# JUAN MENDOZA

SEMI-ANNUAL REPORT JANUARY 15, 2025

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST Mendo 29	SUFFIX	Date REPORT OF ELECTIONS & VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	JAN 15 2025
Change of Address	hos Fresnos, >	x 78566	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 408-0014	EXTENSION	Date Haher delivered or Dath Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	
	GARIA		Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 176/6 N. /AKES, AE 0/m. Lo. 74. 785	Bruch.	STATE; ZIP CODE
(Residence or Business)	- ''		
8 CAMPAIGN TREASURER PHONE	(96) 533-2065	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / Jo24	THROUGH 12	Day Year /3//2029
11 ELECTION	Month Day Year Primary	ELECTION TYPE  Runoff Other Description	
	11/5/25 General	Special	
12 OFFICE	OFFICE HELD (If any)  TUSTY of the Down Do.L.	13 OFFICE SOUGHT (if known	)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.	MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
001111111111111111111111111111111111111	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ <i>O</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$_
	4. TOTAL POLITICAL EXPENDITURES	\$ 907.88 AST DAY \$ 1.6451
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L     OF REPORTING PERIOD	AST DAY \$ 1,6451
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is to equired to be reported by me under Title 15, Election Code.	true and correct and includes all information
		1
		near 1
	Signature of (	Candidate or Officeholder
	( )	
	V	
	Please complete either option belo	ow:
(1) Affidavit		
`,		
NOTARY STAMP/SEA	d	
110111111111111111111111111111111111111	<b>1</b>	
Sworn to and subscribed	before me by this th	e day of ,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	00	
	OR	
(2) Unsworn Declarati	ion	
<u> </u>		1 11 1810
My name is	n Mordlo 74 , and my date of birth	is 06 27 1/60
My address is	20 111 SH St Los Fresnes	is 0624-1960 The 78576
t		
_ Van	(street) (city)	
Executed in	County, State of 79798, on the 5 day of 1	(4) , 20 <u>5</u> .
	(mo	nth) (year)
	ol-law-to-	didata/Officabalder /Declare-1)
	Signature of Can	didate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  JUGA MALDORA	nmiss	ion Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0	
4.	SCHEDULE E: LOANS	\$	O	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	546,18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	40
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	,_
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	261.70 4
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	ONS RETURNED	\$	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 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	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Juga mendoza		3 Filer ID (Ethic	s Commission Filers)		
4 Date 7-26-24	5 Payee address:					
6 Amount (\$) 73.03	7 Payee address; 35 70 W- AITON Glos Brounsvill, Tx.	City; OR GND 1785 DO	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EUCHE KPENSE	(b) Description  Politica	porty			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	In, TX, officeholder living	j expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	JPE	Office held		
Date 7-28-2/	Payee name Agv. 101's meat morke	+				
Amount (\$) 43.78	Payee address;  4/226 S. EXPOSSURY  Harlings TX. 7		State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FUNF EXPLISE	Description	of pats	•		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held  IP R/-Y		
Date 8-9-24	Payee name WAI MAY +					
Amount (\$)  A/O - / /	Payee address;  1004 W-Ollan  Los Fresaas Tye	city;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVEN F EXPENDE	Pa I. Lol	prets			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Tuen Mendera	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED			

#### **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 Event Expense Fees Food/Beverage Expense Glft/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

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 o	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Suan Mendoza		3 Filer ID (Ethics Commission Filers)			
4 Date 8 11-74	5 Payee name Som's Club					
6 Amount (\$)  205-5-2	7 Payee address;  SAM 5 C/UB  35 70 W. MTON GIO	City;	State; Zip Code			
		4-3-5				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)    CMT CXIVITE	(b) Description	Ports			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Was Mendo and	Office sought	Office held  PCF-Y			
Date 12-5-74	Payee name  (ARiCeriA A1/ Un	116				
Amount (\$)	Payee address;	City;	State; Zip Code			
65.74	1233 E. Alton Gl	60 7852 G	,			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Postifica	1 pas			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held IP RM			
Date 12-13-24	Payee name 50 ms 6/08					
Amount (\$)	Payee address;	, City;	State; Zip Code			
119.97	35-70 W- p/100 9/0 Browns 1/9 X	n l 18520				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Trent Expors?	prlitel	port			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	a, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name  What Mehadom	Office saught	SP- PA- U			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME JUON MONGOCA		3 Filer ID (Ethics Commission Filers)		
4 Date 12-30-24	5 Payee name  LA michcacana	ment morket			
6 Amount (\$) 90.73  Reinbursement from political contributions intended	7 Payee address: Golwest HAII.	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  CUCH QCPINE  (c) Check if travel outside of Texas, Complete Schedule T.	(b) Description  folities  Check if Austin.	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Than Mendera	Office sought	Office held SP MM		
Date 17-34-14	Payee name				
Amount (\$) 70 97	Payee address;	_	State; Zip Code		
political contributions intended	Brownsus lie y	1 40570	<i></i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)  Exact Expents	Polital	port		
	Check if travel outside of Texas. Complete Schedule T.	<u> </u>	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH TUCH MADRA	Office sought	Office held  TP Not-4		
Date	Payee name				
Amount (\$)	Payee address;	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, 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	S SCHEDULE AS NEED	ED		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

