# CYNTHA HINOJOSA

AMENDMENT SEMI-ANNUAL REPORT JULY 15, 2024

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY CAMERON COUNTY
3 CANDIDATE/	MS/MRS/MR FIRST	MI	Date Received IMENT OF ELECTIONS
OFFICEHOLDER	Mrs Cyr	rdi	VOTER REGISTRATION
NAME	· · · · · · · · · · · · · · · · · · ·		
	1	Syosa suffix	JAN 1 4 2025
4		{}	Date Hand-delivered or Date Postmarked ), 1.
4 ORIGINAL REPORT TYPE	January 15 Rui	Final report	RECEIVED
	V=== '-', '-	t · · ·	Receipt Amount \$
		Other (specify) h day after treasurer onthment (officeholder only)	
	on day selore election — app	Ontainesic (Oscoriosues Oray)	Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Ye	ar Date Imaged
		IROUGH $06/30/24$	
6 EXPLANATION OF CO	PRRECTION,	+ notarized repor	It and filed it
Ostaff de	livered completed	V (a Hached - star	ped received).
with the	local county de	t notarized report VK (attached - stam licial to Non-Jud	1
7 SIGNATURE I swe	ar, or affirm, under penalty of	perjury, that this corrected rep	ort is true and correct.
Ched	ck ONLY if applicable:		
	reports: I swear, or affirm, that on misrepre-sent the information of	the original report was made in go contained in the report.	ood faith and without an intent to
			than the 14th business day after the
omission in	ed that the report as originally file the report as originally filed was	ed is inaccurate or incomplete. I s made in good faith.	wear, or attirm, that any error or
		Cuyu	- /
		Signalure of Car	ndidate/Officeholder
	lynthia Rodriguez Public, State of Texas & <b>Dioaso c</b> e	 	
My Co	omm. Exp 11/29/2025	omplete either option belo	)W:
(1) Affidavit	iary ID 12962991-8		
NOTARY STAMP/SEA	L /		
Swom to and subscribed	before me by CUNAI H	n no no this th	e 14th day of January,
and the same			3 <u>5 5 5 6 7 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9</u>
20, to certify	which, witness my hand and seal of of	fice.	Notavu
Signature of officer administr	CANTAL CANTAIN	9 KILIGUEZ	Title of officer administering oath
orginature or ornice: acriminati	string ozer Privated name	e of officer administering oath	The oponice administering dath
		OR	
(2) Unsworn Declarat	ion		
My name is		and my date of birth	is
My address is		, and my date of shar	
, **********************************	(street)	(city)	(state) (zip code) (country)
Executed in	, ,	` **	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		, on the day of (moi	nth) (year)
ı		Signature of Can	adidate/Officeholder (Declarant)
Remember To Atte	ich Any Part Of The Campaign		o Report And Explain Corrections
IZOTTOTION TO WELD	.vrany i wit Of the Campaign	THISTIDO INSPOIL E CHIEF PECUCU F	A LABOR WING PARISH ARE AREA (1)

### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you'should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction. Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The CION Instruction of				
The C/OH Instruction (		to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mrs.	FIRST Cyndi	МІ	OFFICE USE ONLY
	NICKNAME	LAST		Date Received
		Hinojosa	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 504 E. St. Fro Brownsville,	APT / SUITE #: (	CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
Change of Address				JAN I 4 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956 )	PHONE NUMBER 299-1847	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		Receipt # Amount 5
TREASURER NAME	Ms.	Thelma	Mì	Amount \$
NAME	NICKNAME	LAST	A.	Date Processed
		Reyna	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	531 E. St. Fra Brownsville,	ancis TX 78520		ZIF GODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(956)	639-1707	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officaholder Only)
10 PERIOD	1	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month	Day Year	Month	Day Year
	8 /	/ 1 / 24	THROUGH 12	/ 31 / 24
11 ELECTION	ELECTION DAT	E .	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
	3 /3 /	26 General	Description	
12 OFFICE	OFFICE LIFE B. W.			
I DEFICE	OFFICE HELD (if any)	ne Peace 2.2	13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM	THIS BOX IS FOR NOTICE	E OE BOUTTON CONTRACT	Justice of the P	
POLITICAL COMMITTEE(S)	TOTAL TITLE OF THE STATE OF THE	EHOLDER. <i>THESE EXPENDITURES</i> AND OFFICEHOLDERS ARE REQUIT	S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		Total Distriction
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		<b>GO TO</b>	PAGE 2	
	<u> </u>	•		

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Cyndi Hinoiosa 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ 0.00CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 0.00**EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 470.96 \$ 4. **TOTAL POLITICAL EXPENDITURES** 2,611.37 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 4,075.67 **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 36,500.00 **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: Cynthia Rodriguez Notary Public, State of Texas (1) Affidavit My Comm. Exp 11/29/2025 Notary ID 12962991-8 NOTARY STAMP/SEAL Sworn to and subscribed before me by \_ to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is \_\_\_ \_\_\_\_, and my date of birth is \_ My address is \_\_\_\_\_

(street)

Executed in \_\_\_\_\_\_, on the \_\_\_\_\_,

(city)

(state)

Signature of Candidate/Officeholder (Declarant)

(month)

(zip code)

(country)

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

C	yndii Hinojosa 20 File	r ID (Ethics Commi	iss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s	 \$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	3	\$	0.00
4.	4. SCHEDULE E: LOANS			36,500.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	IONS \$	\$	2,611.37
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	\$	0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	1 '	<b>\$</b>	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	TURNED \$	\$	0.00

### **LOANS**

### SCHEDULE E

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

		include this page in the re	port.
	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cyndi Hinojo:	sa		Canco Commission Chers)
	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
03/01/2021	Cyndi Hinojosa		Local γ another (φ)
6 is lender			36,500.00
a financial Institution?	8 Lender address; City; 504 E. St. Francis	10 Interest rate	
I. Y I.N	Brownsville, TX 78520		11 Maturity date
12 Principal occupativ	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Justice of the	Peace 2.2	Cameron County	
14 Description of Coll	lateral	15	
none		Check if personal fun account (See Instruct	ds were deposited into political tions)
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	F	T
		PAC (ID#:)	Loan Amount (\$)
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
TYLN			Maturity date
Principal occupation	on / Job title (See Instructions)		
	·	Employer (See Instructions)	
Description of Colla	ateral	Charle II	
none		Check if personal fun- account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	·	- (occ manachans)	
le to	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	EDED
IT IE	ender is out-of-state PAC, please see Ins	struction guide for additional re	DOPTING regulrements

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ly al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/ContractLabor	Travel In District Travel Out Of Distri	pment & Related Expens	æ
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)	
3	Cyndi H	inojosa			C The 1D (Cano	s Commission Fliers)	
4 Date	5 Payee na			<u></u> -			_
08/28/2024		States Post Office					
6 Amount (\$)	7 Payee a	·		City;	State;	Zip Code	
1,074.40	1	Elizabeth St. ⁄ille, TX 78520					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF	Adverti	sing		Postage			
EXPENDITURE							
	(c)	Check If travel outside of Texas, Complete S	chedule T,	Check if Austlo	TX, officeholder livin	E OVERNO	
9 Complete ONLY if direct expenditure to benefit C/Oi		ate / Officeholder name		Office sought	17, Unicarrolds, BARS	Office held	
	ì						
Date	Payee na	ime					
09/05/2024	Sandra	Sanchez-Diaz					
Amount (\$)	Payee ad	•		City;	State;	Zip Code	
100.00		Cielo Lindo n, TX 78552					
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE	Food			BBQ tickets			
OF EXPENDITURE							
		Check if travel outside of Texas. Complete So	rhadula T				
Complete ONLY if direct	Candid	ate / Officeholder name			TX, officeholder living		
expenditure to benefit C/OF		and the state of t		Office sought		Office held	
Date	Payee na	ame					
09/26/2024	Sylvia G	arza					
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code	
250.00	P.O. Box Brownsv	: 4322 ille, TX 78521			,	r	
	Category	(See Categories listed at the top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	Event E	xpense		Loteria Fundrais	ser		
	,,,,,,,,	Check If travel outside of Texas. Complete Sc	chedule T.	Check If Austin,	TX, officeholder living	j expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	, , , , , , , , , , , , , , , , , , , ,	Office sought		Office held	

