CYNTHA HINOJOSA

AMENDMENT
SEMI-ANNUAL
REPORT
JANUARY 15, 2025

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	ilssion Filers)	Total pages filed: —	OFFICE USE ONLY
3 CANDIDATE/ OFFICEHOLDER NAME	MRS. FIRST MRS. CYI NICKNAME LAST	ndi nojosa	Date Received MERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JAN 1 4 2025
4 ORIGINAL REPORT TYPE	limit	eeded modified reporting	Date Hand-delivered or Date Postmarked Receipt Date Probased
5 ORIGINAL PERIOD COVERED		ROUGH $12/31/24$	Date Imaged
6 EXPLANATION OF CO Submitte	errection d report on 1/13	125 on the wrong	g form.
7 SIGNATURE I swe	ar, or affirm, under penalty of	perjury, that this corrected repo	ort is true and correct.
Chec	k ONLY if applicable:		
Semiannual mislead or to	reports: I swear, or affirm, that to misrepre-sent the information of	he original report was made in goo ontained in the report.	od faith and without an intent to
		d is inaccurate or incomplete/ I sw	nan the 14th business day after the vear, or affirm, that any error or
(*()*) Notary My C	Cynthia Rodriguez y Public, State of Texas omm. Exp 11/29/2025 itary ID 12962991-8	Signature of Canc	didate/Officeholder
NOTARY STAMP/SEA	14 22 1 1 1 1	NO OSOL this the	14th day of January.
	which, witness my hand and seal of off	ice. LOCATIQUEZ of officer administering oath	Notavy Title of officer administering oath
		OR	-
(2) Unsworn Declarati	ion		
My name is		, and my date of birth is	s
My address is			-
, add 000 10	(street)	(city)	(state) (zip code) (country)
Executed in	, ,	, on theday of (mont	, , , , , , , , , , , , , , , , , , , ,
		Signature of Cand	idate/Officeholder (Declarant)
Remember To Atta	ch Any Part Of The Campaign		Report And Explain Corrections

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 C/OH Instruction (Guide explains how to co	omplete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs.	FIRST Cyndi	Mil	OFFICE USE ONLY
NAME	NICKNAME	_{LAST} Hinojosa	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 504 E. St. Franc Brownsville, TX	is	CITY; STATE; ZIP CODE	JAN 1. 4 2025
Change of Address				RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE		HONE NUMBER 299-1847	EXTENSION	Receipt # Amount \$
6 CAMPAIGN TREASURER	Ms/MRs/MR Mrs.	FIRST Linda	мі R.	Date Processed
NAME	NIOWALANT		SUFFIX	
	NICKNAME	Montalvo	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	864 Central Blvo Brownsville, TX	d. #2200	UITE #; CITY;	STATE: ZIP CODE
8 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION	
TREASURER				
PHONE	(956)	371-3191		
	(000)	011 0101		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED		/ 04	тивонен 6	/ 30 - / 24
	1 /1	l / 24	THROUGH U	/ 30 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day	Year Primary	L Runoff L Other Description	
	~/,/	General	Special	
12 OFFICE	Justice of the	Peace 2.2	13 OFFICE SOUGHT (If know	n)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOL	DER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	CONSENT. CANDIDATES AND	OFFICEHOLDERS ARE REQUI	RED TO REPORT THIS INFORMATION ONLY IF	THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
33,,,,,,	COMMITTEE TYPE CO	MMITTEE NAME		
Additional Pages	GENERAL	MMITTEE ADDRESS		
-	SPECIFIC COI	MMITTEE CAMPAIGN TRE	ASURER NAME	
	col	MMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Cyndi Hinojosa 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 2. 150.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 632.00 **TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 7,158.00 BALANCE OF REPORTING PERIOD **OUTSTANDING** 36,500.00 6. 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, Signafure of Candidate or Officeholder Please complete either option below: Cynthia Rodriguez lotary 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 eertify which, witness my hand and sea Signature of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration _____, and my date of birth is ____ My name is ___ My address is ____ (city) (zip code) (country) _____ County, State of ______, on the ____

