

Friends of Cameron County Arena

8th Day Before Election

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) N/A	2 Total pages filed: 16
3 COMMITTEE NAME FRIENDS OF CAMERON COUNTY ARENA		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 717 NORTH EXPRESSWAY SUITE 10 BROWNSVILLE TX 78520		Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION APR 29 2022 RECEIVED [Signature] Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI DAVID NICKNAME LAST SUFFIX SANCHEZ		Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10329 LAKE GARDENS DRIVE DALLAS, TX 75218		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10329 LAKE GARDENS DRIVE DALLAS, TX 75218		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 371-- 2934		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 29 / 2022 THROUGH 04 / 27 / 2022		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 05 / 07 / 2022 <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special Description _____		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
FRIENDS OF CAMERON COUNTY ARENA

13 Filer ID (Ethics Commission Filers)
N/A

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

OFFICEHOLDER

SUPPORT
(Candidate or Measure)

OPPOSE
(Candidate or Measure)

ASSIST
(Officeholder)

MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

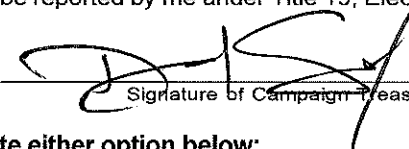
BALLOT IDENTIFICATION / #
P PROPOSITION A

ELECTION DATE
Month Day Year
05 / 07 / 2022

DESCRIPTION
MEASURE FOR CAMERON COUNTY ARENA

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,326.03
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 69,316.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,662.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 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 Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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 DAVID SANGUET, and my date of birth is 12/21/91.
My address is 10326 LAKE GARDENS, DALLAS, TX, 75218, USA.
(street) (city) (state) (zip code)(country)
Executed in CAMERON County, State of TX, on the 28 day of April, 2022.
(month) (year)


Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME FRIENDS OF CAMERON COUNTY ARENA		18 Filer ID (Ethics Commission Filers) N/A
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 31,876.03
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 19,650.00
5. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 1,800.00
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 32,863.53
9. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 36,453.00
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA		3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADEIRA PROPERTIES LTD <hr/> 6 Contributor address; City; State; Zip Code 5219 MCPHERSON STE 300 LAREDO, TX 78041	7 Amount of contribution (\$) \$8,276.03
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADEIRA PROPERTIES LTD <hr/> Contributor address; City; State; Zip Code 5219 MCPHERSON STE 300 LAREDO, TX 78041	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOERO INTERNATIONAL LLC <hr/> Contributor address; City; State; Zip Code PO BOX 720428 MCALLEN, TX 78504	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERRIS FLINN & MEDINA LLC <hr/> Contributor address; City; State; Zip Code 1405 N STUART PLACE RD. PALM VALLEY, TX 78552	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA		3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGHTON GROUP LLC <hr/> 6 Contributor address; City; State; Zip Code 2805 FOUNTAIN PLAZA BLVD STE. A EDINBURG, TX 785399	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARDO MUNOZ <hr/> Contributor address; City; State; Zip Code 3813 TIERRA DE ORO WESLACO TX 78596	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTINE DIANE BLOUCH <hr/> Contributor address; City; State; Zip Code 16100 GARRETT RD HARLINGEN TX 78552	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L&G INVESTMENTS GROUP LLPP <hr/> Contributor address; City; State; Zip Code 2100 W EXPRESSWAY 83 MERCEDES TX 78570	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA		3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SSP DESIGN LLC 6 Contributor address; City; State; Zip Code 789 E WASHINGTON ST BROWNSVILLE TX 78520	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALL VALLEY INNOVATIONS GROUP LLC Contributor address; City; State; Zip Code 12619 N MAYBERRY RD MISSION TX 78573	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID SANCHEZ Contributor address; City; State; Zip Code 10329 LAKE GARDENS DR DALLAS TX 75218	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: 2</p>
<p>2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA</p>		<p>3 Filer ID (Ethics Commission Filers) N/A</p>
<p>4 Date 4/18/2022</p>	<p>5 Corporation / Labor Organization name DENNIS M SANCHEZ PC</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code 3505 BOCA CHICA BLVD SUITE 100 BROWNSVILLE, TX 78521</p>	<p>7 Amount of contribution (\$) \$10,000.00</p>
<p>Date 4/19/2022</p>	<p>Corporation / Labor Organization name DENNIS M SANCHEZ PC</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 3505 BOCA CHICA BLVD SUITE 100 BROWNSVILLE, TX 78521</p>	<p>Amount of contribution (\$) \$5,000.00</p>
<p>Date 4/21/2022</p>	<p>Corporation / Labor Organization name RENEE SANCHEZ PC</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 717 S EXPRESSWAY 83 BROWNSVILLE, TX 78520</p>	<p>Amount of contribution (\$) \$1,650.00</p>
<p>Date 4/21/2022</p>	<p>Corporation / Labor Organization name METRO ELECTRIC INC.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 1901 INDUSTRIAL DR MCALLEN TX 78504</p>	<p>Amount of contribution (\$) \$1,000.00</p>
<p>Date 4/22/2022</p>	<p>Corporation / Labor Organization name WRIGHTSON, JOHNSON, HADDON & WILLIAMS INC.</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code 3424 MIDCOURT RD STE 124 CARROLLTON, TX 75006</p>	<p>Amount of contribution (\$) \$1,000.00</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: 2</p>
<p>2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA</p>		<p>3 Filer ID (Ethics Commission Filers) N/A</p>
<p>4 Date 4/26/2022</p>	<p>5 Corporation / Labor Organization name PATHFINDER PUBLIC AFFAIRS INC.</p> <hr/> <p>6 Corporation / Labor Organization address; City; State; Zip Code 1508 S LONESTAR WAY UNIT 1 EDINBURG, TX 78539</p>	<p>7 Amount of contribution (\$) \$1,000.00</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>
<p>Date</p>	<p>Corporation / Labor Organization name</p> <hr/> <p>Corporation / Labor Organization address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

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 C2: 1	
2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA		3 Filer ID (Ethics Commission Filers)	
4 Date 4/27/2022	5 Corporation / Labor Organization name VALLEY TRUCKING CO., INC. <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code 4550 JAIME J. ZAPATA AVE. BROWNSVILLE, TX 78521	7 Amount of Contribution \$ \$900.00	8 In-kind contribution description TEMPORARY USEAGE OF 18 WHEELER TRAILER TO DISPLAY CAMPAIGN BANNER
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date 4/27/2022	Corporation / Labor Organization name VALLEY TRUCKING CO., INC. <hr/> Corporation / Labor Organization address; City; State; Zip Code 4550 JAIME J. ZAPATA AVE. BROWNSVILLE, TX 78521	Amount of Contribution \$ \$900.00	In-kind contribution description TEMPORARY USEAGE OF 18 WHEELER TRAILER TO DISPLAY CAMPAIGN BANNER
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name <hr/> Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/14/2022	5 Payee name IMAGINE IT STUDIOS LLC	
6 Amount (\$) \$1,700	7 Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SOCIAL MEDIA MANAGMENT - FACEBOOK AND INSTAGRAM
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/14/2022	Payee name IMAGINE IT STUDIOS LLC	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description VIDEO PRODUCTION FOR SOCIAL MEDIA ADVERTISEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 4/14/2022	Payee name IMAGINE IT STUDIOS LLC	
Amount (\$) \$3,785.78	Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PRINTING & SHIPPING OF 40' X 9' BANNERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/14/2022	5 Payee name IMAGINE IT STUDIOS LLC	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description GRAPHIC DESIGN SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/14/2022	Payee name KURV 710 AM	
Amount (\$) \$3,300.00	Payee address; City; State; Zip Code 1201 N. JACKSON RD SUITE 900 MCALLEN TX 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description RADIO PROGRAM AND ADVERTISING PACKAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/16/2022	Payee name PINK APE MEDIA CONSULTING LLC	
Amount (\$) \$10,000	Payee address; City; State; Zip Code 3101 PABLO KISEL BLVD SUITE B4 BROWNSVILLE, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TEXT CAMPAIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/27/2022	5 Payee name IMAGINE IT STUDIOS LLC	
6 Amount (\$) \$3,788.75	7 Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE DESIGN & HOSTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/27/2022	Payee name IMAGINE IT STUDIOS LLC	
Amount (\$) \$1,840.25	Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SOCIAL MEDIA MANAGEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 4/20/2022	Payee name IBC BANK	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1600 RUBEN M TORRES BLVD BROWNSVILLE, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CHECK FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/19/2022	5 Payee name IBC BANK	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1600 RUBEN M TORRES BLVD BROWNSVILLE, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description WIRE FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/22/2022	Payee name IBC BANK	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1600 RUBEN M TORRES BLVD BROWNSVILLE, TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CHECK FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/2022	Payee name EPISCOPAL DAY SCHOOL	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 34 N CORIA ST BROWNSVILLE, TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION / SPONSORSHIP	Description SPONSORSHIP FEE FOR EVENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	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 complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/22/2022	5 Payee name MI PUEBLITO	
6 Amount (\$) \$5,953.75	7 Payee address; City; State; Zip Code 3101 PABLO KISEL BLVD BROWNSVILLE, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description COST OF FOOD PLATES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/2022	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/21/2022	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0

5 Date 4/16/2022	6 Payee name PINK APE MEDIA CONSULTING LLC
7 Amount (\$) \$5,000.00	8 Payee address; City; State; Zip Code 3101 PABLO KISEL BLVD SUITE B4 BROWNSVILLE, TX 78526

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description EVENT MANAGEMENT AND CONSULTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/2022	Payee name IMAGINE IT STUDIOS LLC
Amount (\$) \$14,150.00	Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGN PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME FRIENDS OF CAMERON COUNTY ARENA	3 Filer ID (Ethics Commission Filers) N/A
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0

5 Date 4/27/2022	6 Payee name JOSE LUIS GOMEZ		
7 Amount (\$) \$4,150.00	8 Payee address; City; State; Zip Code 2268 CONCORD PLACE BROWNSVILLE, TX 78520		

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description SIGN INSTALLATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/2022	Payee name IMAGINE IT STUDIOS LLC		
Amount (\$) \$13,153.00	Payee address; City; State; Zip Code 4316 N 10TH ST SUITE 400 MCALLEN, TX 78504		

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SOCIAL MEDIA MANAGEMENT & ADVERTISEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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