ANDREW M. INFANTE

SEMI-ANNUAL REPORT JANUARY 18, 2022

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 Filer	s) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Andrew	мі М .	OFFICE USE ONLY
NAME	NICKNAME	LAST Infink	SUFFIX	Date Received CAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 9		ort Isebel, TX, 785	DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 78 1.2 AN 1.8 2022
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	949 - 1115	EXTENSION	Date Hand-delivered of Date Postmarked By Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Pcd/o	мі М.	Redeipt # Amount \$
	NICKNAME	Infank	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S	ovna vish, TX	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 3-	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Mont	h Day Year
COVERED	רס	101 / 2021	THROUGH 12	/31/2021
11 ELECTION	ELECTION DA	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If kn	own) white of the peace PCI. 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE C	B MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	drew	M	Infente		16 File	r ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	1.	PLED	L UNITEMIZED POLITICAL CONTR GES, LOANS, OR GUARANTEES C RIBUTIONS MADE ELECTRONICA	F LOANS, OR	AN	\$ ()
	2.		L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR G		S)	\$ 22	. 20
EXPENDITURE TOTALS	3,	TOTA	. UNITEMIZED POLITICAL EXPEN	DITURE.		\$ (•
	4.	TOTA	L POLITICAL EXPENDITURES			\$ 72	7.58
CONTRIBUTION BALANCE	5.		POLITICAL CONTRIBUTIONS MAI	NTAINED AS OF THE L	AST DAY	\$ 1 22	.70
OUTSTANDING LOAN TOTALS	6.		PRINCIPAL AMOUNT OF ALL OUT DAY OF THE REPORTING PERIOD		OF THE	\$ 5	to \$615
}			der penalty of perjury, that the add		rue and co	rrect and inc	ludes all information
				a. d			
				-7/00			
				Signature of (Jandidate	or Officenois	зег
			Places complete sit	har antian hala			
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEAL							
MOIMIT STAIM TOLAL							
Sworn to and subscribed I	oefore me	by		this the	e	_ day of	
20, to certify v	vhich, witne	ess my l	nand and seal of office.				
	·	•					
Signature of officer administeri	ng oath		Printed name of officer admini	stering oath		Title of office	er administering oath
			O R				
(2) Unsworn Declaratio	n						
My name is Andrew	Mark	h. "	Inaal	, and my date of birth	is 07	104/1	993
My address is 509	Eb.n.	, La.	InGale	gune vitte	TX	78579.	U.S.
,		(sti	eet)	(city)	(state)	(zip code)	(country)
Executed in Cameron	_	County	State of Texas on the	18 day of Jan	ivary	20 22	
			eet) State of Texas, on the	(moy	nth)	(year)	_
							
				Signature of Land	date/Offic	enolder (Dec	parant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Andrew M. Infink 20 Filer ID (Ethics Co.	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2250
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 510
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 622.58
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 105
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

in the requested intermedian is not approased, so item merade and page in the report.					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 1		
2 FILER NAME	Andrew M. Infinte	`	3 Filer ID (Ethics Commission Filers)		
4 Date	# Projectified TX Pac		7 Amount of contribution (\$)		
	pation / Job title (See Instructions) Ackin (one: Hec	9 Employer (See Instruc	itions)		
Date	Hispanic Republicans of Texas fac	C (ID#:) State; Zip Code	Amount of contribution (\$)		
	PO B.X 28881 Aushh	TX 78755	•		
· · · · ·	nation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
09/03/21	Contributor address; City;	State; Zip Code	\$10 00		
•	pation / Job title (See Instructions) -Plived / Owner / Openhr	Employer (See Instruc	tions) Critle & Splrity		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution ,(\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES O	DE TUIC COUEDIN E A CAN	EEDED		
	If contributor is out-of-state PAC, please see instru				

PLEDGED 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 Sched	ule B: 1
	instruction duide explains now to complete this form.		
2 FILER NAME	Andrew M. Falink	3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	of Pledge \$	9 In-kind contribution description
	·	Check if travel outs	' . de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions) 11 Employer	(See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	e	
		Check if travel outsi	de of Texas, Complete Schedule T.
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code	e 	
		Check if travel outsi	de of Texas, Complete Schedule T.
Principal occup	pation / Job title (See Instructions) Employer	(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	1	
		Check if travel outsi	de of Texas, Complete Schedule T,
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)	
lf o	ATTACH ADDITIONAL COPIES OF THIS SCHE		raquiraments

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

in the requestion for approache, so not morate this page in the report.				
The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A2:			
2 FILER NAME Andrew M. Inche	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	BUTIONS \$			
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description			
7 Contributor address; City; State;	Zip Code Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (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	Amount of In-kind contribution Contribution \$ description			
	Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (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.				

Forms provided by Texas Ethics Commission

LOANS

SCHEDULE E

,	,,		T
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	ndrew M. Infle		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ \$ 510.00
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
08/03	Andrew M. Inche		\$ 100.00
6 Is lender a financial Institution?	8 Lender address; City; 509 Flory La Legour	State; Zip Code	10 Interest rate 11 Maturity date
Y (N)			distance of the second
	on / Job title (See Instructions)	13 Employer (See Instructions) Light Current Athlete	her
14 Description of Coll	,	15	
none		Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	Tanapara,
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
08/66/21	Andre m Infale	, <u>——</u> ——	\$ 160.00
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	509 Esmy La Lesuan	vill TX 78578	Maturity date
<u>.</u>	on / Job title (See Instructions)	Employer (See Instructions)	
self Employe	d / orace	fly current	Athebes
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	· · · · · · · · · · · · · · · · · · ·
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPII nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Rejated Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		lages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		2 Files ID (Fibies Commission Files)
4 Date 8/6/2\	5 Payee name KOL Graphics & marketing Tools	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$160	4411 spicered springs # 2001	Austra TX 78759
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Printing & 4×6 post cords
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name ते	Office sought Office held
Date	Payee name	
07/25/21	vin ye pisoder (vinyldisoder.	(om)
Amount (\$)	Payee address;	City; State; Zip Code
\$ 22.96	34202 Camino Capishano	Dana Point CA 92624
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Printing of Stellers for compaign
	Check if travel outside of Texas, Complete Schedule 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	
07/26/21	Stickersdepot Bronddepot. com)
Amount (\$)	Payee address;	City; State; Zip Code
\$ 138.00	1241 Fallshu RD.	shelby NC 28150
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Prinky expense	Description Prinking of Compaign Shedurs
LAI LIMMIONE	Observations of subsider of Transac Commission Codes 2-2-7	Obcale if Austin TV office total thing account
	Check if travel outside of Texas, Complete Schedule 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 THIS S	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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	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 FILER NAME Andre m. Inche 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$				
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
TYPE OF EXPENDITURE	Political Non-Political .				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas Ethic	s Commission www.ethics.state.tx.us Revised 8/17/2020				

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:		
2 FILER NAME	Andrew on Inche	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased	,		
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	; State; Zîp Code		
	Description of investment			
	Amount of investment (\$)			
	·			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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 explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Andrew on In	hale	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ -
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code

9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas, Complete S	chedule T. Check if Au	astin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF	Category (See Categories listed at the top of this	schedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete S	Schedule T. Check if Al	ustin, 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 O	F THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online)

Candidate/Officenoider/Politi Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	Description of the second of t		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/13122	Camerous County Electrical de	voler Ryintrolon	•
G Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1050 E. Mediera Strut.	Browntville	TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1
OF EXPENDITURE	Printing expense	Maps Printe	d.
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED _.

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Madi Candidate/Officeholder/Poli Credit Card Payment	Food/Beverage Expense e By Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule H:	2 FILER NAME Andrew M. Inch	ų.	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
	(c) Check if travel outside of Texas. Complete Schedu	uleT, Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description		
	Check if travel outside of Texas. Complete Schedu	ileT. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	lule) Description		
	Check if travel outside of Texas, Complete Schedu	leT. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME Andre m. Table	3 Filer ID (Ethics Commission Filers		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City State Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	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		
PURPOSE OF EXPENDITURE	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		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

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

SCHEDULE K

The	1 Total pages Schedule K:			
2 FILER NAME	Andrew m. Inch	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	ate; Zip Code		
	7 Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Stat	ate; 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; Sta	ate; Zip Code		
	Purpose for which amount is received Check if I	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.						
The Inst	ruction Guid	ie explair	s how to complete ti	nis form.	1 Total pages Schedule	э Т:
2 FILER NAME	when t	r. In	ule		3 Filer ID (Ethics Con	nmission Filers)
4 Name of Contributor	/ Corporatio	n or Labor	Organization / Pledgor	/ Payee		
5 Contribution / Expen	diture reporte	ed on:				
Schedule A2		redule B	Schedule B(J)	Schedule C) [] O-k-4-1-D	·
Schedule F2		nedule F4	Schedule G	Schedule H	Schedule D Schedule COH-L	Schedule F1 JC Schedule B-SS
6 Dates of travel 7 Name of person(s) traveling						
	8 Departure city or name of departure location					
	9 Destina	ition city o	r name of destination lo	cation		
40		T				
10 Means of transporta	tion	11 Purp	ose of travel (including	name of conference	e, seminar, or other event)	
Name of Contributor	/ Corporation	or Labor	Organization / Piedgor /	Payee		
Contribution / Expend	ditura raparta	d on.				
	-					
☐ Schedule A2	∐ Sch	edule B	☐ Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					IC Schedule B-SS
Dates of travel	Name o	f person(s	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:						
Schedule A2	Schedu	ile B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sched	ıle F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportation	on	Purpo	se of travel (including n	ame of conference	, seminar, or other event)	
	Α٦	TACH AL	DITIONAL COPIES C	F THIS SCHEDU	LE AS NEEDED	
•					·	

LOANS

SCHEDULE E

ii iiio requosici	A STATE OF THE STA	· monado uno pago in ano ro	poid	
The	1 Total pages Schedule E:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	\$			
5 Date of loan	Andre M. Tuline	PAC (ID#)	9 Loan Amount (\$) \$ 250.00	
6 is lender a financial Institution?	8 Lender address; City;	_ State; Zip Code	10 Interest rate	
√ ()	509 Esmy In. Lynn	vill TX 7878	11 Maturity date	
f .	on / Job title (See Instructions)	13 Employer (See Instructions) With correct AtM	l. lo.	
14 Description of Colleteral 15			ds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
X 0	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 out-of-state F	PAC (ID#:)	Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	- Check if personal func	ds were deposited into political	
		account (See Instructi		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable	r			
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.				

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) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Other (enter a category not listed above) Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Andrew Inhale 4 Date 5 Payee name 09/20/21 Perl Isabel City: State: Zip Code Ischel \$ ገ ፓ 305 E. Maxin st. X 78578 (a): Category (Sea Categories Fisted at the top of this schedule) (b) Description Booth at community Event to Advertise FURFOSE Advertision Expense/Event expense Campalin EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 10/04/21 Domino Dizzh City: State: Zip Code Amount (\$) Payee address; Port Isobel 84.31 78578 TX -100 TX 1702 Category (See Categories listed at the top of this schedule) Description PURPOSE Food / Beverye expense For Ca-pain workers/ windless **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Make Namely Wizerd Com Amount (S) Payee address; State: Zip Code City; \$56.56 Description Category (See Categories Fisted at the top of this schedule) Numetrys & company PURPOSE printing exame OF EXPENDITURE Chack if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Andrew M. Inhale 5 Payee name 4 Date Amazon. Com 12/06/21 State: Zip Code \$ 42.10 Seethe WA (b) Description (a) Category (See Ostegories listed at the top of this schedule) PURPOSE Supplies a century other EXPENDITURE Check if travel outside of Texas. Complete Schedule T. 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 12/08/21 Amezon. Com City; State: Zip Code Amount (\$) Payee address; Seellle WA 8.65 Category (See Categories listed at the top of this schedule) Description PURPOSE fre Prime Fus OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Lone she Nethard Rock 08/10/21 Zip Code Amount (5) Pavee address: Citv: State: TX £ 11.00 78504 520 E. Nolina Avenue McAller Description Category (See Categories listed at the top of this schedule) Bank Account Fees / service Charges. PURPOSE fores According / Bonking OF EXPENDITURE Ottack if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Table Andrew 4 Date 5 Payee name Lone 09/10/21 Nelland 8/Amount (5) 7 Payee address; City; State; Zip Code McAllen 60.11 2 520 E Nolone Avenue TX 78504 ্র) Caragony (Sas Calegories Rated at the top of this schedule) (b) Description PURPOSE Fees Accordin/ Booking Bink Changes / Service Change OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. 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 Date 9/16/21 Levelly Notine Ank Amount (\$) Payee address; City: State: Zip Code 78504 McAlten ナメ 1.00 E Nolina Avenue 205 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check According Booking Tempory EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/20/21 Book ادمو She Notrol Amount (\$) Payee address; City: State: Zip Code \$3.0ò m. Alle Nolona X 78504 \$ 50 Category (See Categories listed at the top of this schedule) Description PURPOSE According Bukin temporary Oheck Rec. OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Andre M. T.C.	Le	3 Filer ID (Ethics Commission Filers)	
4 Date \0 0% 2 (5 Payee name Love Sh Nohma	1 pmk		
\$ 300	7 Payee address; 520 E. Noless, Ava	City; McAllen	State; Zip Code	
₹	(a) Dategory (See Calegories listed at the top of this so	chedule) (b) Description		
PURPOSE OF EXPENDITURE	For Acumby Bucking	poter 121	ment fee	
	(c) Check if travel outside of Texas. Complete Sch	edule T, Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		444	
11/10/21	Lone Shr NoHmal	Amk		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 3.00	520 E. Nolina Ave.	m. Allen	Tx 78504	
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	food According / Boreing	Peter Shle	ment fee	
	Check if travel outside of Texas. Complete Sch	IX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/10/21	lone her willing to	nk		
Amount (S)	Payee address;	City;	State; Zip Code	
\$ 300	520 E Nolena Ave.	Me Allen	Tx 78504	
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	Free According / Booking	P.Hr Chel	hunt fee	
	Check if travel outside of Texas, Complete Sche	edule T. Check if Austin	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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