JESUS R. MARTINEZ

SEMI-ANNUAL REPORT JULY 15, 2024

		ICEHOLDER CE REPORT			ORM C/OH SHEET PG 1
	-	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	Jesus	R		EUSEONLY
4 CANDIDATE/	Rami	Mart	SUFFIX 1 N E Z	OEPARÎMENT (N COUNTY OF ELECTION
OFFICEHOLDER MAILING ADDRESS	6744 N	x: apt/suite#; o loble Pine	PITY; STATE; ZIP CODE		5 [°] 2024
Change of Address	Brown	suille TX	78526		010150
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 574-1269	EXTENSION	✓ Date Hand-delivere	d or Date Posimarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Marti	nez	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE#; CITY;	STATE:	ZIP CODE
(Residence or Business)	3714 Sa	in Jacinto Ro	X. Brownsuille, T	X7852	21
8 CAMPAIGN TREASURER PHONE	AREA CODE	939-8579	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer a (Officeholds	
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 01 / 2024	THROUGH 06 /	Day Year /30 /20	, 1
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
•	Month Day	Year Primary	Runoff Other Description		
	/ /	General	Special	· · · · · · · · · · · · · · · · · · ·	
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	1 2 mm A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
4 NOTICE FROM POLITICAL COMMITTEE(S)			CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI O TO REPORT THIS INFORMATION ONLY IF TH		
OCIONAL PEE(3)	COMMITTEE TYPE	COMMITTEE NAME	,		
Additional Pages	GENERAL	COMMITTEE ADDRESS		***************************************	
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	***************************************	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	t	
		GO TO P	AGE 2		

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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: (1) Affidavit NOTARY STAMP/SEAL this the _____ day of Swom to and subscribed before me by ___ , to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath < (2) Unsworn Declaration My name is Jesus Rami Martinez My address is 6744 Nobe Pine , and my date of birth is Brownsuille (street) (state) (zip code) (country) EXCLS, on the 15 Executed in Cameron County, State of

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Jesus Ramin Martinez 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 644.36
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$4127.70
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 250.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1026.06
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 FUNDS	\$328,93
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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

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	Jesus Ramino Martinez	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)			
5-5-24	Javier Quiroga 6 Contributor address; City; State; Zip Code	\$71.02			
8 Principal occu	2602 Sabal Palmor Harlingen, 1976552 pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
5-21-24	Contributor address; City; State; Zip Code	\$493.34			
Principal occup	1643 Altar Palmas Brownstille 1707854 Pation / Job title (See Instructions) Employer (See Instructions) PPUty	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
0-08-24	JUdith Zuniga Contributor address; City; State; Zip Code	\$35.00			
Principal occup	200 (Hage DY Brownsull 727852) Pation / Job title (See Instructions) Employer (See Instructions)	tions)			
**************************************	Teacher	All the second s			
Date	Full name of contributor out-of-state PAC (ID#) Tosue Hazael Cruz	Amount of contribution (\$)			
6-06-24	Contributor address; City; State; Zip Code	\$15.00			
Principal occup	350 W. Ruben Torross. Brownsult 17/1854 gition / Job title (See Instructions) Employer (See Instructions)				
(Business Connect			
	ATTACH ADDITIONAL CODIES OF THIS SOURDING E AS A				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT i	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Jesus Ramino M	artinez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PA TOSE G. Lara Ca	C (ID#:)	7 Amount of contribution (\$)
6-07-24	6 Contributor address; City;	State; Zip Code	\$15.00
8 Principal occu	DOBLE GARDINGS AVERTE, B	BOWKVILLIX 78524 9 Employer (See Instruc	41
		La Gard	
Date	Full name of contributor Qut-of-state PA		Amount of contribution (\$)
6-10-24	Juan C, Salaza Contributor address; City;	State; Zip Code	\$15.00
	3535 Harmony Churchi	ad Gainsville 64	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	> (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

	• ·		
	ATTACH ADDITIONAL COPIES O		

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	; (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	Out-of-state PAC	; (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	·
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	•
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
		ATTACH ADDIT		OF THIS SCHEDULE AS Nuction guide for additional	

Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	- me hade many repeat
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME Jesus Ramiro Martine	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: PROJECT REATX 7 Contributor address; City; State; 108 La Jaca St + 10 - 610 Au 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Contribution \$\ \text{description} \\ \text{Zip Code} \\ \text{7870} \\ \text{SHnTX} \\ \text{Check if travel outside of Texas. Complete Schedule T.} \\ \text{11 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)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description
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 TO	HIS 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.

TI	he Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ule B:
2 FILER NAM	1E		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL C	F UNITEMIZED PLEDGES		\$,
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; S	itate; Zip Code	·	
			Check if travel outsi	i. ide of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	State; Zip Code		
			Check if travel outsi	l . ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	State; Zip Code		
			Check if travel outsi	l ide of Texas. Complete Schedule T.
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	ie; Zip Code		
			Check if travel outsi	l ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
			-	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins			requirements.

LOANS

SCHEDULE E

ii tile requeste	ed information is not applicable, DO NO	I include this page in the re	port.
The	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Jesus Ramino Mai	rtinez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UI	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
64-19-24	Jesus Ramino	,,	\$250.00
6 is lender a financial Institution?	8 Lender address; City; U744 Noble Pine	State; Zip Code	10 Interest rate NIA
Y (N)	Brownsville, TX 7		11 Maturity date
12 Principal occupati	tion / Job title (See Instructions)	13 Employer (See Instructions)	A 5 1 Wh
	FO	Iron Global	Solutions
14 Description of Col	lateral	Check if personal fundaccount (See Instruction	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	Company of the Compan
not applicable		Julio, 2., 2.	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	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)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal func	ds were deposited into political
none		account (See Instruction	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	7,000,000,000
	Anna anna anna anna anna anna anna anna		
If le	ATTACH ADDITIONAL COPII ender is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEE	
	nuel is vurvirstate i Av, piease see ma	truction guide for additional rep	orting requirements.

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 Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed shows)

Contributions/Donations Made By Candidate/Officeholder/Politica			Out Of District (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	_	(,
1 Total pages Schedule F1:	2 FILER NAME TO SUS Ram	in Martinez 3 File	er ID (Ethics Commission Filers)
4 Date 01-19-24	5 Pavee name : /	Sagahon	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200"	315 Perry St.	Yoakum, T	(77995
8 PURPOSE	(a) Category (See Categories listed at the top of this so	nedule) (b) Description	ino l
PURPOSE OF EXPENDITURE	Advertising Expen	se Pulga Onl	sement
	(C) Check if travel outside of Texas. Complete Sch		ficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	() () () () () () () () () ()	
01-24-24	Frost Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 8.00	5480 Paredes Line R		TX 78526
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	
OF EXPENDITURE	Banking	Account Serv	ice Fee
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02-05-24	Karina Jokel		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1000	1180 Robinhood Dr	Brownsville	TX 7854
PURPOSE	Category (See Calegories listed at the top of this sch	edule) Description	į.
OF EXPENDITURE	Advertising Exper	ise Sponsorsh	ip Advertisement
	Check if travel outside of Texas. Complete Scho	dule T. Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED	

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/Domations Made Candidate/Officeholder/Politic Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Rep Office Ov Polling E Printing E	payment/Reimbursement /erhead/Rental Expense xpense	Travel In District Travel Out Of Dis	quipment & Related Expense
		The Instruction Guide expl			Outer (legory morested above,
1 Total pages Schedule F1	2 FILER N	AMEJESUS Ra			3 Filer ID (Et	hics Commission Filers)
4 Date	5 Payee na	ime		1 (11/11/11/	<u> </u>	**************************************
02-23-24		Frost Ban	k_	•		
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
\$ 8.00	5480	Paredestine Ro	d. Bro	wnsuille, 1	X 785	26
,	(a) Category	y (See Categories listed at the top of t	this schedule)	(b) Description	·	
PURPOSE OF EXPENDITURE	Ban	Krna	÷	A count:	Sonte F	Fee
·	(c)	Check if travel outside of Texas, Complete	te Schedule T.	F	in, TX, officeholder liv	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
03-22-24	Fros	t Bank				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
\$8.00	5480	Paredestine	Rd.[3 nownsville	, tx7	852G
***	Category	(See Categories listed at the top of this	s schedule)	Description	1	
PURPOSE OF EXPENDITURE	Bar	iking		Account:	Senice	Fee
		Check if travel outside of Texas. Complete	Schedule T.		, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OH	Candida I	te / Officeholder name		Office sought		Office held
Date	7					
NU-22-74	Payee nar	Rank				
Amount (\$)	Payee add	rose.		○ 14 - 1		
	· ~,	1622,		City;	State;	Zip Code
\$8.00		Parcolestine		3 nowns ville	e, TX.	78526
PURPOSE	Category (See Calegories listed at the top of this	schedule)	Description	7	
OF EXPENDITURE	Bank	(ng		Account.	Senice	Fee
	CI	heck if travel outside of Texas. Complete 5	Schedule T.		TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	17, GHOMUSH IIV	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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 Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		ng Expense es/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how		Construction of the control of the c
1 Tatal agency Cabadala Edu	· · · · · · · · · · · · · · · · · · ·	to complete this form.	0 = 1 + 5 (Ell) 0 1 1 1 1 1 1 1 1 1
1 Total pages Schedule F1:	Jesus Ramin	Martinez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04-23-24	Rotary Club of	los Fresnos	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$150.00			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	•
PURPOSE		_	
OF EXPENDITURE	Contribution	Sponsors	hip
	(c) Check if travel outside of Texas. Complete Schedule 1	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
KE-00 21	End Rank		
05-22-24	Frost Bank		
Amount (\$)	Payee address;	City;	State: Zip Code
\$ 8.00	5480 Parcdeslinerd.	Brownsville	10 78529
	Category (See Categories listed at the top of this schedule)		
PURPOSE			_
OF EXPENDITURE	Banking	Account	Senice Fee
	Check if travel outside of Texas. Complete Schedule T		n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		Omice sough	Office field
Date	Payee name		
05-28-26	Platinum Parking.	- Lot 559	
Amount (\$)	Payee address;	City;	State; Zip Code
\$28.06	339 E. Crockett St	San Anti	State Convention
	Category (See Categories listed at the top of this schedule)	Description	Chele Carolina toro
PURPOSE		10 (STAR CONVENTION
OF EXPENDITURE	I ravelout of District	- Kepubli	canMeeting
	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	1		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDI II E AS NEE	DED
		JOI IED OLE FIO INC.	The Time Spare

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			yment/Reimbursement	Solicitatio	on/Fundrais	ing Expense
Consulting Expense		Fees Food/Beverage Expen		Office Over Polling Exp	rhead/Rental Expense cense	Transport Travel in I	tation Equip	ment & Related Expense
Contributions/Donations Made E Candidate/Officeholder/Politic		Gift/Awards/Memorials Legal Services		Printing Ex	φense	Travel Ou	ut Of District	
Credit Card Payment	CH COMMISSION				/ages/Contract Labor	Other (en	tera catego	ory not listed above)
			iuide explains	s how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NA	Jesus	Ram	inde	Partinez	3 Filer I	ID (Ethics	Commission Filers)
4 Date	5 Payee na		1		100			
00-05-24 6 Amount (\$)		Humb	rerto	<u>Sa</u>	gahon			100
о Апоши (э)	7 Payee add	dress;		'	City;	ξ	State;	Zip Code
\$200.00	315	Perry	st	ĺ	loakum		ΓX	77995
8	(a) Category	/ (See Categories leved a	at the top of this s	chedule)	(b) Description			1 / / Table
PURPOSE		, -			1 ' '	Mali	· 12 2	
OF EXPENDITURE	advor	Hising E	2/ 200	ACA	Pulga (ORI	ne	. <u> </u>
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<u> </u>	(c) [(Check if travel outside of Te	xas. Complete Sci	ı⊵dule T.	Check If Austin	n, TX, officeb	iolder Ilving	expense
9 Complete ONLY if direct		ate / Officeholder na	ame		Office sought			Office held
expenditure to benefit C/OI	4				_			
Date	Payee nan	me						
	,	,,,,	^					
N10-12-24	Voi	ronica	Cru	2 /	Coons			
Amount (\$)	Payee add	· · · · · · · · · · · · · · · · · · ·	LIU	4 1				
4,	rayee auc	ness,			City;	5	State;	Zip Code
\$2 MIOD	1750	1.100 L K	X.	01	δ.		<u> </u>	- 6
4200	<u> 1100</u>	West M			Brownsuil	11-	/ 🔨	18520
1	Category	(See Categories listed at t			Description			
PURPOSE			_	.	4			
OF EXPENDITURE	Adver	tising E	2000	100	Advertisa	2000 (0110	- A
					Trover 1131	179 U	14/1	081 C
		Check if travel outside of Tex	as. Complete Sch	adule T.	Check if Austin,	, TX, officehr	older living (expense
Complete ONLY if direct		te / Officeholder nar	me	******	Office sought		(Office held
expenditure to benefit C/OH	I							
			· · · · · · · · · · · · · · · · · · ·					
Date	Payee nan					- INI		
06-25-24	Enc	t Bar						
· · · · · · · · · · · · · · · · · · ·			<u> </u>					•
Amount (\$)	Payee add	ress;			City;	S	itate;	Zip Code
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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 Salarias/Manas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Institute of the Control of th

The Instruction Guide explains	in Martinez	Other (enter a category not listed above) 3 Filer ID (Ethics Commission Filers) State; Zip Code
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)' The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 8 Payee address: **7** Amount (\$) City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) 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 Payee name Date Zip Code Amount (\$) City; State: Payee address; TYPE OF Non-Political Political **EXPENDITURE** 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH