CAMPAIGN FINANCE REPORT						ORM C/OH HEET PG 1
The C/OH Instruction 6	Suide explains how	to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages fil	ed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MY.	Rlym	undo	MI		USE ONLY
	NICKNAME Rey	Treso		SUFFIX	Date Received	FILED P
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS PO BOX	unty Rd. 136	Alice TX	78332	L JUÉ	15 2025
Change of Address					JC Pan Pill GO	Deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	(361)	246-0401	EXTENSION	ON		or Date Postmarked
6 CAMPAIGN TREASURER NAME	ms/mrs/mr Mrs.	Bubbie		M i .	Receipt #	Amount \$
INVIAIT	Michelle	Trein		SUFFIX	Date Imaged	
7 CAMPAIGN		NO PO BOX PLEASEY, APT / S	SUITE #; CITY;		STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	184 Ca	unty Rd 136	All	ce	Tx	18332
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO	DN .		
TREASURER PHONE	(361)	227.713	1			
9 REPORT TYPE	January 15	30th day before e	election Runo	off	15th day aft treasurer ap (Officeholds	
	July 15	8th day before ele	DOMON I	eded Modified Inting Limit	Final Repor	1 (Attach C/OH - FR)
10 PERIOD COVERED	62	/ 10 / 2025	THROUGH	Month	Day Year / 15 / Z	025
11 ELECTION	ELECTION DAY	TE Year Primary	Runoff	Other		
	03/03/	2024 General	Special	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	ought (if known	Judge	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	'S MAY HAVE BEEN MADE W	TTHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		go то	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ly Treio Jr.	16 Filer ID (E	thics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	Ð		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	Ð		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1.075.00/4		
	4. TOTAL POLITICAL EXPENDITURES	\$	1075.00 /xv		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$	0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$	Đ-		
	swear, or affirm, under penalty of perjury, that the accompanying report is to quired to be reported by me under Title 15, Election Code.	ue and correct a	and includes all information		
	2 73	/			
	Kung (~				
	Signature of C	Candidate or Off	iceholder		
	Please complete either option belo	w:			
ELIDA S RAMIREZ NOTARY PUBLIC STATE OF TEXAS ID # 1090760-0 My Comm. Expires 07-29-2025					
NOTARY STAMP/SEAL .					
Swom to and subscribed	before me by Kaymundo Kay Ireyo this the	e 15 ^{+k} day	or July		
20 25 to certify	which, witness my hand and seal of office. Elida S. Ramirez	No	stary Public		
Signature of officer administe	ering oath Printed name of officer administering oath	Title	of officer administering oath		
	OR				
(2) Unsworn Declarati	ion				
My name is	, and my date of birth i	is			
My address is		·	^		
	the state of the s	(state) (zip co			
Executed in	County, State of , on the day of (mon	nth) , 20	(year)		
	Signature of Cano	didate/Officehold	er (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s &
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ D
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ B
4. SCHEDULE E: LOANS	\$ Q -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ A
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ D
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 7
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1075.00/4
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ A
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s D
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ D

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:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor out-of-state PAC 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)			
	Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Date	Full name of contributor out-of-state PAC Contributor address; City;	State; Žip Code	Amount of contribution (\$)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Date	Full name of contributor		Amount of contribution (\$)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
		ATTACH ADDITIONAL COPIES (
		If contributor is out-of-state PAC, please see Instr	action guide for additional r	eporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor ut-of-state PAC (ID#: 5 Date Amount of 9 In-kind contribution Contribution \$ description 7 Contributor address; City; State: Zip Codé Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor Out-of-state PAC (ID#: Date Amount of In-kind contribution Contribution \$ description City; Contributor address; State; Zip Code Checkif travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ut-of-state PAC (ID#: Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; Çity; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount In-kind contribution ut-of-state PAC (ID# of Pledge \$ description Piedgor address: City: State: ∕Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instrugtions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution out-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

