOJA General	Runoff	Other Description		7,38
12 OFFICE	OFFICE HELD (if any)	Sheiff.	13 OFFICE SO	UGHT (if known)	F.3001	J Comeron
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE GANDELIA IS / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE & AND OFFICEHOLDERS ARE REQUI COMMITTEE NAME	IRED TO REPORT THIS INFORM	THOUT THE CAND	IDATE'S OD OFFICEUO	I DEDIE KNOW EDGE OD
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		20	
		<b>GO TO</b>	PAGE 2			

### **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	1 Total pages Schedule A1:				
2 FILER NAME	mid J Bueno		3 Filer ID (Ethics Commission Filers)			
4 Date		C (ID#:)	7 Amount of contribution (\$)			
10/10/23	s Contributor address; City;  345- CR 10 Le2	State; Zip Code	\$1,000			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
10/10/43	Full name of contributor   out-of-state PAC   Contributor address; City;	State; Zip Code	Amount of contribution (\$)  4 300			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	J-3. Cemant Contributor address; City; Hy 28-901 Hr.	State: Zip Code  Bo V 31 31	Amount of contribution (\$)  \$\int IGOO			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ions)			
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
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.

							<del></del>
		EXPENDITU	RE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F. F. V G I Committee L.	vent Expense ees cod/Beverage Expens iff/Awards/Memorials egal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Sataries/W		Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1:	2-FILER NAM	IE T	. 0			3 Filer ID (Ethi	cs Commission Filers)
1	NON	210	<u>Sue</u>	ma			
10 ot 17 2023	5 Payee name	'lliad.	$\Lambda \cap Q Q \cap$	nlc			
6 Amount (\$)	7 Payee addr	ess;	Vy azz	11.—	City;	State;	Zip Code
# 86 XX	/		E.M		St AluTX	7833	2.
8 PURPOSE	(a) Category (	See Categories listed at	the top of this s	chedule)	(b) Description	B	real
OF EXPENDITURE	tood 1	Bevera	02-FX	₽.	San	dienich	nents
	(c) Ch	eck if travel outside of Tex	as. Complete Sch	nedule T.	Check if Aust	ín, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder na	me		Office sought		Office held
Date	Payee name	,		···		<del> </del>	
10-21-23	TRY	· Best-	H		Blutt	78:	332
# 130.00	Payee addr	. 281°C	Bouter	_	City;	State;	Zip Code
	Category (S	ee Categories listed at t	he top of this sci	hedule)	Description		1
PURPOSE OF EXPENDITURE	GIN	SFOR T	R.		Placing	sians w	orkeis
	Ch	eck if travel outside of Tex	as. Complete Sch	nedule T,	Check if Aust	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder nar	me		Office sought		Office held
Date	Payee nam	е				ar.	-
NUU 3/23	Mun	of Pol	xtco	Sian	s. Edinl	Un IX.	735-7716.
Amount (\$)	Payee add	ess;		1	City;	State;	Zip Code
1,700	/31	oo Categories listed at ti	tonB	[w] ]	13 Edahu	juTX.	7850y
PURPOSE OF EXPENDITURE	0 1.	l Catagories listed at t	ne top or ans scr	ieddiej	Description .	1 C = 0	,
EAFERDITURE	- Y DR	4 12 12	ns -		7016	J JINN	5'
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	ock if travel outside of Tel-	<u> </u>	edule 1.	Office sought	n, TX, officeholder ivir	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Angl J. Bugno	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTE	EES OF LOANS) \$ 7,900				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	\$ 6,458.					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	AS OF THE LAST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	IG LOANS AS OF THE \$				
	swear, or affirm, under penalty of perjury, that the accompanyl quired to be reported by me under Title 15, Election Code:	ing report is true and correct and includes all information				
		1				
		1 1-2				
	(— <u> </u>	m June				
		Signature of Candidate or Officeholder				
		•				
	Please complete either op	ation bolows				
	""" COMPANY" Liease complete entirer of	buon below.				
	THE TO GOVE THE					
	NO PAY PARTE					
	A OZ					
(1) Affidavit	19 70 1					
(1) Allidavit	S S					
Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL 1296414						
I NOSOF VAN S						
NOTARY STAMP/SEA	LILL DE COOK THE	15 4000				
18th T						
Sworn to and subscribed before interpretated J bueno this the 18 day of January.						
20 H, to certify	which, witness my hand and seal of office.	2.00				
Dad J.	2 David Gonzalez	Merk				
Signature of officer administe		th Title of officer administering oath				
OR OR						
(2) Unsworn Declarati	lon					
My name is	, and my	date of birth is				
My address is						
	(street)	(state) (zip code) (country)				
Evecuted in	County State of	ery, (state) (zip code) (country)				
	County, State of, on the	_ day of, 20 (month) (year)				
	20.14					
	Sign	nature of Candidate/Officeholder (Declarant)				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### 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 Gift/Awards/Mernorials Expense Legal Sarvices 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. Total pages Schedule G: EILER NAME 3 Filer ID (Ethics Commission Filers) Date Pavee name OU 6 Amount (\$) Payee address; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Sch Check if Austin, TX, officeholder (lving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Amount (\$) State: Zip Code Reimbursement from political contributions intended PURPOSE OF **EXPENDITURE** Check if travel outside of Taxas, Complete Schedule T. Check if Aus Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions 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 sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## FORM C/OH COVER SHEET PG 3

		<del></del>				
19	FILER NAME.	mmission Filers)				
21 5	SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS		52000			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 1,686				
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ 6				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <del>D</del>				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	INDS	\$ 1500			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ D			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	s Ø			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	ITIONS RETURNED	\$ \$			
1						