(month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	mmis	sion Filers)				
Cynd	li Hinojosa					
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	\$					
4.	\$	36,500.00				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	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 F	UNDS	\$	632.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	UTIONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

n tho roquot	normalist to not applicable, 20 No. 1	iolade imo page m mo	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Cyndi Hin	ojosa		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Connie Rosas	C (ID#:)	7 Amount of contribution (\$)
04/25/2024	6 Contributor address; City; 435 Central Ave. Brownsville,	150.00	
8 Principal occu Retired Teac	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	ions)	
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Instr		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:		
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outs	 de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI.	·····	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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	
	Contributor address; City; State;	Zip Code	Check if travel outsi	i de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHED!	II FAS NEEDED		

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

	The	Instruction Guide explains how to co	omplete this	form.	1 Total pages Sched	lule B:
2	FILER NAME			and the state of the street of	3 Flier ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES	•		\$	
5	Date	6 Full name of pledgor ☐ out-of-str	8 Amount of Pledge \$	9 In-kind contribution description		
		7 Pledgor address; City;		te; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See	Instructions)	
	Date		ate PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City;		te; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	Date	, <u>,</u> –	ate PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City;		te; Zip Code		<u> </u>
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)		Employer (See	Instructions)	
•	Date	Full name of pledgor out-of-ste	ate PAC (fD#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City;	State;	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
		ATTACH ADDITION/	VI CODIES	OF THIS SCHEDU	FASNEEDED	
	lf (contributor is out-of-state PAC, plea				requirements.

LOANS SCHEDULE E

If the requested	d information is not applicable, C	DO NOT	include this page in the r	eport.
The	Instruction Guide explains how to	o complet	e this form.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Cyndi Hinojo	sa			
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender ut	t-of-state PA	C (ID#:)	9 Loan Amount (\$)
03/20/2001	Self			36,500.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 504 E. St. Francis Brownsville, TX 78520			10 Interest rate
YN		·		11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)	
Justice of the Peace			Cameron County	
14 Description of Coll	ateral	1	5 Check if personal fu account (See Instru	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor	•		19 Amount Guaranteed (\$)
	18 Guarantor address; Cit	ity;	State; Zip Code	
not applicable				
20 Principal Occupat	tion (See Instructions)	2	21 Employer (See Instructions)	
Date of loan	Name of lender ☐ out	t-of-state PA	C (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; Cif	ity;	State; Zip Code	Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	-	Employer (See Instructions)	
Description of Colling	ateral .		Check if personal fu account (See Instru	nds were deposited into political ctions)
GUARANTOR INFORMATION	Name of guarantor	•		Amount Guaranteed (\$)
	Guarantor address; Ci	ity;	State; Zip Code	•
not applicable				
Principal Occupati	on (See Instructions)		Employer (See Instructions)	
If la	ATTACH ADDITIONA		S OF THIS SCHEDULE AS NE	

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 nateuropy not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.						
4 T.(.)		oomplete the term	3 Filer ID (Ethics	Commission Filers)			
1 Total pages Schedule F1:	Cyndi Hinojosa		J Flier ID (Lunco	Continuesion Fileray			
4 Date	5 Payee name						
01/20/2004	United State Post Office						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
	1001 E. Elizabeth St.						
	Brownsville, TX 78520						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE	Advertising	Postage Stam	ps				
OF EXPENDITURE		_					
LAFERDITORE		1					
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living				
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held			
0,4011011011011011011011011011		·	w .				
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
	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 Aust	in, TX, officeholder living	•			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held			
expenditure to benefit C/O	1	-					
	Payee name						
Date	rayeename						
Amount (\$)	Payee address;	City;	State;	Zip Code			
Amount (4)	Tayoo addicoo,	J.,,	,	,-			
V-V-	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF							
EXPENDITURE							
44000000000000000000000000000000000000	Check if fravel 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/Oł							
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDITURE C	CATEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ov Polling Ex ense Printing E Salaries/	xpense Vages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule F2	: 2 FILER				3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITE	MIZED UN	IPAID INCLIPED	OBLIGATION	IC .	\$	
			OBLIGATION		3	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	ditical		
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the to	op of this schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/C		ididate / Officeholder nar	ne (Office sought	Office he	əld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	V V V V V V V V V V V V V V V V V V V	Political	Non-Po	blitical		
PURPOSE OF EXPENDITURE	Categor	ry (See Categories listed at the to	op of this schedule)	Description		
		Check if travel outside of Texas. C	Complete Schedule T.	Check if A	ustin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate / Officeholder nar	ne (Office sought	Office h	eld
	ATTAC	CH ADDITIONAL COP	IES OF THIS S	CHEDULE AS NE	EDED	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Т	he 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; Cit	y; 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 SCHEDULE	AS NEEDED

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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER** 1 TOTAL PAGES **2 FILER NAME** 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution **5 CREDIT CARD ISSUER** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid 6 PAYMENT 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** PAYEE (a) Payee name Zip Code (b) Payee address; City. State. (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political (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 (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** PAYEE (a) Payee name City, Zip Code (b) Payee address; State. (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Com

Reset Form

Reset Page

Revised 1/1/2024

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (certifications)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services Salaries/Wages/Contract Labor			Other (enter a category not listed above)			
oroacoard ayaana		The Instruction Guid	le explains how to	complete this form.				
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee nar	ne			<u> </u>			
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description				
	(c) (Check if travel outside of Texas. C	Complete Schedule T.	Check if Austir	n, TX, officeholder living ex	lder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	ie	Office sought		Office held		
Date	Payee nar	ne						
Amount (\$)	Payee add	lress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)	Description				
	(Check if travel outside of Texas. C	Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder nam	e	Office sought	- ,	Office held		
Date	Payee nar	ne				-		
Amount (\$)	Payee add	iress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the t	op of this schedule)	Description				
	(theck if travel outside of Texas. C	omplete Schedule T.	Check if Austir	n, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	е	Office sought		Office held		
	ATTA	CH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEED	DED			

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 CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made By Candldate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	/Awards/Memorials Expense Printing Expense		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Cato Payment		The Instruction Guide explain	ıs how to	complete this form.			
1 Total pages Schedule H:	2 FILER N	AME			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 so	chedule)	(b) Description			
	(c) (Check if travel outside of Texas, Complete Sch	redule T.	Check if Austin,	tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / 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 so	hedule)	Description			
	c	heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	C	Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
		theck if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	4.4	Office sought	(Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEED	DED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regard	ing type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	nstructions regard	ling type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ing type of	information
Date	Payee name	- I			
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ing type of	Information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2	FILER NAME		3 Filer ID (Ethics	s 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; Stat	te; Zip Code		
		7 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	ite; 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; Stat	te; Zip Code		
		Purpose for which amount is received Check if I	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	ite; Zip Code		
		Purpose for which amount is received Check if p	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