	LOANS				SCHEDULE E	
	If the requested information is not applicable, DO NOT include this page in the report.					
	The	Instruction Guide explains	how to comp	lete this form.	1 Total pages Schedule E:	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOWS			\$	
5	Date of loan	7 Name of lender	Out-of-state	PAC (ID#:	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address;	Sity:	State; Zip Code	10 Interest rate	
	Y N				11 Maturity date	
12	Principal occupation	on / Job title (See Instructions	5)	13 Employer (See Instructions)		
14	Description of Coll	ateral		15 Check if personal fund	ds were deposited into political	
	none			account (See Instruct		
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
		18 Guarantor address;	City;	State; Zip Code		
	not applicable					
20	Principal Occupat	tion (See Instructions)		21 Employer (See Instructions)		
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interest rate	
	Y N				*Maturity date	
	Principal occupation	on / Job title (See Instructions	5)	Employer (See Instructions)		
	Description of Colla	ateral		Check if personal fund	ds were deposited into political	
	none			account (See Instruct	ions)	
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
		Guarantor address;	City;	State; Zip Code		
	not applicable					
	Principal Occupation	on (See Instructions)		Employer (See Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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 CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loen 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 F1:	2 FILER VAME		Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE				
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Sch	odule 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	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Calegories listed at the top of this sch	hedule) Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	Office held	
Date	Payee name			
	•			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this sch	Description		
EXPENDITURE	Check if travel outside of Texas, Complete Sch	adula T Charlest Account	TV officebolder living	
Complete ONLY IS allered:	Candidate / Officeholder name		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Offide held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense V Gift/Awards/Memorials Expense Food/Beverage Expense Finding Expense			
1 Total pages Schedule F2:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule 7. Check if Austin, TX, officeholder tiving expense			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office held Office sought Office held			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description			
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Twing expense Candidate / Officeholder name Office sought Office held			
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

ii tile reque.	sted who that ion is not applicable, DO NOT include this p	page in the report.
1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
/		
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

ii the requested intom	in the requested information is not applicable, DO NOT include this page in the report.							
	EXP	ENDITURE CAT	regories	FOR BOX	10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions Opnations Made Candidate/Orlogsholder/Politi	By Gift/Awards	rage Expense s/Memorials Expense	Office O Polling E Printing	payment/Reimb verhead/Rental Expense Expense ://wages/Contra	l Expense	Travel In District Travel Out Of C	Equipme ct District	Expense pt & Related Expense not listed above)
The instruction	Guide explains how to co	mplete this form.		_		ACH CREDIT	-	
1 TOTAL PAGES SCHEDULE F4:	5 FILER ID LETTICS COMMISSION FREES					ommission Filers)		
4 TOTAL OF UNITEMIZED EXP	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD							
5 CREDIT CARD ISSUER	Name of financial instituti	ion				*		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	are Charged	(c) Date(s) C	redit Card Issue	er Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	idress:	Cit	ny 9	State,	Zip Code
			(0) : 0) = ==	urcss, /		.4,	otate,	Zip code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this scher	dule)	(b) Descripti	ion			
Political	(2) 🔲		/	1				
Non-Political		side of Texas. Complet			Check if Austir	n, TX, officeholde		pense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Оп	fice Sought		Offic	e Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) C	redit Card Issu	er Paid		
	\$		-					
PAYEE	(a) Payee name		(b) Payee ad	dress:	Cit	у,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Descripti	ion	•		
Political Non-Political	(c) Check if travel outs	side of Texas. Complete	a Schadule T		Chack if Auen	↑ TV officeholds	- Ilvina a	
Complete ONLY If direct	Candidate / Officeholder n			fice Sought	CHECK II MUSII	n, TX, officeholde	er living e	xpense
expenditure to benefit C/OH							e new	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	are Charged	(c) Date(s) C	redit Card Issul	er Paid		
PAYEE	(a) Payée name		(b) Payee ad	dress;	Cit	γ, :	State,	Zip Code
						1		i
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Description	ion		\	
Political Non-Political	(a) Chack if traval out	-1-1ETauna Camalab	Calcadala T		mbty td door			
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outs Candidate / Officeholder n	side of Texas. Complete 		fice Sought	Check if Aus	officehole	e Held	expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selected Manage Control Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to		(enter a category no	t listed above)
1 Total pages Schedule G:	Rey Treio Jr.	3 File	er ID (Ethics Cor	mmission Filers)
⁴ Date 7/7 / 4025		Group, LLC		
Amount (\$) 125.00 Reimbursement from political contributions intended	7 Payee address; III2 W. Main 54.	City; Alice	State;	78332
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (c) Check if the ellourside of Texas. Complete Schedule T.	(b) Description Campaign Check if Austin, TX, office		Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	ice held
7/7/2025	BRANDS Marketing	broup. LLC		
Amount (\$) (50.00		Alice	State:	Zip Code 78332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense Check if and outside of Texas. Complete Schedule T.	Description Cam paign Mar Check Austin, TX, office		· Networking lendar, Fun
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Off	ice held
Date 4/24 / 2025 Amount (\$)	Payee name Tejano Roots Payee address;	City;	State; Z	Zip Code
Reimbursement from political contributions intended	213 N. Wright St.	Alice	lx	18332
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expension	Description Re Marketik	9.	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, offic		se ice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee 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)
4 7		ains how to complete this form.	
1 Total pages Schedule H:	2 FILER NAME	(3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this (c) Check if travel outside of Texas. Complete S		X. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name	X	
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this: Check if travel outside of Texas. Complete S		K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business 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 S	chedule T. Check if Austin, T)	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDE	ED.
Forms provided by Texas Eth	nics Commission www.ethio	cs.state.tx.us	Revised 1/1/2025

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Rayee name			
6 Amount (\$)	7 Payee address;	City State Zip Code		
8 PURPOSE	(a) Category (See instructions for examples of acceptable	(b) Description (See Instructions regarding type of Information		
OF	categories.)	required.)		
EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
	X			
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information		
OF EXPENDITURE	categories.)	required.)		
ZAFENDITORE				
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of Information required.)		
OF EXPENDITURE		Todalloc.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE	Category (See instructions for examples of acceptable	Description (See Instructions regarding type of information		
OF EXPENDITURE	categories.)	required.)		
EAFENDITORE				
ATTACH ADDITIONAL CODICO OF THE COLUMN TACKET				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND

	CONTRI	BUTIONS RETURNED TO FILER		SCHEDULE K			
	If the requested information is not applicable, DO NOT include this page in the report.						
	The	dule K:					
2	FILER NAME		3 Filer ID (Ethics	commission Filers)			
4	Date	5 Name of person from whom amount is received		8 Amount (\$)			
		6 Address of person from whom amount is received; City; Sta	te; Zip Code				
		7 Purpose for which amount is received	political contribution	returned to filer			
	Date	Name of person from whom amount is received		Amount (\$)			
		Purpose for which amount is received	political contribution	returned to filer			
	Date	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	te; Zip Code				
		Purpose for which amount is received Check if	political contribution	returned to filer			
	Date	Name of person from whom amount is received		Amount (\$)			
		Address of person from whom amount is received; City; Sta	ate; Zip Code				
	,	Purpose for which amount is received Check if	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAM 3 Filer ID (Ethics Commission Filers) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location. 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city/or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The	Instruction Guide explains how to	complete this form.						
	Complete only if "Report Type" on page 1 is marked "Final Report" □									
1	C/OH N	NAME		2 Filer ID (Ethics Commission Filers)						
3	SIGNA	TURE								
				/						
	I do not	do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that								
		designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.								
	·	greations of make day comparign experiences without a campaign treasurer appointment on the								
				Signature of Candidate / Officeholder						
4	FII FR	WHO IS NOT AN OFFICE	HOLDER							
·			ou are not an officeholder							
	A.	CAMPAIGN FUNDS								
	Chec	k only one:								
		I do not have unexpended co	intributions or unexpended interest of	or income earned from political contributions.						
				ne earned from political contributions. I understand that I						
		may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain								
			spended contributions or unexpended interest or income earned on political contributions longer than six years after							
		filing this final report. Further	r, I understand that I must dispose of	f unexpended political contributions and unexpended						
		interest or income earned on	political contributions in accordance	with the requirements of Election Code, § 254.204.						
	B.	ASSETS								
	Chec	k only one:								
		I do not retain assets purchas	sed with political contributions or inte	erest or other income from political contributions.						
		I do retain assets nurchased	with political contributions or interes	t or other income from political contributions. Lundoustand						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to									
				rchased with political contributions in accordance with the						
		requirements of Election Code	3, § 254.204.							
				Signature of Candidate						
				Signature of Candidate						
5	OFFIC	EHOLDER /								
	•• Com	plete this section only if yo	ou are an officeholder ••							
		I am aware that I remain subject	ct to filing requirements applicable to a	in officeholder who does not have a campaign treasurer on						
		file. I am also aware that I will	be required to file reports of unexpen	ded contributions if, after filing the last required report as						
			al contributions, interest or other incor est or other income from political con	ne from political contributions, or assets purchased with						
		p 2 and a minimum of the first	2. 2. 3. St. Moonto Holli political coll	,						
				Signature of Officeholder						
				Signature of Officeholder						



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

OFFICE USE ONLY **Date Received** An exemption affidavit must be submitted with each paper report. Date Hand-delivered or Date Postmarked Amount \$ Date Processed Date Imaged

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name Filer ID #

- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit						
NOTARY STAMP/SEAL		s			Signature of Filer	
Sworn to and subscribed before	me by		this the day of			
20, to certify which,	witness my hand and seal of o	ffice.				
Signature of officer administering or	sth Printed na	me of officer administe	ering oath		Title of officer administering oatl	
		OR				
(2) Unsworn Declaration						
My name is		, an	d my date of b	irth is		
My address is	(street)		(city)	,, (state)	(zip code) (country)	
Executed in	County, State of	, on the	day of	(month)	, 20 (year)	
		<u></u>	Qi,	anature of F	iler (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER