ESTELA C. VASQUEZ

SEMI-ANNUAL REPORT JULY 15, 2024

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MBS-/.MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received CAMERON COUNTY NICKNAME SUFFIX DEPARTMENT OF ELECTION YOTER HERISTRATION 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: ZIP CODE **OFFICEHOLDER** JUL 1 5 2024 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-deliver **OFFICEHOLDER** (0 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); STATE; ZIP CODE **TREASURER** cean. **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Day Day Year COVERED THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Day Description Special OFFICE, HELD (if any 12 OFFICE 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 JC/QH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 5. 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 **18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ____ this the ___ __ day of , 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 and my date of birth is (street) (state) (zip code) (country) ameran

County, State of

Signature of Candidate/Officeholder (Déclarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$139,028,9
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,110,9
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	\$
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	\$

SCHEDULE E(J)

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

The requestion of the applicable, 20 in	o, mosado imo pago m	the report.
The Instruction Guide explains how to complete this	s form.	1 Total pages Schedule E(J):
2 FILER NAME + LS + La Chauz Vasque	ul Z	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender out-of-state PAC	c (10#:)	9 Loan Amount (\$) 2,000
6 Is lender a financial Institution? 8 Lender address; City;	Vd State; Zin Code	10 Interest rate
Los Fresnos, TX-	18566	11 Maturity date
12 Lender's Principal Occupation 10 10 10 10 10 10 10 10 10 10 10 10 10 1	13 Lender's Job Title	vdsl
Los tresnos Ey Clinic/ Whorn Coop	15 Law Firm of lender's spou	se (if any)
16 If lender is a child, law thm of parent(s) (if any)	,	
17 Description of Collateral none	Check if person account (See I	al funds were deposited into political nstructions)
19 GUARANTOR 20 Name of guarantor INFORMATION		22 Amount Guaranteed (\$)
not applicable 21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES If lender is out-of-state PAC, please see instruc		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE E(J)

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The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):
2 FILER NAME LA CHAWY VASGUET		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
Date of loan 7 Name of lender 0 out-of-state PAC (3 3988	p#:	9 Loan Amount (\$) \$1528.44
6 Is lender a financial Institution? 8 Lender address; City; SIO W. D. D. B. W.	State; Zip Code	10 Interest rate
LOS Fresnos, TX	18570lo	11 Maturity date
12 Lender's Principal Occupation	13 Lender's Job Title	Judgl
14 Lender's Employer/Law Firm 105 FRESHOS TUL CLINIC	15 Law Firm of lender's spous	e (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral none	Check if personal account (See Inc	Il funds were deposited into political structions)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable 21 Guarantor address; City;	State; Zíp Code	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's sp	pouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
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ATTACH ADDITIONAL COPIES O		

SCHEDULE E(J)

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
2 FILERNAME LLA Chaulz Vasa	Jul Z	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	1	\$
5 Date of Ioan 12 31 30 # White of lender out-of-state PAG 12 31 30 House of lender out-of-state PAG 6 Is lender a financial Institution? 8 Lender address; City; 8 10 W. Olan Blue	State; Zip Code	9 Loan Amount (\$) 10 Interest rate
12 Lender's Principal Occupation	78500 13 Lender's Job Title	1 10 ()
14 Lender's Employer/Law Firm 15 FOLSON S. Pur Clinica Fisela V	15 Law Firm of lender's spous	sel(if any)
16 If lender is a child, law firm of parent(s) (if any)	l	
17 Description of Collateral	Check if person account (See In	al funds were deposited into political nstructions)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable 21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Principal Occupation	24 Guarantor's Job Title	nd , to the same of the same o
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIE: If lender is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NE uction guide for additional repo	EEDED orting requirements.

SCHEDULE E(J)

The Ins	struction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):
2 FILER NAME (Vasquez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$
5 Date of loan 20(5) 20 0 6 Is lender a financial Institution?	7 Name of lender out-of-state PAC (ANTONIO & SHLON 8 Lender address; City; 810 W. O Clan Blud 1 25 FORE DOS TV	State; Zip Code	10 Interest rate
12 Lender's Principal of Princi	ist/Attorney	13 Lender's Job Title 15 Law Firm of lender's spous	AHD (ub)
17 Description of Colla	teral	Check if persons account (See In	al funds were deposited into political structions)
Inone 19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	/er/Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		
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lf la	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE tion guide for additional repo	EDED orting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		t & Related Expense		
1 Total pages Schedule F1:	2 FILER NAME () 3 Filer ID (Ethics Co	mmission Filers)		
4	Esteta Chanez Vasquer			
4 Date 7 3	First Family Network of Gruron Cour	the		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
100°	Rancho Viego, TX 78575			
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 Schedule T. Check if Austin, TX, officeholder living expe	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ce held #5		
Date	Payee name			
320/24	Texas Southnest Glass Foundation			
Amount (\$)	Payee address; City; State; Z	Zip Code		
\$75U	80 Fort Brown St. Brownsville, TX 7	8520		
	Category (See Categories listed at the top of this schedule) Description Cut Con Sor Schedule			
PURPOSE OF EXPENDITURE	Adurtising Sponsorship Adurtising Table S	Ponsor		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expe	nse		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ce held C+45		
Date 18 24	Sunshine Hauen			
Amount (\$)	Payee address; City; State; Z	ip Code		
\$300	7105 W. Lakeside Blvd Olmito, TX	18575		
	Category (See Calegories listed at the top of this schedule) Description	-		
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	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exper	nse		
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

		EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fee Foo y Gift/	nt Expense s d/Beverage Expense Awards/Memorials Expense al 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	TI	ne Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	Chaus l	18947	3 Filer ID (Ethics Commission Filers)
4 Date 5 7 24	5 Payee name	CountsAdvo	caces Conters	Inc.
6 Amount (\$)	7 Payee addres	s; 0	City;	State; Zip Code
\$500	1365	PM511	Brownsville	TX 78526
8 PURPOSE OF	A 1 11	e Categories listed at the top of th	is schedule) (b) Description	er
EXPENDITURE	Puer	+ Table, no	nsor Table	SIONSIV
	(c) Check	k if travel outside of Texas. Complete	Schedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	VaSque L	office held
Date	Payee name		<u> </u>	
5924	Rube	n Cuell	lar	
Amount (\$)	Payee addres	s;	City;	State; Zip Code
006 B		Bro	wnsville, TX	(78526
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PURPOSE OF EXPENDITURE	Awara	1 Baccala	virente	
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Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office sought	Office held
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5 30 24	Vellerar	is Momoria	1 Early Colle	ge Hish School
Amount (\$)	Payee addres	s;	City;	State; Zip Code
4/10000	1000	Charger	Lane Brow	insuille, TX 4852
, ,	Category (See	Categories listed at the top of this	schedule) Description	
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Complete ONLY if direct expenditure to benefit C/OH	_^~ `` (Officeholder name	Office sought	Sulf CCHS
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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)
	,	ns how to complete this form.	
1 Total pages Schedule F1:	2 ELER NAME Chauz	Vasguer	3 Filer ID (Ethics Commission Filers)
4 Date 01 H	5 Payee name Honely trei	o l	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
£200	Brow	rsville, TX	78521
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Award	Award d	for Academics
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	n, TX, officeholder living expense
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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule) Description	
	Check if travel outside of Texas, Complete S	chedule T. Check if Austli	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	****	
Date	Tayee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description	
	Check if travel outside of Texas, Complete So	chedule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

OUTSTANDING LOANS SCHEDULE L If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) LENDER INFORMATION Zip Code **GUARANTOR** INFORMATION 7 Guarantor address; City; State; Zip Code not applicable Name of lender **LENDER** INFORMATION Lender address; City; State: Zip Code **GUARANTOR** Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable **LENDER** Name of lender **INFORMATION** Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address: Zip Code not applicable Name of lender LENDER INFORMATION Zip Code Lender address; City; State; Name of guarantor **GUARANTOR** INFORMATION Zip Code Guarantor address; City; State; not applicable ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY		
Date Received		
Date Hand-delivered or Date Postmarked		
Receipt #	Amount \$	
Date Processed		
Date Imaged		

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.

Filer ID #

- 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 \$32,810 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 analysis of the 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	Signature	of Eller
TO THE STREET		
Sworn to and subscribed before me by	this the	day of,
20, to certify which, witness my hand	and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration My name is ESTETA CHULT My address is \$10 W. OCLAN BIT (street) Executed in CAMEVON County, State	ASGULZ, and my date of birth is 13 (State) For Texas, on the State day of Texas (month) Signature of File	78700 USA. (zip code) (country) , 20 24. (year) er (Declarant)

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