		·		
	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedi	ułe A2:
2 FILER NAM	Juan Mendoza		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	FUNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date	6 Full name of contributor  uut-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outside	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)			n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsic	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law find	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			requirements.

## **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

ii the request	if the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
The Ir	nstruction Guide explains how to complete this	form.	1 Total pages Schedu	ule B:				
2 FILER NAME	Juan Mendowa		3 Filer ID (Ethics Co	ommission Filers)				
4 TOTAL OF U	JNITEMIZED PLEDGES		\$					
	6 Full name of pledgor	te; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description				
10 Principal occurs	ation / Job title (See Instructions)	11 Employer (See I		de of Texas. Complete Schedule T.				
11 Employer (See Instituctions)								
Date	Full name of pledgor		Amount I	In-kind contribution description				
•	Pledgor address; City; Stat	te; Zip Code	 					
			I Check if travel outsk	de of Texas. Complete Schedule T.				
Principal occupat	tion / Job title (See Instructions)	Employer (See l	nstructions)					
Date	Full name of pledgor   out of-state PAC HP#:	)	Amount of Pledge \$	In-kind contribution description				
	Pledgor address; City; Stat	te; Zip Code	 					
		***************************************	[ Check if travel outside	de of Texas. Complete Schedule T.				
Principal occupa	tion / Job title (See Instructions)	Employer (See I	nstructions)					
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description				
	Pledgor address; City; State;	Zip Code	 					
			l Check if travel outsid	de of Texas. Complete Schedule T.				
Principal occupat	ion / Job title (See Instructions)	Employer (See I	nstructions)					
				-				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### LOANS SCHEDULE E

If the requested	d information is not applicable, <b>DO NO</b>	T include this page in the re	port.
The	instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	Juan Monde	Ý ZN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
TYN			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	,
14 Description of Coll	ateral	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; Qity;	State; Zip Code	•
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip-Code	Interest rate
TY N	<b>y</b>		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	4
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEW	<del></del>

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

******		EXI	PENDITURE CATE	GORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		y Gift/Awai al Committee Legal Se	verage Expense rds/Memorials Expense	Office Ove Polling Ex Printing Ex Salaries/V	kpense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
1	Total pages Schedule F2:	2 FILER NAME	n Men	drzz	<b>\</b>	3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UNITEN	/IZED UNPAID I	NCURRED OBLI	GATION	S	\$		
5	Date	6 Payee name						
7	Amount (\$)	8 Payee address;			City;	State;	Złp Code	
9	TYPE OF EXPENDITURE	Political		Non-Po	litical			
10	PURPOSE OF Expenditure	(a) Category (See Cat	egories listed at the top of thi	s schedule)	(b) Description			
		(c) Check if tra	vel outside of Texas, Complete	Schedule T,	Check if Au	stin, TX, officeholder livi	ng expense	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / t	Officeholder name		office sought	Office	held	
	Date	Payee name	۸		\			
	Amount (\$)	Payee address;			cht. [	State;	Zip Code	
	TYPE OF EXPENDITURE	Political	<b>]</b>	Non-Po	olitical			
	PURPOSE OF Expenditure	Category (See Cat	egories listed at the top of thi	s schedule)	Description	\		
		Check if tr	avel outside of Texas. Complete	Schedule T.	Check if A	ustin TX, officeholder liv	ring expanse	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Officeholder name	c	Office sought	Office	held	
		ATTACH ADD	TIONAL COPIES (	OF THIS S	CHEDULE AS NE	EDED	<u>.</u>	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3;
2 FILER NAME TUCH Mendo 21	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased; City	/; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased: City	State; Zip Code
Description of Investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS 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 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