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Legal Services Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cyndi Hinojosa 4 Date 5 Payee name 09/26/2024 Ernesto Ortega 6 Amount (\$) 7 Payee address: City; State: Zip Code 129 Elda Drive 200.00 Brownsville, TX 78521 (a) Category (See Categories listed at the top of this schedule) R (b) Description PURPOSE Gift/Award/Memorias Donation to Book OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 10/30/2024 Good Neighbor Settlement House Amount (\$) Payee address; City: State: Zip Code 1254 E. Tyler St. 230.00 Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description Event Expense **PURPOSE** Fundraiser EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 11/08/2024 City of Brownsville Amount (\$) Payee address: City; State: Zip Code 1034 E. Levee 100.00 Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Veteran's Day Program OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cyndi Hinojosa 4 Date 5 Payee name 11/27/2024 HEB 6 Amount (\$) 7 Payee address: City; State; Zip Code 81.97 1628 Central Ave Browsville, TX 78520 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Food Turkey Donation EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 12/02/2024 Bella's Artes Academy Amount (\$) Payee address: City; State: Zip Code 1440 Palm Blvd. 300.00 Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description Advertising PURPOSE Christmas Program Book EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name 12/18/2024 Anita's Tortilleria Amount (\$) Payee address: City; State: Zip Code 603 E. Jefferson 275.00 Brownsville, TX 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Tamales for Christmas Gifts OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**Cameron County** Sylvia Garza-Perez **Cameron County Clerk** 

Instrument Number: 2024-495

Personal Financial Statement

Recorded On: July 15, 2024 10:42 AM

Number of Pages: 7

" Examined and Charged as Follows: "

Total Recording: \$0.00

**CAMERON GOUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION** 

JAN 1 4 2025

#### \*\*\*\*\*\*\* THIS PAGE IS PART OF THE INSTRUMENT \*\*\*\*\*\*\*\*

Any provision herein which restricts the Sale, Rental or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Record and Return To:

**Document Number:** 

495

CYNDI HINOJOSA

Receipt Number:

20240715000078

531 E ST FRANCIS ST

Recorded Date/Time:

July 15, 2024 10:42 AM

**BROWNSVILLE TX 78520** 

User:

Danielle C

Station:

CClerk19\_21

STATE OF TEXAS **Cameron County** 

I hereby certify that this Instrument was filed in the File Number sequence on the date/time printed hereon, and was duly recorded in the Official Records of Cameron County, Texas

Sylvia Garza-Perez Cameron County Clerk Cameron County, TX

JUDICIAL CAMPAIG	JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				
The JC/OH Instruction	n Guide explains he	ow to complete this form.	1 Filer ID (Ethics Commission F	illers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS, NICKNAME	Cyndi -	MI	PLE DEFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	X; APT / SUITE );	CITY; STATE; ZIP CODI	JUL <b>1.5 2024</b> SYLVIA GARZA-PEREZ	
Change of Address	1504 €	St. Francis	Parowysville 7	$_{ m V}$ Cameron county clerk	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	99-1847	EXTENSION 785	Dety Hand-delivered or Date Postmarked Lit	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS/MR	Linda	MI	Receipt # Amount \$	
		Montalve	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)	844 CA	utral Blud:	H2200 Brox	WUSVIlle,TX 78520	
8 CAMPAIGN TREASURER PHONE	(957p) 3	PHONE NUMBER	EXTENSION	WINDING INC.	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) d Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month . O	Day Year / 01/24	Moi	nth Day Year 0 / 30/24	
11 ELECTION	ELECTION DA	l —	ELECTION 1	YPE	
	Month Day	Year Primary General	Runoff Other Descripti	on .	
12 OFFICE	OFFICE HELD (If any)	22.2	13 OFFICE SOUGHT (if k	nown)	
14 NOTICE FROM POLITICAL COMMITTEE(S)				ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,	
COMMITTEE(S)	COMMITTEE JYPE	COMMITTEE NAME		, and the state of	
Additional Pages	GENERAL	COMMITTEE ADDRESS		· · · · · · · · · · · · · · · · · · ·	
e.	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
	,	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
700	!				
		GO TO I	PAGE 2		

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

		·			· · · · - · ·
15 JC/OH NAME			1	6 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E	JARANTEES OF LOAD	INS (OTHER THAN NS, OR	\$	
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARAN	TEES OF LOANS)	\$	150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE		\$	
	4. TOTAL POLITICAL EXPE	ENDITURES	***************************************	\$	63200
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINE	ED AS OF THE LAST		715800
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTAND TING PERIOD	ING LOANS AS OF T	HE \$ 2	34,50000
18 SIGNATURE I swear,	or affirm, under penalty of perjury	, that the accompany	ving report is true ar		
required	to be reported by me under Title 15	, Election Code,	yang report is tide at	1	
			lute		
			Signature of Candi	idate/Officehold	der -
•			l		
	Please cor	nplete either o	ntion helow:		•
			paon sciow.		
					•
(1) Affidavit	•		•		
•		•			
NOTARY STAMP/SEAL					
Sworn to and subscribed before	re me by	· -	this the	day of	
20, to certify which	n, witness my hand and seal of office				
Signature of officer administering o	ath Printed name of	officer administering or	ath	Title of of	ficer administering oath
		OR			
(2) Unsworn Declaration				~	,
My name is	•	, and m	v date of birth is		
My address is					
	(street)		(city) (state	e) (zip code)	(country)
Executed in	County, State of				(Country)
<del></del>			(month)	, 20 (yea	<u>r)</u>
		Siç	gnature of Candidate	/Officeholder (E	Declarant)

