CYNTHIA HINOJOSA

SEMI-ANNUAL REPORT JANUARY 18, 2022

i		ATE / OFFICE CEREPORT	CEHOLDER		RM JC/OH HEET PG 1
The JC/OH Instruction	ı Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS	Egydi	. мі С	DEDARGRENIT	OF ELECTIONS &
	NICKNAME	LAST	SUFFIX JOSA	Date Received RE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	504 E.		STATE: ZIP CODE Brownsvill	AEC	18 2022 2:46 pm
Change of Address		:	TY 78520		
5 CANDIDATE/ OFFICEHOLDER PHONE	(95%)	PHONE NUMBER 299-184	EXTENSION .		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MRS	FIRST	Ж.	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged	i
	OTDEET ADDEED	Monta	WO	·	
7 CAMPAIGN TREASURER ADDRESS	, STREET ADDRESS	(NO PO BOX PLEASE); APT / St		STATE;	ZIP CODE
(Residence or Business)	864	Central Bl	ud #2200 Bor	monsy ille	,TK 7850
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		· . ·
THORE	(956)	371-310	1.1		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 67	Day Year / 01/21	THROUGH 12	Day Year / 3 / 2	1
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description		
	03/01/	General General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF known) Tushuo:		lace 2.2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M. MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		a martin de la mar	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO I	PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECTORY		\$ 4800.00_
	2. TOTAL POLITICAL CONTRI		\$12,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 2800.00
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 42,835.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$ 1790.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS C G PERIOD	\$ 34,500.00
	rear, or affirm, under penalty of perjury, the		e and correct and includes all information
.541	ou to bo topol too by the united time to be	Out	t. D
		Signature of C	andidate/Officeholder
		1	
	Please comp	lete either option belov	v:
(1) Affiliavit	MON CAVAZOS Notary Public FATE OF TEXAS ID#3448594 mm. Exp. Aug. 10, 2023		
Sworn to and subscribed	before me by Und Hing	ος Λ this the	18th day of Javenary,
20 to certify	which, witness my hand end seal of office.		
Signature of officer administer		VA2-03 cer administering oath	Title of officer administering oath
organical of onlocal definition	rinted hante of one	OR	The of Officer administering Can
(2) Unsworn Declaration	on		:
My name is		المناهب المعارضين المساعد المس	
wiy address is	(street)		state) (zip code) (country)
Executed in	County, State of	` **	, , , , , , , , , , , , , , , , , , ,
		Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	,	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7625.02
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ıs	\$ 2841.25
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0
4.	SCHEDULE E: LOANS		\$ 3500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 42,835,33
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	. CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI	BUTIONS RETURNED	\$

SCHEDULE A1

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	7 Amount of contribution (\$)
1/2/21	Mansa Nelson Davies 6 Contributor address; City; State; Zip Code 9054 Buca Clica Browns VIlle, TX	\$10000
	pation / Job title (See Instructions) 9 Employer (See Instructions) BISD	ntions)
Date	Full name of contributor out-of-state PAC (ID#:) Patience Nel 8000	Amount of contribution (\$)
।।येय	Contributor address; City; State; Zip Code 3 4065 M 2925 Rio Hondo, TX	\$200° <u>°</u> 78583
Principal occup	Retriction / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) Was R. Montalvo Contributor address: City; State; Zip Code	Amount of contribution (\$)
Principal occur	864 Central Blvd#2200 BrownSville	7X 78520 ctions)
Fillicipal occu	Office Manager DR. Rom	uo Montalvo
Date	Full name of contributor	Amount of contribution (\$)
•	P. D. Box 613 Port TSabel TX 78: pation / Job title (See Instructions) Employer (See Instru B. I. S. D.	\$78 uctions)
	, ,	

SCHEDULE A1

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

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state Sofia C Panavide 5	PAC (ID#:)	7 Amount of contribution (\$)
गीमिम	6 Contributor address; City; 490 Return Brown	State; Zip Code	\$250°°
Principal occu		9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount as contribution (\$)
1/12/21	Lupta Alawiz Contributor address; City;	State; Zip Code	\$10000
`\ ' '	467 Regal Row Bri	nousville, TX 783	52/
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	- Down
Date	Full name of contributor □ out-of-state	1	Amount of contribution (\$)
वीत्रिय	COLUS & VIIICAW Contributor address; City;	State; Zip Code	\$10000
1		rownsville TX	
Principal occu	pation / Job title (See Instruction) Mtircl	Employer (See Instruct	auno)
Date	Full name of contributor out-of-state Alexandra Ald	/ _ ·	Amount of contribution (\$)
9/12/21	Contributor address; City;	State; Zip Code	\$/0000
	<u> </u>	usville, TX 789	
Principal occu	pation / Job title (See Instructions) Gducator	Employer (See Instruc	mons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

ii iiio roquo				
The	Instruction Guide explains how	w to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor TOL G. RIVI		C (ID#:	7 Amount of contribution (\$)
9/24/21	6 Contributor address;		State; Zip Code	\$200-
	P.O.Box 5848		isville, TX 78	(523
8 Principal occu	pation / Job title (See Instructions **Published** Published**	3)	9 Employer (See Instr	ructions)
Date	Full name of contributor	• •	AC (ID#:	Amount of contribution (\$)
ا ایران	Ruu Oli-	VELYU City;	State; Zip Code	ta
9/24/21	Sulfributor additional	Brownsu		\$200
Principal occur	eation / Job title (See Instructions		Employer (See Instr	
	Attorner		SUF	
Date	Full name of contributor AWMEN M	out-of-state P		Amount of contribution (\$)
9/24/21	Contributor address;	City;	State: Zip Code	11c,TX 78520
Principal occu	pation / Job title (See Instructions	÷)	Employer (See Inst	ructions)
Date	Full name of contributor Albut Pew	out-of-state F		Amount of contribution (\$)
10/6/21	Contributor address;	City;	State; Zip Code	
Principal occu	244 Cycik pation / Job title (See Instructions Thymanic [s)	Employer (See Inst	tructions)
. , , , , , , , , , , , , , , , , , , ,	Insurance F	molar	Brista	4 & Percz
			(<i>O</i> *

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

Tł	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM	AE	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#: Linda Alvanez Dus Sutos 6 Contributor address; City; State; Zip Code 4875 Juniper Dr. Brownsv.	7 Amount of contribution (\$) \$12500
Principal oc	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: State: State: Zip Code Contributor address; City: State: Zip Code 225 Pinar Dy Riv Brown Coupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$) \$\frac{4}{100} \frac{100}{100}
Principal occ	ccupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) \$\frac{\\$}{1000} \frac{\cappa_0}{\cappa}\$
Principal oc	Cocupation / Job title (See Instructions) Employer (See Instructions) SUF	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$1000 12
Principal oc	28329 Palm Ct. Drive Brown ccupation / Job title (See Instructions) Petived Tudge Employer (See Instructions)	FULLE JIX ructions)

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

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:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$\frac{4500 \times}{2500}\$
	2226 Parkway Austri	TX 78703
Principal occ	upation / Job title (See Instructions) 9 Er Attorney	mployer (See Instructions)
Date	Contributor address; City; Stat	\$ 2,500 °C
Principal occu		F143 Washington, UC 20003 mployer (See Instructions) U.S. Congress
Date	Full name of contributor	Amount of contribution (\$)
	•	· · · · · · · · · · · · · · · · · · ·
	Contributor address; City; Stat	e; Zip Code
Principal occu	Contributor address; City; Stat	1: •
Principal occi Date	Contributor address; City; Stat	mployer (See Instructions)
	Contributor address; City; Stat Ipation / Job title (See Instructions) E Full name of contributor	mployer (See Instructions)
Date	Contributor address; City; Stat Ipation / Job title (See Instructions) Full name of contributor	mployer (See Instructions) Amount of contribution (\$)
Date	Contributor address; City; Stat Ipation / Job title (See Instructions) Full name of contributor	mployer (See Instructions) Amount of contribution (\$) te; Zip Code

. .

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)

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

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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memoriais Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) City; State; Zip Code ries listed at the top of this schedule) 8 (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name City; Zip Code **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Amount (\$) City; State: Zip Code PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) State; Zip Code \$1000 Elizabeth St. Brownsvde, TX 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Parade Hout Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Hesta Graphics Payee address; Par Dans de lay. City; State; Zip Code ovesvelle Description PURPOSE OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

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 co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 11/28/21	5 Payee name Bullas Artes Aca 7 Payee address;	dere		
6 Amount (\$)	7 Payee address;	City	State;	Zip Code
\$17500	1400 Palm Blod	. Frow	wille T.	7 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertises			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name I	Office sought	·	Office held
Date	Payee name			
11/22/21	Fiesta Gruphics			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$275.00	205 Pareles Line	Pd B	Musicara	le MX 285
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertises			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living e	хрепѕе
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate Officeholder name	Office sought	O	office held
Date	Рауее пате	-		
12/8/21	Cameron Co. Den	iocratic;	Panty	
Amount (\$)	Payee address;	City;	Stare;	Zip Code
\$100000	P.o. Box 533909	Harline	en (TX	78550
	Category (See Categories listed at the top of this schedule)	Description	<i>y</i>	
PURPOSE OF EXPENDITURE	Hes	Filia	ig Fre	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX officeholder living ex	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED	

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	Event Expense Fees Food/Reverses Expenses	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Contributions/Donations Made B Candidate/Officeholder/Politics		Polling Expense Printing Expense	Travel In District Travel Out Of District
Credit Card Payment	l Committee Legal Services The Instruction Guide explain:	Salaries/Wages/Contract Labor s how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 12/8/21	5 Payee name Co. M	emocratic of	Panty
6 Amount (\$)	7 Payee address;	City;	Siele; Zip Code
\$50000	POBOX 533909	Harlina	TX 78550
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Gifls	Donat	in to Party
	(c) Check if travel outside of Texas. Complete Sc	heduleT. Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
12/14/21	Strines		
Amount (\$)	Payee address;	City;	State; Zip Code
80.00	2501 Centra	L Blod Br	ownsville TX
	Category (See Categories listed at the top of this so	hedule) Description	78520
PURPOSE OF EXPENDITURE	Food Burne	_	
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate Officeholder name	Office sought	Office held
Date	Payee name		
12/14/21	U.S. Post C	Office	
Amount (\$)	Payee address;	City;	State; Zip Code
350.00	1001 E. alizak	sethest Br	ownsull TX 785
	Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	advertising Eyr	reuse '	
	Check if travel outside of Texas, Complete Sch	edule T. 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 C	OF THIS SCHEDULE AS NEED	DED

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 B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Real Stategic	Solutions	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$36,363.60	P.O. Box 1526	Solutions OPmit	6 TX 78575
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting Expe	use Canpa	ign Expenses
,	(c) Check if travel outside of Texas. Complete Sch	eduleT. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	·		
	Category (See Categories listed at the top of this sch	edule) Description	•
PURPOSE OF EXPENDITURE			
_, _, _,,_,	Check if travel outside of Texas. Complete Scha	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE		1	
	Check if travel outside of Texas, Complete Sche	dule T. 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	F THIS SCHEDULE AS NEED	DED
	······································		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

rm. 1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
SIBUTIONS \$
Zip Code 8 Amount of 9 In-kind contribution description 4 1500 CVULC CWWW CWWW CWWW CWWW CWWW CWWW CWWW C
11 Employer (FOR NON-JUDICIAL)(See Instructions)
13 Contributor's job title (FOR JUDICIAL) (See Instructions)
15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ In-kind contribution description Zip Code
Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's job title (FOR/JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
(1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Sche	1 Total pages Schedule B:		
2 FILER NAME	E	3 Filer ID (Ethics	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED PLEDGES	\$			
5 Date	6 Full name of pledgor	of Pledge \$	9 In-kind contribution description		
	7 Pledgor address; City; State; Zip Co				
		Check if travel out	tside of Texas. Complete Schedule		
10 Principal occ	cupation / Job title (See Instructions) 11 Employe	er (See Instructions)			
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip Co	ode	1		
		Check if travel outs	[. side of Texas. Complete Schedule T		
Principal occuj	pation / Job title (See Instructions) Employe	er (See Instructions)			
Date	Full name of pledgor	Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip Co		 		
		Check if travel outs	l side of Texas, Complete Schedule T		
Princípal occu	ppation / Job title (See Instructions) Employe	er (See Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Zip Code		; 		
		Check if travel outs	ide of Texas. Complete Schedule T		
Principal occup	pation / Job title (See Instructions) Employer	r (See Instructions)	· · · · · · · · · · · · · · · · · · ·		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	, , , , , , , , , , , , , , , , , , ,					
TI	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAM	E .	3 Filer ID (Ethics Commission Filers)				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date 2 2 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	of Signs de of Texas. Complete Schedule T.			
12 Contributor's	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUI	DICIAL) (See Instructions) * N-WALKY TAXT		
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	15 Law firm	i of contri k utor's spous	e (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description e of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	<u>'</u>		
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)					
į.	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi			requirements.		

LOANS

SCHEDULE E

	, , , , , , , , , , , , , , , , , , , ,		p		
The	1 Total pages Schedule E:				
2 FILER NAME	rdi Hinojosa		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS	ø.	\$		
5 Date of loan 7/1/21	7 Name of lender out-of-state		9 Loan Amount (\$) 25,000 2		
6 Is lender a financial Institution?	8 Lender address; City	State; Zip Code	10 Interest rate N /A		
Y (N)	504 E. St. 7ra		11 Maturity date		
12 Principal occupation L.P.C	······································	13 Employer (See Instructions)	•		
14 Description of Coll	lateral t	15 Check if personal fundaccount (See Instruction	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N		5	Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colls	ateral	Check if personal fund	ls were deposited into political		
none		account (See Instruction			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Politing Expense Printing Expense Salaries/Wages/Contract Labor		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 N	AME			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	me	· · · · · · · · · · · · · · · · · · ·				
6 Amount (\$)	7 Payee ad	dress;	,	∖City;	State;	Zip Code	
8	(a) Categor	/ (See Categories listed at the top of this	schedule)	(b) Description	at	,	
PURPOSE OF EXPENDITURE	1			•	• .		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	ı, TX, officeholder livin	g expense '	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held			
Date	Payee na	ne					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
		Check if travel outside of Texas, Complete Sc	chedule T.	Check if Austin,	, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	·.	Office sought		Office held	
Date	Рауее па	ne					
Amount (\$)	Payee add	lress;		City;	State;	Zip Code	
PURPOSE OF	Category	See Categories listed at the top of this sc	hedule)	Description			
EXPENDITURE		heck if travel outside of Texas. Complete Sci	adula T		Th/ ce 1 11 11 11		
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name	ieuuje †.	Office sought	TX, officeholder living	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							