Candidate/Officenoider/Point The Instruction	Guide explains how to co		Salaries/	USE A NEW	PAGE FOR EACH C		not listed above)
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME (CC)	nex	doca		3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	ion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	are Charged	(c) Date(s) Cr	edit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sche	dule)	(b) Description	on		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				xpense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) Cr	edit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	dule)	(ii) Desariptio	on		
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, TX, off	iceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Cr	edit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sche	duie)	(b) Description	on \		
Non-Political	(c) Check if travel out:	side of Texas. Complet	e Schedule T.		Check if Austin, TX, o	fficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	aame	Off	ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDUL	E AS NEEDED		

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

#### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politie Credit Card Payment	ical Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Fay(noist	The Instruction Guide explain		-
1 Total pages Schedule H:	2 FILER NAME JUGS MI	rosloca	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	(b) Description	
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name		The second secon
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		TX, officeholder living expense
			· ·
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name \ H	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 sch	hedule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.				
<b>1</b> Total pages Schedule I:	2 FILER NAME  JUGO MANO	Soze	3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name	1		·
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 regarding type of	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 regarding type of	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 regarding type of	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 regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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	Juan Menders		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City;			8 Amount (\$)
	7 Purpose for which amount is received	Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received  Address of person from whom almount is received; City;	Stat	e; Zip Code	Amount (\$)
	Purpose for which amount is received	Check if p	olitical contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received; City;	State	a; Zip Code	
	Purpose for which amount is received	gheck of b	olitical contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received; City;	Stat	e; Zlp Code	
	Purpose for which amount is received	Check if p	olitical contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE /	AS NEEDED	

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

#### SCHEDULE T

The Instruction Guide explains how to complete this form.  2 FILER NAME    Commission   Files   Commission   Files	if the requested information is not applicable, DO NOT include this page in the report.			
4 Name of Contribution / Expenditure reported on:    Schedule A2	The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:	
Schedule R2 Schedule B Schedule B Schedule B Schedule B Schedule B Schedule C2 Schedule D Schedule C3 Schedule C2 Schedule D Schedule B Schedule C2 Schedule COH-UC Schedule B-SS  Dates of travel  7 Name of person(e) traveling 8 Departure location 9 Destination dity or name of destination location  10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)  Name of Contributor / Corporation or Labor Organization / Pledger / Payee  Contribution / Expenditure reported on: Schedule B Schedule B Schedule B Schedule B Schedule B Schedule C2 Schedule D Schedule F1 Schedule C0 Sche	2 FILER NAME	ion Mando 24	3 Filer ID (Ethics Commission Filers)	
Schedule A2   Schedule B   Schedule B(J)   Schedule C2   Schedule D   Schedule F1	4 Name of Contributor / Corpo	oration or Labor Organization / Pledgor / Payee		
Schedule A2   Schedule B   Schedule B(J)   Schedule C2   Schedule D   Schedule F1	5 Contribution / Expenditure re	eported on:		
Schedule F2   Schedule F4   Schedule G   Schedule H   Schedule COH-UC   Schedule B-SS    6  Dates of travel   7  Name of person(s) traveling    8  Departure city or name of departure location    9  Destination city or name of destination location    10  Means of transportation   11  Puripose of travel (including name of conference, seminar, or other event)    Name of Contributor / Corporation or Labor Organization / Piedgor / Payee    Contribution / Expenditure reported on:  Schedule A2   Schedule B   Schedule B   Schedule C2   Schedule D   Schedule F1    Schedule F2   Schedule F4   Schedule G   Schedule H   Schedule COH-UC   Schedule B-SS    Dates of travel   Name of person(s) traveling    Departure city or name of departure location    Destination city or name of destination location    Means of transportation   Purpose of travel (including name of conference, seminar, or other event)    Name of portalibutor / Corporation or Labor Organization   Purpose of travel (including name of conference, seminar, or other event)    Name of portalibutor / Expenditure reported on:  Schedule A2   Schedule B   Schedule B(J)   Schedule B2   Schedule D   Schedule F1    Schedule A2   Schedule B   Schedule B(J)   Schedule B2   Schedule D   Schedule F1    Schedule A2   Schedule B   Schedule B4   Sched		pones.		
8 Departure city or name of departure location  9 Destination city or name of destination location  11 Purpose of travel (including name of conference, seminar, or other event)  Name of Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule B1 Schedule B2 Schedule B2 Schedule B3 Schedule B4 Schedule B4 Schedule B4 Schedule B4 Schedule B5 Schedule B6 Schedule		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	poundspounds	
9 Destination city or name of destination location  10 Means of transportation  11 Puraces of travel (including name of conference, seminar, or other event)  Name of Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel Name of person(e) traveling  Departure city or name of destination location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Name of Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule B2 Schedule D Schedule F1  Schedule A2 Schedule B Schedule B(J) Schedule B2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule B2 Schedule COH-UC Schedule B-SS  Dates of travel Name of person(e) traveling  Departure city or name of destination location  Purpose of travel (including name of conference, seminar, or other event)  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	6 Dates of travel 7 N	ame of person(s) traveling		
9 Destination city or name of destination location  10 Means of transportation  11 Puraces of travel (including name of conference, seminar, or other event)  Name of Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel Name of person(e) traveling  Departure city or name of destination location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Name of Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule B2 Schedule D Schedule F1  Schedule A2 Schedule B Schedule B(J) Schedule B2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule B2 Schedule COH-UC Schedule B-SS  Dates of travel Name of person(e) traveling  Departure city or name of destination location  Purpose of travel (including name of conference, seminar, or other event)  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	9.0	apartura city or name of departura location		
Name of Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departural (including name of conference, germinar, or other event)  Name of Contribution / Expenditure reported on: Schedule F2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departural location  Means of transportation Purpose of travel (including name of conference, germinar, or other event)  Name of Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule S2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule B(J) Schedule B Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departure location  Destination city or name of departure location  Purpose of travel (including name of conference, seminar, or other event)		eparture occation		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule G Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel  Departure city or name of departura location  Destination city or name of destination page of conference, seminar, or other event)  Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel  Name of person(s) traveling  Departure city or name of departure location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	<b>9</b> D	estination city or name of destination location		
Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departural location  Destination city or name of destination hocation  Means of transportation Purpose of travel (including name of conference, seminar, or other event)  Name of Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule Q2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departure location  Destination city or name of destination location  Purpose of travel (including name of conference, seminar, or other event)	10 Means of transportation	11 Purpose of travel (including name of conference, s	seminar, or other event)	
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel    Name of person(s) traveling	Name of Contributor / Corpo	oration or Labor Organization / Pledgor / Payee		
Schedule F2   Schedule F4   Schedule G   Schedule H   Schedule COH-UC   Schedule B-SS	Contribution / Expenditure re	eported on:		
Dates of travel  Name of person(s) traveling  Departure city or name of destination location  Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule B2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel  Name of person(s) traveling  Departure city or name of destination location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Achedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel  Name of person(s) traveling  Departure city or name of departure location  Purpose of travel (including name of conference, seminar, or other event)	Schedule A2	Schedule B (J) Schedule C2	Schedule D Schodulo E1	
Departure city or name of departure location  Destination city or name of destination location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel  Name of person(s) traveling  Departure city or name of departure location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	F	, , , , , , , , , , , , , , , , , , , ,		
Destination city or name of destination location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel  Name of person(s) traveling  Departure city or name of departure location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	Dates of travel N	Dates of travel Name of person(s) traveling		
Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on:  Schedule A2  Schedule B  Schedule B(J)  Schedule COH-UC  Schedule COH-UC  Schedule B-SS  Dates of travel  Name of person(s) traveling  Departure city or name of departure location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	Departure city or name of departure location			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departure location  Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Destination city or name of destination location			
Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1  Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS  Dates of travel Name of person(s) traveling  Departure city or name of departure location  Destination city or name of destination location  Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Means of transportation  Purpose of travel (including name of conference, seminar, or other event)			
Schedule A2   Schedule B   Schedule B(J)   Schedule C2   Schedule D   Schedule F1   Schedule F2   Schedule F4   Schedule G   Schedule H   Schedule COH-UC   Schedule B-SS    Dates of travel   Name of person(s) traveling   Departure city or name of departure location    Destination city or name of destination location    Means of transportation   Purpose of travel (including name of conference, seminar, or other event)	Name of Contributor / Corpo	ration or Labor Organization / Pledgor / Payee		
Schedule F2   Schedule F4   Schedule G   Schedule H   Schedule COH-UC   Schedule B-SS	Contribution / Expenditure re	ported on:		
Schedule F2   Schedule F4   Schedule G   Schedule H   Schedule COH-UC   Schedule B-SS	Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1	
Departure city or name of departure location  Destination city or name of destination location  Means of transportation  Purpose of travel (including name of conference, seminar, or other event)	Schedule F2	Female.	promers promers	
Destination city or name of destination location  Means of transportation Purpose of travel (including name of conference, seminar, or other event)	Dates of travel Name of person(s) traveling			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)	D	eparture city or name of departure location		
	D	estination city or name of destination location		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Means of transportation	Purpose of travel (including name of conference, s	seminar, or other event)	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

***************************************		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGN	ATURE
	design	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
		olgitature of ourididate / Officeriolder
4		RWHO IS NOT AN OFFICEHOLDER  Inplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	ck only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	(	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Chec	ek only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.	
		Signature of Candidate
5		EHOLDER  uplete this section only if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder