

# **TONY YZAGUIRRE**

**8 Days Before  
Election**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |  |  |
|--|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)                       | 2 Total pages filed: <b>19</b>   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                                     | FIRST   | MI   |  |
|  | Antonio "Tony"                                    |   |  |  |
|  | NICKNAME  | LAST  | SUFFIX   |  |
| YZAGUIRRE Jr.  |   |   |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;                                 | APT / SUITE #;  | CITY;  |  |
|  | P.O. Box 5563<br>Brownsville, Texas 78523         |   |  |  |
|  | STATE;  | ZIP CODE  |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |
|  | (956)   | 561-3625  |  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR                                     | FIRST   | MI   |  |
|  | Same  |   |  |  |
|  | NICKNAME  | LAST  | SUFFIX   |  |
|  |   |   |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; |   |  |  |
|  | Same  |   |  |  |
|  | CITY;   | STATE;  | ZIP CODE   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |
|  | ( )   | Same  |  |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15               | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Runoff  |  |
|  | <input type="checkbox"/> July 15                  | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit                                 |  |
|  |   |   | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) |  |
|  |   |   | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                   |  |
| 10 PERIOD COVERED  | Month   | Day   | Year   |  |
|  | 02  | 01  | 24   |  |
|  | THROUGH   |   | Month  |  |
|  |   |   | Day  |  |
|  |   |   | Year   |  |
|  | 02 / 26 / 24                                      |   |  |  |
| 11 ELECTION  | ELECTION DATE                                     |   | ELECTION TYPE  |  |
|  | Month   | Day   | Year   |  |
|  | 3   | 5   | 24   |  |
|  | <input checked="" type="checkbox"/> Primary       | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> Other Description   |  |
|  | <input type="checkbox"/> General                  | <input type="checkbox"/> Special                            |  |  |
| 12 OFFICE  | OFFICE HELD (if any)                              | 13 OFFICE SOUGHT (if known)                                 |  |  |
|  | Tax Assessor Collector                            | Tax Assessor - Collector                                    |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | COMMITTEE TYPE                                    | COMMITTEE NAME  |  |  |
|  | <input type="checkbox"/> GENERAL                  | COMMITTEE ADDRESS   |  |  |
|  | <input type="checkbox"/> SPECIFIC                 | COMMITTEE CAMPAIGN TREASURER NAME                           |  |  |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS              |   |  |  |
|  |   |   |  |  |

| OFFICE USE ONLY   |           |
|---|-----------|
| Date Received   |           |
| CAMERON COUNTY<br>DEPARTMENT OF ELECTIONS &<br>VOTER REGISTRATION |           |
| FEB 26 2024   |           |
| RECEIVED @ 4:10 AM  |           |
| Date Hand Delivered or Data Postmarked                            |           |
| Receipt #   | Amount \$ |
| Date Processed  |           |
| Date Imaged   |           |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

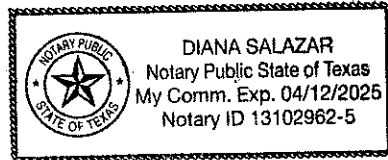
|   |   |  |
|---|---|--|
| 15 C/OH NAME<br><i>Antonio "Tony" Yzquierre Jr.</i> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                              | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 -                               |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,500.00                            |
| EXPENDITURE TOTALS                                  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 319.25                              |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 17,755.82                           |
| CONTRIBUTION BALANCE                                | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 3,096.92                            |
| OUTSTANDING LOAN TOTALS                             | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ - 0 -                               |

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Antonio "Tony" Yzquierre, Jr.* this the *26* day of *February*, 20 *24*, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
*Diana Salazar* Printed name of officer administering oath  
*Notary Public State of Texas* Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Antonio "Tony" Yeguirre Jr.</i> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE           |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>1500.<sup>00</sup></i>           |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <i>- 0 -</i>                        |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <i>- 0 -</i>                        |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ <i>- 0 -</i>                        |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>17,753.<sup>82</sup></i>         |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <i>- 0 -</i>                        |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <i>- 0 -</i>                        |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <i>- 0 -</i>                        |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <i>- 0 -</i>                        |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>- 0 -</i>                        |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>- 0 -</i>                        |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>- 0 -</i>                        |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1:                                  |
| 2 FILER NAME<br><i>Antonio "Tony" Yzaguirre Jr.</i>  |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><i>2/2/24</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Stan Knowles</i> | 7 Amount of contribution (\$)<br><i>\$500.<sup>00</sup></i> |
| 6 Contributor address; City; State; Zip Code<br><i>508 Beach Blvd<br/>Laguna Vista, Tex. 78578</i>   |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Art &amp; Design</i>                     |  | 9 Employer (See Instructions)<br><i>SELF</i>                |
| Date<br><i>1/23/24</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jaima Escobedo</i> | Amount of contribution (\$)<br><i>\$1,000.<sup>00</sup></i> |
| Contributor address; City; State; Zip Code<br><i>4080 Lakespur Dr.<br/>Brownsville, Texas. 78526</i> |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Security Alarm Co.</i>                     |  | Employer (See Instructions)<br><i>Self.</i>                 |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                                 |
| Contributor address; City; State; Zip Code   |  |   |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                                 |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                                 |
| Contributor address; City; State; Zip Code   |  |   |
| 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  |                                    |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |                                    |
| 5 Date  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Contribution \$   | 9 In-kind contribution description |
|   | 7 Contributor address; City; State; Zip Code                                      | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)   |   |   |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |   |                                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Contribution \$   | In-kind contribution description   |
|   | Contributor address; City; State; Zip Code  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)      |   |   |                                    |
| Contributor's principal occupation (FOR JUDICIAL)                           |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |                                    |
| Contributor's employer/law firm (FOR JUDICIAL)                              |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |   |   |                                    |

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B:   |                                    |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)   |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES                             |   | \$  |                                    |
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Pledge \$   | 9 In-kind contribution description |
| 7 Pledgor address; City; State; Zip Code                  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| 10 Principal occupation / Job title (See Instructions)    |   |   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$   | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                    |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)       |   |   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$   | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                    |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (See Instructions)       |   |   |                                    |
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$   | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                    |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                    |
| Principal occupation / Job title (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.

# LOANS

# SCHEDULE E

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 E:  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code                              |  |
| 20 Principal Occupation (See Instructions)                              |  | 21 Employer (See Instructions)   |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)   |
| Is lender a financial Institution?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                                 |  |
| Principal Occupation (See Instructions)                                 |  | Employer (See Instructions)  |

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



# 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1:                            | 2 FILER NAME<br><i>Antonio Tony Yzguirre Jr.</i>  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>2/6/24</i>                               | 5 Payee name<br><i>Border Press</i>   |  |
| 6 Amount (\$)<br><i>\$5,335.33</i>                    | 7 Payee address; City; State; Zip Code<br><i>Brownsville, Texas</i>   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Mailout Printing</i>   | (b) Description<br><i>Pol. Printing Campaign</i> |
|   | (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<br><i>2/6/24</i>                               | Payee name<br><i>Border Press</i>   |                                    |
| Amount (\$)<br><i>\$8,229.90</i>                    | Payee address; City; State; Zip Code<br><i>Brownsville, Texas</i>   |                                    |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Mailout Postage</i>  | Description<br><i>Pol. Mailout</i> |
|   | <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<br><i>2/23/24</i>                              | Payee name<br><i>Oak Hill Event Center</i>  |                              |
| Amount (\$)<br><i>\$513.97</i>                      | Payee address; City; State; Zip Code<br><i>San Benito, Texas</i>  |                              |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Campaign Event</i>   | Description<br><i>Rental</i> |
|   | <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:                                   | 2 FILER NAME<br><i>Antonio "Tony" Yozquiere Jr.</i>   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><i>1/30/24</i>                                     | 5 Payee name<br><i>The Ink Spot</i>   |                                       |
| 6 Amount (\$)<br><i>\$324.75</i>                             | 7 Payee address; City; State; Zip Code<br><i>1601 E. Aiton Floor<br/>Brownsville, Tex. 78526</i>  |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><i>Campaign Buttons</i>   | (b) Description<br><i>Buttons</i>     |
|  | (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<br><i>1/31/24</i>                                       | Payee name<br><i>The Ink Spot.</i>  |                                       |
| Amount (\$)<br><i>\$114.75</i>                               | Payee address; City; State; Zip Code<br><i>1601 E. Aiton Floor<br/>Brownsville, Texas 78526</i>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><i>4 - 4x8 Campaign Signs</i>   | Description<br><i>Signs</i>           |
|  | <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<br><i>1/31/24</i>                                       | Payee name<br><i>San Benito News</i>  |                                       |
| Amount (\$)<br><i>\$600.<sup>00</sup></i>                    | Payee address; City; State; Zip Code<br><i>San Benito, Texas</i>  |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><i>Campaign Ads</i>   | Description<br><i>Political Ads</i>   |
|  | <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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1:                            | 2 FILER NAME<br><i>Antonio Tony Yzquierdo</i>  | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><i>2/12/24</i>                              | 5 Payee name<br><i>El Valle Noticias</i>   |   |
| 6 Amount (\$)<br><i>\$603.12</i>                      | 7 Payee address; City; State; Zip Code<br><i>3032 Resaca Vista Dr.<br/>Brownsville, Tex. 78526</i> |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Pol. Ad.</i>                | (b) Description<br><i>Advertising</i>                                     |
|   | (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<br><i>1/20/24</i>                              | Payee name<br><i>Cameron County Democratic Women</i>                                 |   |             |
| Amount (\$)<br><i>\$100.<sup>00</sup></i>           | Payee address; City; State; Zip Code<br><i>Brownsville, Texas 78523</i>              |   |             |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Free Ad. Pol.</i> | Description<br><i>Free meetg</i>  |             |
|   | <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<br><i>1/26/24</i>                              | Payee name<br><i>San Benito News</i>  |   |             |
| Amount (\$)<br><i>\$1,500.<sup>00</sup></i>         | Payee address; City; State; Zip Code<br><i>San Benito, Texas 785</i>            |   |             |
| PURPOSE OF EXPENDITURE                              | Category (See Categories listed at the top of this schedule)<br><i>Pol. Ad.</i> | Description<br><i>Campaign Ad.</i>  |             |
|   | <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:                            | 2 FILER NAME<br><i>Antonio "Tony" Yzquierdo Jr.</i>   | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><i>2/21/24</i>                              | 5 Payee name<br><i>Home Depot</i>   |   |
| 6 Amount (\$)<br><i>\$236.98</i>                      | 7 Payee address; City; State; Zip Code<br><i>6984 Brownsville Tex 785</i>   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Campaign T-Polos</i>   | (b) Description<br><i>Pol. Signs Pater.</i> |
|   | (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<br><i>2/5/24</i>                                 | Payee name<br><i>Louise</i>   |   |
| Amount (\$)<br><i>\$112.97</i>                        | Payee address; City; State; Zip Code<br><i>Brownsville, Tex. 785</i>  |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>T-Post For Sign</i>  | Description<br><i>Pol. Signs Pater</i>      |
|   | <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<br><i>2/24/24</i>                                | Payee name<br><i>Spot Rubber Welbars / Kelly Tivas</i>  |   |
| Amount (\$)<br><i>\$184.05</i>                        | Payee address; City; State; Zip Code<br><i>Brownsville, Tex. 78520</i>  |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Repair Campaign Vehicle</i>  | Description<br><i>Campaign Vehicle.</i>     |
|   | <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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# 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  
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)