in the requested miormation is not applicable, DO NOT include this page in the report.					
The Instr	ruction Guid	le explains how to complete t	this form.	1 Total pages Schedule T:	
2 FILER NAME			The state of the s	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	r / Corporation	n or Labor Organization / Pledgor	r / 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					
	··········	ation city or name of destination le	****		
10 Means of transportat	tion	11 Purpose of travel (including	g name of conference, s	seminar, or other event)	
Name of Contributor	/ Corporation	or Labor Organization / Pledgor	/ Payee		
Contribution / Expend Schedule A2 Schedule F2	Sch	d on: nedule B Schedule B(J) nedule F4 Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure city or name of departure location				
	Destina	tion city or name of destination ic	ocation		
Means of transportat	tion	Purpose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor Organization / Pledgor	/ Payee		
Contribution / Expend Schedule A2 Schedule F2	Schedu	ule B Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s) traveling			
	Departu	re city or name of departure loca	tion		
Destination city or name of destination location					
Means of transportati	ion	Purpose of travel (including	name of conference, s	eminar, or other event)	
	TA	TTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr MR5.	FIRST Cyndi	MI	OFFICE USE ONLY
NAME	MICKNAME	LAST	SUFFIX	Date Received OAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	SOHE BYOWNS	Hinoros APT/BUITE#(). St. Francis VIIIC/TX 7	STATE; ZIP CODE	DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 4.2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Costmarked Receipt # 1 Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS. NICKNAME	FIRST Thelma LAST	MI A. SUFFIX	Date Processed
		RAMA NO PO BOX PLEASE); APT / SI)	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (no po box please); y apt / si St. Tvanas	Browns VILL	STATE: ZIP CODE TX 78620
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Caserval	15th day after campaign treasurer appointment (Officeholder Only)
14.0,000	July 15	8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month OS	Day Year	THROUGH /3	Day Year 131 124
11 ELECTION	ELECTION DAY Month Day 03/03/	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (IF any)	of the Peace	13 OFFICE SOUGHT (IF know 2. 2 Tustice	of the Peace 2.2
14 NOTICE FROM POLITICAL	THE CANDIDATE / CEEK	EUNINED THESE EYDENNITHE	S MAY HAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT VDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
,	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	_
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT		\$ 0
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$ 470.96
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 2611.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 4075.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O	* 34,500°
	vear, or affirm, under penalty of perjury, the		and correct and includes all information
req	uired to be reported by me under Title 15, E	ection code.	
		Signature of Ca	andidate/Officeholder
	Please comp	lete either option belov	v:
	WATOC IP		
Notary Public	, State of Texas		
Comm. Expl NOTARY STAMPISEYA	res 08-10-2027 D 3448594		
Contracting the last of the la	before me by Cyndi Hin	ο γος β this the	13th day of JARMARY,
_ ++	which, witness my hand and seal of office,		
	Ramon C.	A VA-201	Notary Public
Signature of officer administe	ring oath Printed name of off	icer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	•
	(street)	, -, ,	state) (zip code) (country)
Executed in	County, State of	, on theday of (month	, 20 (year)
		Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	COVER	SHEET PG 3	
19	19 FILERNAME 20 Filer ID (Ethics Cor		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>O</i>	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ · O	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s ()	
4.	SCHEDULE E: LOANS	\$ 36,500	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	* 261.37	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ man 0 managed	
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	\$ 0	

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 Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officenoider/Politica Credit Card Payment	an Committee Legal Services Salaries/V The Instruction Guide explains how to e	Wages/ContractLabor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME CINK! Hirososa		3 Filer ID (Ethics Commission File	rs)
4 Date 11/2-7/24	5 Payee name (
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
91,97	1628 Central Blud	Browns	ville, TX 7892	20
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	1	Timella	us for Donation	
EXPENDITURE	FOOD	IMK	NO 101 MALLON	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check If Austin	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
17/2/24	Palla's Avtes Acade			
Amount (\$)	Payee address:	V City;	State; Zip Code	
\$3000	14to Palm Blod.	Evours	ville TX 7852	<u>Ö</u>
	Category (See Categories listed at the top of this schedule)	Description	Christmas	
PURPOSE OF EXPENDITURE Advertism Praram 1			in Book	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/18/24	Anifa's Tortilen			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$22500	603 E. Jefferen	Princus	ull TX 7852C	2_
	Category (See Categories listed at the top of this schedule)	Description	(hn'struas	
PURPOSE OF EXPENDITURE	Frod Burnes	Tamali	A A II	
***************************************	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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 Glft/Awards/Memorials Expense Legal Services

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

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Zip Code 8 **PURPOSE EXPENDITURE** Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Zip Code **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH **PURPOSE** 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

OUTSTANDING LOANS SCHEDULE L 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 L: 2 FILER NAME Filer ID (Ethics Commission Filers) LENDER INFORMATION City; Zip Code Prowasuilles **GUARANTOR** INFORMATION 7 Guarantor addres not applicable City; Zip Code LENDER Name of lender INFORMATION Lender address: State: Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; not applicable State; Zip Code LENDER Name of lender INFORMATION Lender address; City: Zip Code **GUARANTOR** Name of guarantor INFORMATION not applicable Guarantor address; City; Zip Code LENDER Name of lender INFORMATION Lender address; City; State: Zip Code GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zip Code _ not applicable ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED