CYNTHIA HINOJOSA

8 Days Before Election the May 16, 2022

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FORM JC/OH COVER SHEET PG 1		
The JC/OH Instruction	n Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MRMRS	FIRST Cynthia LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	APT / SUITE #/ C	SA) ITY; STATE: ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS & YOTER REGISTRATION
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	604 E. MAREA CODE	St. Francis, PHONE NUMBER 299-1847	Browns ville iTX P	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS/MR	FIRST Linda LAST	R. SUFFIX	Date Processed
7 CAMPAIGN TREASURER	STREET ADDRESS	MONTALV (NO PO BOX PLEASE); APT / SU	O- ITE #; CITY;	Date Imaged STATE; ZIP CODE
ADDRESS (Residence or Business)	864	Central B	lud #DODD	Brownsville, TX 785
CAMPAIGN TREASURER PHONE	AREA CODE (0156)	PHONE NUMBER 371-3191	EXTENSION	<u> </u>
REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)
0 PERIOD COVERED	July 15 Month	Day Year $20/2022$	Reporting Limit Month	Final Report (Attach C/OH - FR) Day Year 14/2027
1 ELECTION	ELECTION DAY Month Day 05/24	Year Primary 22 General	Runoff Other Description	
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNOWN) JUSTIA OF H	Le Peace Pot 2, Pla
NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDERS ARE REQUIRE	CCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
OCIVIIVITY TEE(O)	COMMITTEE TYPE	COMMITTEE NAME	•	
Additional Pages	GENERAL	COMMITTEE ADDRESS		

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) Huro Josa 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. ature of Candidate/Officeholder Please complete either option below: RAMON CAVAZOS Notary Public STATE OF TEXAS (1) Affidavit ID#3448594 My Comm. Exp. Aug. 10, 202 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Printed name of officer administering oath Signature of officer administering oath 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) _____ County, State of _____, on the ___ _ day of (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME Cyndi Hungiosa 20 Filer ID (Ethics C	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,602,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 15000
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4. SCHEDULE E: LOANS	\$ 34,500°
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,818°
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ _ 0 -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0 -
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	\$ - 0 -
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

If the requested information is not applicable, DO NOT in	nclude this page in the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Cyndi Hinojosa	3 Filer ID (Ethics Commission Filers)
3/14/22 6: Contributor address; City;	\$500 W_
8 Contributor's principal occupation 9	Brownsville iTX 78520 Contributor's job title
Investor	Investor
10 Contributor's employer/law firm	
12 If contributor is a child, law firm of parent(s) (if any)	
	ı
Date Full name of contributorout-ol-stale PAC D#:	Amount of contribution (\$)
31422 Jordan Gold Sch Contributor address; City;	MIAT State; Zip Code 500W
3241 Basque Dr. Bro	ownsulle, TX 78520
Contributor's principal occupation Divicator YouthCare	Youthore Director
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
!	
Date Full name of contributor out-of-state PAC ID#: 31122 Unda R. Mondalv O Contributor address; City; s 445 Owars Dr. Prown	State: Zip Code \$300 \(\text{JX 785 21} \)
Contributor's principal occupation OfficerManaer	Contributor's job title OFF COMMAN GOOD
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (If any)	
	·
ATTACH ADDITIONAL COPIES OF TH	