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | \$   |
| <b>5</b> Date  | <b>6</b> Payee name  |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address;  | City; State; Zip Code                        |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date   | Payee name   |  |
| Amount (\$)  | Payee address;   | City; State; Zip Code                        |
| <b>TYPE OF EXPENDITURE</b>   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | 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                    |

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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 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; 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 (\$)  |                                       |

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F4: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |                         |       |        |          |
|----------------------|-------------------------|-------|--------|----------|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

|                              |                                    |  |
|------------------------------|------------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                            |                                    |  |
|----------------------------|------------------------------------|--|
| <b>TYPE OF EXPENDITURE</b> | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|------------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | 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 |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date  | <b>5</b> Payee name  |   |
| <b>6</b> Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code  |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    | <b>(b)</b> Description  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                   | Candidate / Officeholder name  | Office sought      Office held  |
| Date   | Payee name   |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | 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   | Payee name   |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | 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  |

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# 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  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date   | <b>5</b> Business name  |   |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;  | City; State; Zip Code   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)         | <b>(b)</b> Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held   |
| Date  | Business name   |   |
| Amount (\$)   | Business address;   | City; State; Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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  | Business name   |   |
| Amount (\$)   | Business address;   | City; State; Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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   |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:          | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                             | <b>5</b> Payee name   |   |
| <b>6</b> Amount (\$)                      | <b>7</b> Payee address;   | City State Zip Code   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |
| Date                                      | Payee name  |   |
| Amount (\$)                               | Payee address;  | City State Zip Code   |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See instructions for examples of acceptable categories.)            | Description (See instructions regarding type of information required.)            |

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

## SCHEDULE K

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 K:

2 FILER NAME

3 Filer ID (Ethics 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; State; 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; State; 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; State; 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; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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

## SCHEDULE T

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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME  |   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee   |   |  |
| <b>5</b> Contribution / Expenditure reported on:   |   |  |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |   |  |
| <b>6</b> Dates of travel   | <b>7</b> Name of person(s) traveling  |  |
|  | <b>8</b> Departure city or name of departure location                               |  |
|  | <b>9</b> Destination city or name of destination location                           |  |
| <b>10</b> Means of transportation  | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| Contribution / Expenditure reported on:  |   |  |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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 / Corporation or Labor Organization / Pledgor / Payee  |   |  |
| Contribution / Expenditure reported on:  |   |  |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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)           |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |   |  |