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

19		
19	FILER NAME  20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s - 0 -
4.	SCHEDULE E: LOANS	\$ 36,5000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -() -
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 63200
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	1 \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	. \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

### SCHEDULE A(J)1

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

, and applicable, bo I	NOT include this page in the report.
The Instruction Guide explains how to complete th	is form. 1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PA  4 Date  6 Contributor address; City;	(\$)
435 Central Ave.	State; Zip Code \$150 °V
8 Contributor's principal occupation  Petrow	9 Contributor's job title Teacher
O Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
2 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAG	C ID#: Amount of contribution (\$)
Contributor address; City;	State; Zip Code
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC	C ID#: Amount of contribution (\$)
Contributor address; City;	State: Zip Code
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED

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

## LOANS (JUDICIAL)

## SCHEDULE E(J)

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

	The riot applicable, BO NC	page III	
The Insti	ruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
2 FILER NAME	Indi Hnojosi	Name of the state	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITE	EMIZED LOANS		\$
5 Date of loan 7	Name of lender	(ID#:)	9 Loan Amount (\$) 36,500 W
6 Is lender a financial Institution?	Lender address; City;	State; Zip Code	10 Interest rate
□ Y □ N	504 E.St. Francis	Brownsile7	11 Maturity date X 78520
12 Lender's Principal Oc	cupation	13 Lender's Job Title	
14 Lender's Employer/La	w Firm	15 Law Firm of lender's spous	se (if any)
16 If lender is a child, law	/ firm of parent(s) (if any)		
17 Description of Collater  none	al	Check if persons account (See In	al funds were deposited into political natructions)
19 GUARANTOR INFORMATION 2	0 Name of guarantor		22 Amount Guaranteed (\$)
not applicable	1 Guarantor address; City;	State; Zip Code	
23 Guarantor's Principal	Occupation	24 Guarantor's Job Title	<u> </u>
25 Guarantor's Employer	Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a child,	law firm of parent(s) (if any)		
-			
	• •	*	
lf lend	ATTACH ADDITIONAL COPIES ( er is out-of-state PAC, please see instruc	OF THIS SCHEDULE AS NE	EDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

			*****			····	· ·
		EXPENDITURE CAT	<b>FEGORIES</b>	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	e By ical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expense	Loan Rej Office Ov Polling E Printing I Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundralsi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expe	ense
1 Total pages Schedule G:	2 FILER NA	ME I	···	· · · · · · · · · · · · · · · · · · ·			
	CA	ndi Hina	m	i	3 Filer ID (Ethics	Commission Filer	rs)
01/2024	5 Payee nar	.S. Post Of	A ce				
6 Amount (\$)	7 Payèe ade	dress;	· · ·	City;	State;	Zip Code	
Reimbursement from political contributions intended	100	1 6. 9 li 2 m	bd H1	Para	allegage	TV 70	(Eni
8	(a) Category	(See Categories listed at the top of thi	s schedule)	(b) Description	( )       ( )   W	/1 X /0	-)1
PURPOSE OF EXPENDITURE	AM	Vertisia		Posta	se Star	$\mathcal{M}$	
	(c) (	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin.	TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	***************************************	Office sought	nnig 6	Office held	
Date	D		100				
Date	Payee nan	ne			•		
Amount (\$)	Payee add	iress;	300.00	City;	State;	Zip Code	····
Reimbursement from political contributions intended							
PURPOSE OF	Category	(See Categories listed at the top of this	s schedule)	Description		<u> </u>	
EXPENDITURE					· · · · · · · · · · · · · · · · · · ·		
<u> </u>		Check if travel outside of Texas, Complete	Schedule T.	Check if Austin,	TX, officeholder living ex	kpense	
Complete ONLY if direct expenditure to benefit C/C		ate / Öfficeholder name		Office sought		Office held	
Date	Payee nan	ne		-	-		
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
Reimbursement from political contributions intended					. *		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
		heck if travel outside of Texas. Complete	Schedule T.	Check if Austin	TX, officeholder fiving ex	mense	$\neg$
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	***************************************	Office held	
	ΛΤΤΛ	CH ADDITIONAL CODIES	OE TUIC O	MEDINE AS NEEDS			