If the requested information is not applicable, DO NOT	include this page in the report.	
The instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A(J)1:	
2 FILER NAME Cyndl Hurojos 4 Date 5 Full name of contributor ut-of-state PAC 1D4	3 Filer ID (Ethics Commission Filers)	
2/20/22 6 : Contributor address; City; P. O. Box 622 Olmite	#:	
Busines Owner	9 Contributor's job title PMS WES OWNER	
12 If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any) Duc Robertson Atty	
Date Full name of contributor out-of-state PAC ID# Full name of contributor out-of-state PAC ID# Tohn Wood Contributor address; City; 1 80 Toya Lave Providence	State; Zlp Code \$ \(\frac{\psi}{2} \)	
Contributor's principal occupation Refined Relator	Retired / Realtor	
Contributor's employer/law firm	. Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC ID#; 3/4/22 Contributor address; City; 1814 W. Warner Cha	State: Zlp Code	
Contributor's principal occupation Red Estate Developer Contributor's employer/law firm	Contributor's job title Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)	÷	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME Cyndi Hinojosa 4 Date 5 Full name of contributor out-of-state PAC ID#:	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#:	7 Amount of contribution (\$)
Full name of contributor out-of-state PAC ID#: 121/22 6 Contributor address; City; State; Zip Code 5842 LOVENS Lane Brownsville T	\$500 <u>°</u> × 78526
VICE PRISON OF Agusta UP of	Hausitu
10 Contributor's employer/law firm 11 Law firm of contributor's	s spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
Alyandra Aldrett Contributor address; City; State; Zip Code	\$100 M
Contributor's principal occupation 185 Barcelona Brownsville, TX 7852 Contributor's principal occupation Contributor's iob title	26
Contributor's principal occupation Contributor's job title Tender	
Contributor's employer/law firm Law firm of contributor's Structure of contributor's If contributor is a child, law firm of parent(s) (if any)	s spouse (if any)
ii contributor is a child, law lifth of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
4 3 22 Contributor address; City; State: Zip Code	\$1000.00
	1850
Contributor's principal occupation AHOYNEW AHOYNEW Contributor's job title	
Contributor's employer/law firm J Law firm of contributors ESCOBUR LW TYM	spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

If the requested information is not applicable, DO NOT include this page in	n the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Cyndi Hrvoyosa 4 Date 5 Full name of contributor Dout-of-state PAC ID#:	3 Filer ID (Ethics Commission Filers)
4/14/22 6 Contributor address; City; State; Zip Code 811 E. Madison Brownsville, TX 784	7 Amount of contribution (\$) \$50000
8 Contributor's principal occupation 9 Contributor's job title	•
A Horney 10 Contributor's employer/law firm 11 Law firm of contributor's 12 If contributor is a child, law firm of parent(s) (if any) A Horne 12 If contributor is a child, law firm of parent(s) (if any)	s spouse (if any)
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
4/13/22 Reynaldo Garza TR. Contributo address; City; State; Zip Code P. O. BOX 2025 Browns ville, TX 785	\$ 200.00
Contributor's principal occupation Contributor's job title	
Contributor's employer/law firm Rumaldo G. Gavza Jr., P.C. If contributor's a child, law firm of parent(s) (if any) Afterne Law firm of contributor's	s epouse (if any)
,	
	Amount of contribution (\$) $ 4250^{00} $ 8521
Contributor's principal occupation Attorner Contributor's job title Attorner	1.
Contributor's employer/law firm Law firm of contributor's Chlsky R, Gonzall Z, Atty. If contributor is a child, law firm of parent(s) (if any)	spouse (if any)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional r	

If the requested information is not applicable, DO NOT include this page in	n the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Cyndi Hingosa	3 Filer ID (Ethics Commission Filers)
2 FILER NAME Cyndi Hingosa 4 Date 5 Full name of contributor Dut-of-state PAC ID#: Truy Bungano Martinez 4 12 22 6 Contributor address; City; State; Zip Code 1201 E. Yaw Buren, Brownsville TX 8 Contributor's principal occupation 9 Contributor's lob title	7 Amount of contribution (\$) $$500^{\circ}$
8 Contributor's principal occupation Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's	
12 If contributor is a child, law firm of parent(s) (if any)	s spouse (if any)
Date Full name of contributor out-of-state PAC_ID#:	Amount of contribution (\$)
4/12/22 John Gulvarra Contributor address; City; State; Zip Code P. O. Box 17423 Austin, TX 7875	\$25000
Contributor's principal occupation Alterney Contributor's job title	n
Contributor's employer/law firm Law firm of contributor's MNEDWAY OVAAN Blair & Saupson If contributor is alchild, law firm/diparent(s) (if any)	s spouse (if any)
Date Full name of contributor out-of-state PAC ID#: UND ESPARZA Contributor address; City; State: Zip Code	Amount of contribution (\$)
964 E. LOS ENAMOS, Promissi Ila.	\$25000 ITX 78520
Contributor's principal occupation AHOTNUM Contributor's job title	
Contributor's employer/law firm Law firm of contributor's	spouse (if any)
If contributor is 🌡 cְhild, law firm of parent(s) (If any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EEDED
If contributor is out-of-state PAC, please see instruction guide for additional re	eporting requirements.

If the requested information is not applicable, DO NOT include this page in	n the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME White State PAC ID#:	3 Filer ID (Ethics Commission Filers)
9/0000 1/04/14	7 Amount of contribution (\$) 25000
413/22-6 Contributor address; City; State; Zip Code 5145 Sugar MIII Rd. Brows VIII 8 Contributor's principal occupation 4 Horry 4 After 1	TX 78526
10 Contributor's employer/law firm Chall TVEVINO / Atty. 11 Law firm of contributor's contributor's a child, law firm of parent(s) (if any)	s spouse (if any)
in any paronics, (if any)	
Date Full name of contributor out-of-state PAC ID#: ,	Amount of contribution (\$)
Scott Campbell 4/14/27 Contributor address; City; State; Zip Code 12-01 Tyler Havlingw 1TX 7855; Contributor's principal occupation Contributor's job title	\$ 1000 00
Contributor's principal occupation Rial Estate Dueloper Contributor's employer/law firm Law firm of contributor's SUF.	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
4/13/22 Contributor address; City; State: Zip Code 1416 W. Dove McAllen, TX 78504	\$1000.00
Contributor's principal occupation After New	
Contributor's employer/law firm Peralez Franz HP If contributor is a child, law firm of parent(s) (if any)	(sbouse (if any)
in contributor is a critic, law first of parent(s) (is any)	•
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional r	EEDED eporting requirements.

The	nstruction Guide explains how to complete this i	farm	1 Total pages Schedule A(J)1:
	ish donor dajae explana now to complete and	(Offil.	· · · · · · · · · · · · · · · · · · ·
2 FILER NAME	Cyndi Hingose	3	3 Filer ID (Ethics Commission Filers)
4/6/22	Full name of contributor out-of-state PAC Pipeliters Local W Contributor address; City; 1301 W. 13th St. Deep f	niow State; Zip Code Park TX 775	7 Amount of contribution (\$) 4500°
	Local union	9 Contributor's job title	
O Contributor's empl		11 Law firm of contributor's	s spouse (if any)
If contributor is a c	child, law firm of parent(s) (if any)	,	
4/8/22	Full name of contributor out-of-state PAC Plumbers Local V Contributor address; City; P. O. Box 8746 Hou	Mir No. 68 State; Zip Code	Amount of contribution (\$) $49 500^{00}
Contributor's princi	LO CAL UNION PAC	Contributor's job title	
Contributor's emplo		Law firm of contributor's	s spouse (if any)
If contributor is a c	hlld, law firm of parent(s) (If any)		
<u>. i</u>	,		4.4
:	Full name of contributor out-of-state PAC ID Scott Pajeski Contributor address; City; Pizarro Ave K	O#:	Amount of contribution (\$) \$10000 TX 78575
Contributor's princip	pal occupation Inquiree	Contributor's job litle	TX 78575 Engineer
Contributor's emplo	yer/law ()m	Law firm of contributor's	
If contributor is a ch	nlid, law firm of parent(s) (if any)	,	
lf cont	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NI ction guide for additional r	EEDED eporting requirements.

If the requested information is not applicable, DO NO	T include this page in the report.
The Instruction Guide explains how to complete this i	form. 1 Total pages Schedule A(J)1:
2 FILER NAME Cyneli Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Gout-of-state PAC	7 Amount of contribution (\$)
4/13/22 6 Contributor address; City; 3/25 Central Blvd &	State; Zip Code \$25000
3/25 Central DIVA	Drownsville IX 178520
8 Contributor's principal occupation (**D, A**).	9 Contributor's job title C. P. A.
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC	
4/13/22 Contributor address; City; 500 Accordance E Contributor's principal occupation	di \$1001,00
500 Acrondake E	brownsville TX 78521
Contributor's principal occupation Defice Manager	Contributor's job title Office Manager
Contributor's employer/law ^r firm \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
<u> </u>	
Date Full name of contributor out-of-state PAC_II	(4)
4/13/22 Contributor address; City;	State: Zip Code
Contributor's principal occupation 437 Jenny fey Ct. 4	Contributor's job title
CEO, Valley Baptist	CED
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES O	

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 A(J)1;
2 FILER NAME White House of Contributor Coul-of-state PAC ID#:	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Goul-of-state PAC ID#: 4/13/22 6 Contributor address; City; State; Zip Code 16 45 E. 14th Bransville TX 780	7 Amount of contribution (\$) /00 00
The Country of the Contributor's job title	ice Cb. Owner
12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor out-of-state PAC ID#: Share	
Contributor's principal occupation Contributor's job tille Contributor's employer/law firm Contributor's employer/law firm Contributor's principal occupation Contributor's job tille Contributor's principal occupation Contributor's job tille Contributor's employer/law firm	ı
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC D#:	Amount of contribution (\$) 100 00 78574
If contributor is a child, law firm of parent(s) (if any)	or's spouse (if any)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for additiona	NEEDED I reporting requirements.

If the requested information is not applicable, DO NOT include this page i	in the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC ID#: CLA CLSUN 6 Contributor address; City; State; Zip Code 324 W, University Dr. Edming TX 78 8 Contributor's principal occupation 9 Contributor's job title Attached	7 Amount of contribution (\$) \$1000 00
324 W. University Dr. Edinburg, TX 78	539
10 Contributor's employer/law firm CLSW LAW Firm 11 Law firm of contributed	s spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	Amount of contribution (\$)
4/13/22 Ricardo P. Filizola Contributor address; City; State; Zip Code 155 CAUC Jacaranda, Brow 18 VIlle	100°0 TX
Contributor's principal occupation Contributor's job title LNUS	ter
Contributor's employer/law firm Law firm of contributor'	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#: AMAMCUA CANAUS Contributor address; City; State: Zip Code	Amount of contribution (\$) \$250.00
Contributor's principal occupation On Box 3807 Edinhus, TX 18540 Contributor's principal occupation)
Contributor's employer/law firm Attorne Law firm of contributor'	<u> </u>
If contributor is a child, law firm of parent(s) (if any)	G
;	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional i	EEDED reporting requirements.

SCHEDULE A(J)1

	F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME CMILI HVINGOSA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Gout-of-state PAC IDH:	7 Amount of contribution (\$) 4250°
8 Contributor's principal occupation 9 Contributor's is job title	lost / Rehab.
12 If contributor is a child, law firm of parent(s) (if any)	
Full name of contributor	~
Date Full name of contributor out-of-state PAC ID#: ### Rome Montand Contributor address; City; State: Zip Code ###################################	Amount of contribution (\$) \$2000
Contributor's employer/law firm Law firm of contributor's If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional r	EEDED

SCHEDULE A(J)1

i ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1:
2 FILER NAME Cyrdi Hinojosa	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC JAMUS H. HUMTS 6 Contributor address; City;	State; Zip Code 2500
4651 SauAntonio Rd. 8 Contributor's principal accupation	Brownsville JX 78521
Atty	9 Contributor's job title AHOVNE
10 Contributor's employer/law frm Royston Ray 70 V	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor ☐ out-of-state PAC	D#:, Amount of contribution (\$)
417/22 Robert Guy 720 Contributor address; City; 1200 E. Hayr 18m Bra	State; Zip Code \$200°0 Tansville/TX 78520
Contributor's principal occupation AHDVMLY	Contributor's job title AHOVNE
Contributor's employer/law firm Rount Cara Atomogo Law If Icontributor is a child, law firm of parent(s) (If any)	Law firm of contributor's spouse (if any)
i	
Date Full name of contributor out-of-state PAC_II	O#:
4/13/22 John Shlvarda Contributor address; Gty; 745 St. Charles Brown	State: Zip Code MSVILLE, TX 78520 \$100 00
Contributor's principal occupation A Horney	Contributor's job title AHTTY NO
Contributor's employer/law firm Hold Shurgell If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouge (if any)
ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEEDED ction guide for additional reporting requirements.

SCHEDULE A(J)1

The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A(J)1:
2 FILERNAME Cypide Hungosa	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Cout-of-state PAC ID. HIND 6 Contributor address; City; 5735 Hidden Oaks	State; Zip Code \$50000 Bownsville TX 78526
Dutot	9 Contributor's Job title Distributor's Job title
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Goul-of-state PAC IDIT Contributor address; City; Contributor's principal occupation	State; Zlp Code \$500 W Contributor's Job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full page of containing	
411712 Contributor address; City; 834 & Tuley BVA	State: Zip Code \$250 N 2011/8/TX 78520
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm The Law Office of Eddie Hugi If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's spouse (if any)
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instructi	FHIS SCHEDULE AS NEEDED on guide for additional reporting requirements.

SCHEDULE A(J)1

	<u> </u>
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1:
2 FILER NAME Jaine Parra	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC 4374 MANTINAL 3 City; 3 Contributor address; City;	PA Amount of contribution (\$) Rd. State; Zip Code \$7.50.00
8 Contributor's principal occupation Business Owner	9 Contributor's job title - Prusrues Owner
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	
Pull name of contributor out-of-slate PAC II HI8/12 Published Guide Contributor address; City; HOB Palo Verde Dr.	State; Zlp Code \$300. 1
Contributor's principal occupation	Pavovns ville TX 78521 Contributor's job title
Business Owner	Brysiness Owner
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Contributor's principal occupation HHW	State: Zip Code State: Zip Code Contributor's job title State: Amount of contribution (\$)
Contributor's employer/law firm The Lucio III Group If contributor is a child law firm of parent(s) (If Jun)	Law firm of cont(jbutor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE A(J)1

		·
The	Instruction Guide explains how to complete this form.	7 Total pages Schedule A(J)1:
2 FILER NAME	Coprdi Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 5		7 Amount of contribution (\$) E; Zip Code \$\int \(\text{1} \text{X} \) \(\text{X} \)
8 Contributor's prin		ntributor's job title MS+Toms ProcKer
10 Contributor's emp	Over/law firm	v firm of contributor's spouse (if any)
2 If contributor is a	child, law firm of parent(s) (if any)	
3/23/22	Full name of contributor out-of-state PAC 10#: Symula Gava Peve 2 Contributor address; City; State; P. O. BOX 4322 Brown	,
Contributor's prince	County Clerk Charen C	tributor's job title Dunty CLVK firm of contributor's spouse (if any)
If contributor is a c	shilld, law firm of parent(s) (if any)	,
:		ville TX 78521 ributor's job titie
Contributor's emplo		firm of contributor's spouse (if any)
If contributor is a ch	hild, law firm of parent(s) (if any)	
If cont	ATTACH ADDITIONAL COPIES OF THIS SO tributor is out-of-state PAC, please see instruction guide	CHEDULE AS NEEDED le for additional reporting requirements.

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME Cyndi Hurojosa 4 Date 5 Full name of contributor	3 Filer ID (Ethics Commission Filers)
3/14/22 6 Contributor address; City; State; Zip Code 500 Acacia Lake Brownsville	1
8 Contributor's principal occupation 9 Contributor's job	+
10 Contributor's employer/law firm 11 Law firm of contri	ributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (If any)	
Date Full name of contributor out-of-state PAC ID#: Show add Rodingue Z Contributor address; City; State; Zip Code 8004 TM 802 Brownsville TX	,
Child Supervisor Minos	The Supervisor
·	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Out-of-state PAC ID#: Mana Himoxogu Contributor address; City: State: Zip Code 4 Pizawo Rauch Vigo //	Amount of contribution (\$) $\frac{1}{2} \times \frac{1}{2} \times \frac{1}{2}$
Contributor's principal occupation. Contributor's principal occupation. Contributor's job to the Marky Chile. Contributor's employer/law firm Law firm of contributor's	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED onal reporting requirements.

If the reque	ested information is not applicable, DO NC)T include this page i	n the report.
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1:
2 FILER NAME	Cyndi Hino	jose	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PACE LAWA TOYPE 6 Contributor address; City;		7 Amount of contribution (\$) \$1000 00
8 Contributor's p	PUSINGS Owner	9 Contributor's job title ### ### ############################	Frath Director
12 If contributor is	s a child, law firm of parent(s) (If any)		o opened (i. airy)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	D#:	Amount of contribution (\$)
	Contributor address; City;	State: Zlp Code	
Contributor's p	rincipal occupation	Contributor's job title	
Contributor's er	mployer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	`	
lf (ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instru		

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 for	m. 1 Total pages Schedule A2:
2 FILER NAME Cyndi Hunojosa	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: TAW: Ablando 7 Contributor address; City; State; P. O. Box 1336 Downa 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See uctions)	S Amount of Contribution \$ 9 In-kind contribution description
12 Contributor's principal occupation (FOR JUDICIAL) Teachers UNIXY Drawiter	13 Contributor's job title (FOR JUDICIAL) (See Instructions) AOBEL TSTA Organizer
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)	13
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description Zip Code
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 T	THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

		EXPENDITURE C	ATEGORIES F	OR BOX 8(a)		-
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Over Polling Exp ase Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraisis Transportation Equipr Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1:	2 FILER N		•		3 Filer ID (Ethics	Commission Filers)
	C	mar Hun	DROSC			
4 Date 3-11-22	5 Payee na	TM	0			
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
\$2,500	P.0	BOX 3267	•	MEAllen	TX	78502
8	(a) Categor	y (See Categories listed at the lop	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Ad	vertising		Newsy	rapere.	
	(c)	Check if travel outside of Texas. Con	npiele Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	(Office held
Date	Payee na	me		•		
3/17/22	Ca		. Demi	ocratic Pa		
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
\$ 25000	P.0	. BOX 533	3909	Harling	in TX	78550
	Category 4	(See Categories listed at the top of	of this schedule)	Description "		/ ,
PURPOSE OF EXPENDITURE	H	dvertising	_	Table.	Sponsors	ship
		Check if travel outside of Texas, Com	plete Schedule T	Check if Austin,	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	C	Office held
Date	Payee na	ame				
3/11/22	7	ilsta Graj	dies	ſ		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$15000	200	5 Phredes (the Rd	Provinsi	rlle TX	78521
	Category	(See Categories listed at the top of	f this schedule)	Description		•
PURPOSE OF EXPENDITURE		Advertisie	2	Ad	vertisi	S
		Check if travel outside of Texas, Com	plete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	. (Office held

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 NAM 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) 8 **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 Date Amount (\$) l Hollow Brownsville, PURPOSE OF 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 Payee name Brownsville, TX 78520 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 Candidate / Officeholder name Office held Office sought Complete ONLY if direct 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District 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 8 (b) Description PURPOSE OF **EXPENDITURE** 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 Pavee name Zip Code PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name City; Zip Code OF **EXPENDITURE** mplete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

SCHEDULE F1

		EXPENDITORE CAT	EGOVIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food By Giff/	ent Expense as od/Beverage Expense /Awards/Memorials Expense pal Services	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Dist	uipment & Related Expense
Credit Card Payment	Th	he Instruction Guide expla	ains how to c	omplete this form.		907
1 Total pages Schedule F1:					3 Filer ID (Eth	lcs Commission Filers)
4 Date	5 Payee name	ch Rosa	10<			
6 Amount (\$)	7 Payee address	s;	<u>u</u>	City;	State;	Zip Code
\$2062014	1105	S. 27ths	st	MEATLE	in TX	78520
8	(a) Category (See	e Categories listed at the top of th	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adv	rertising		90.1	ing Exp	rense
	(c) Check	c if travel outside of Texas, Complete	e Schedule T.	Check if Aust	itin, TX, officeholder (ivir	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
Date	Payee name					
4/29/22	AU	Valley 1	nedi	a)		
Amount (\$)	Payee address	s; ()	,	City;	State;	Zip Code
\$94200	22	1 W. Wilso	n Av	ta 11 - 1	insen, T)	x 78550
	Category (See C	Categories listed at the top of this		Description		
PURPOSE OF EXPENDITURE	Adı	vertissis		Print	ing Exc	use
	Checki	if travel outside of Texas, Complete	Schedule T,	Check if Austi	in, TX, officeholder living	іў ехрелзе
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sought		Office held
Date	Payee name					
5-3-22	AI	M				
Amount (\$)	Payee address;	<i>i</i> ,		City;	State;	Zip Code
1.02 -00	_			-		- COUL
\$9700	P.D.	Box 326=	7	MEAller	1, TX	78502
	Category (See Ca	Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adı	vertising		Newsp	paper	
	Checkif	ftravel outside of Texas, Complete S	Schedule T.	Check if Austin	n, TX, afficeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / C	Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIES	3 OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printl	Repayment/Reimbursement e Overhead/Rental Expense g Expense ng Expense ng Expense les/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	
1 Total pages Schedule F1	2 FILER NAME COMMITTED STATES	3 Filer ID (Ethics Commission Filers)
5622	Boyder Pres I	inc.,
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$4043.84	620 E. Price Rd.	Brownsville, TX 78521
8	(a) Category (See Categories listed at the top of this schedule	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Printing Expense
	(c) Check If travel outside of Texas, Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name I .	Office sought Office held
Date	Payee name	
5/4/22	U.S. Post Offi	iel
Amount (\$)	Payee address;	City; State; Zip Code
\$25000	1001 E. Elizabe	the Brownsville, TX
, , , , , , , , , , , , , , , , , , ,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	other
	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	
4 22	Las Ramblas	
Amount (\$)	Payee address;	City; State; Zip Code
\$6000	1101 E. Washing	yton Brownsville, TX 78520
	Category (See Categories listed at the top of this schedule	Description
PURPOSE OF EXPENDITURE	Event Expense	Food Beverage
	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 TH	IS 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 Accounting/Banking	Event Expense Fees	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting Expense Contributions/Donations Made E	Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel in District
Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Orodic Outer Laymont	The Instruction Guide explain	ns how to complete this form.	,
1 Total pages Schedule F1:	1 /1 /: 11 (105a)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/24/22	Brownsville H	ISTOVIC MUSIC	un
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$35000	641 E. Madis	son St. Brow	INSVILLE TX 78520
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE		1 1	Λ
OF EXPENDITURE	Event Expense	. Renta	il .
	(c) Check if travel outside of Texas, Complete S	chedule T, Check If Austi	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		
330/22	Cypethia Gahire	la Salinas	
Amount (\$)	Payee address;	. City;	State; Zip Code
\$ 5000	4300 Buca Ch	ica Apt#5B	Brownsville TX 785
	Category (See Categories listed at the lop of this se	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Contra	ct Lahov
	Check if travel outside of Texas, complete So	hedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		•	37733 NSIG
3/4/22	Payee name DDM (ac GTM 0-4)	0	•
Amount (\$)	Payee address;		
, , , ,	. Gyod dodress,	City;	State; Zip Code
\$150.00	14 Sam Pea		sville iTX 78520
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF	0.01	00	<u>, </u>
EXPENDITURE	OTH	Went	15
	Check if travel outside of Texas, Complete Sci	neduļe T. Check if Austin.	, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
,	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice		Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services	Office Overhe Polling Exper Printing Expe		Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to con	nplete this form.	(gery metholog abovey
1 Total pages Schedule F1:	2 FILER NA	me Smai Hino,	1050		3 Filer ID (Ethio	cs Commission Filers)
4 Date 4-10-22	5 Payee na	Icerias Pint	1 . (15			
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
\$30000	22	65 Central	. Blvd	Brown	isville, 7	X 78520
8	(a) Category	(See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	E	Pert Expense	Easter Eggs			
	' (c)	Check if travel outside of Texas, Complete S	Schedule T,	Check If Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
4-30-22	Hu	10				
Amount (\$)	Payee add	ress;		City;	State;	Zîp Code
35000	1628	Central B	Wd	Brownsv	ille, TX	78520
PURPOSE	Category	See Categories listed at the top of this s	chedule)	Description	,	
OF EXPENDITURE	For	od Beveras	3e	Ever	t	
		heck if travel outside of Texas, Complete S	chedule T.	Check If Austin	, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
				•		
Amount (\$)	Payee add	ress:		City;	State;	Zip Code
	,	·		Oity,	olate,	Zip Code
	Category (See Categories listed at the top of this so	chadulo)	Description		
PURPOSE OF EXPENDITURE		or o	Siledule)	Description		
	CI	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 SCHEDULE AS NEEDED						