

**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 Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

28

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MRS.

Cynthia

NICKNAME

LAST

SUFFIX

Hinojosa

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

504 E. St. Francis, Brownsville, TX 78520

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 299-1847

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MRS.

Linda

R.

NICKNAME

LAST

SUFFIX

Montalvo

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

864 Central Blvd #2200 Brownsville, TX 78520

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 371-3191

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

02 / 20 / 2022 THROUGH 05 / 14 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 24 / 22

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Justice of the Peace Dist 2, Place 2

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

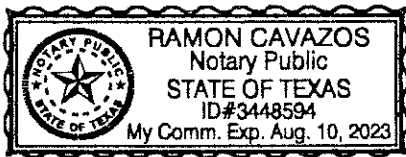
**FORM JC/OH  
COVER SHEET PG 2**

15 JC/OH NAME <i>Cyndi Hinojosa</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>3,800.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>24,602.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>2,500.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,038.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,784.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>36,500.00</i>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Cynthia Hinojosa*  
Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Cynthia Hinojosa* this the *18<sup>th</sup>* day of *May*

20*20*, to certify which, witness my hand and seal of office.

*Ramon Cavazos* Signature of officer administering oath  
*Ramon CAVAZOS* Printed name of officer administering oath  
*Notary Public, State of Texas* Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>Cyndi Hinojosa</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,602. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750. <sup>00</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 36,500. <sup>00</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,818. <sup>00</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ - 0 -
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ - 0 -
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ - 0 -
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ricardo Filizola</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>155 Calle Jacaranda Brownsville TX 78520</i>		
8 Contributor's principal occupation <i>Investor</i>		9 Contributor's job title <i>Investor</i>
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 <i>3/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jordan Goldschmidt</i>	Amount of contribution (\$) <i>500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>3241 Basque Dr. Brownsville, TX 78520</i>		
Contributor's principal occupation <i>Director YouthCare</i>		Contributor's job title <i>YouthCare Director</i>
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 <i>3/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Linda R. Montalvo</i>	Amount of contribution (\$) <i>\$300<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>495 Owens Dr. Brownsville TX 78521</i>		
Contributor's principal occupation <i>Office Manager</i>		Contributor's job title <i>Office Manager</i>
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 THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Melissa Avalos</i>	7 Amount of contribution (\$) <i>\$1000<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 622 Olmito, TX 78575</i>		
8 Contributor's principal occupation <i>Business Owner</i>		9 Contributor's job title <i>Business Owner</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any) <i>Dale Robertson Atty</i>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>2/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>John Wood</i>	Amount of contribution (\$) <i>\$1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1180 Tonya Lane Brownsville, TX 78520</i>		
Contributor's principal occupation <i>Retired / Realtor</i>		Contributor's job title <i>Retired / Realtor</i>
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 <i>3/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ron Berman</i>	Amount of contribution (\$) <i>\$1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1814 W. Warner Chicago ILL 60858</i>		
Contributor's principal occupation <i>Real Estate Developer</i>		Contributor's job title <i>Real Estate Developer</i>
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)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/27/22*

5 Full name of contributor

*Julia Esparza*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*\$500.00*

6 Contributor address;

*5842 Lovers Lane Brownsville, TX*

City;

State;

Zip Code

*78526*

8 Contributor's principal occupation

*Vice President of Aquista*

9 Contributor's job title

*VP of Aquista*

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 ID#: \_\_\_\_\_

Amount of contribution (\$)

*Alejandra Aldrette*

Contributor address;

*185 Barcelona Brownsville, TX*

City;

State;

Zip Code

*\$100.00*

Contributor's principal occupation

*Educator*

Contributor's job title

*Teacher*

Contributor's employer/law firm

*Brownsville ISD*

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#: \_\_\_\_\_

Amount of contribution (\$)

*4/13/22*

*Carlos Escobar*

Contributor address;

*100 S. Bicentennial McAllen, TX*

City;

State;

Zip Code

*\$1000.00*

Contributor's principal occupation

*Attorney*

Contributor's job title

*Attorney*

Contributor's employer/law firm

*Escobar 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 THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/14/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Javier Aguirre</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>811 E. Madison Brownsville, TX 78520</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Law Office of Javier Aguirre</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Reynaldo Garza JR.</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2025 Brownsville, TX 78522</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Reynaldo G. Garza Jr., P.C.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Chester R. Gonzalez</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>117 E. Price Rd. Brownsville, TX 78521</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Chester R. Gonzalez, Atty.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

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2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/12/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>"Trey" Benigno Martinez</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1201 E. Yaw Buren, Brownsville, TX 78520</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Martinez &amp; Tijerina</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>4/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>John Guevarra</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 17423 Austin, TX 78750</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Linebarger Coggan Blair &amp; Sampson</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>4/12/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Dino Esparza</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>964 E. Los Ebanos, Brownsville, TX 78520</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Esparza &amp; Garza</i>		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**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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2 FILER NAME <i>Cyrdi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Eddie Trevino</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>5145 Sugar Mill Rd. Brownsville, TX 78526</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Eddie Trevino, Atty.</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>4/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Scott Campbell</i>	Amount of contribution (\$) <i>\$ 1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1201 Tyler Harlingen, TX 78550</i>		
Contributor's principal occupation <i>Real Estate Developer</i>		Contributor's job title <i>Developer</i>
Contributor's employer/law firm <i>self.</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Gil Peralez</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address; City; State; Zip Code <i>1416 W. Dove McAllen, TX 78504</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Peralez Franz LLP</i>		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**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

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2 FILER NAME <i>Cyndi Hingosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Pipefitters Local Union</i>	7 Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1301 W. 13th St. Deer Park, TX 77536</i>		
8 Contributor's principal occupation <i>Local Union</i>		9 Contributor'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 <i>4/8/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Plumbers Local Union No. 68</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>P.O. Box 8746 Houston, TX 77249</i>		
Contributor's principal occupation <i>Local Union - PAC</i>		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 name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Scott Pajeski</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1 Pizarro Ave Rancho Viejo, TX 78575</i>		
Contributor's principal occupation <i>Engineer</i>		Contributor's job title <i>Landscape Engineer</i>
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 THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ygnacio Garza</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>3125 Central Blvd Brownsville TX 78520</i>		
8 Contributor's principal occupation <i>C.P.A.</i>		9 Contributor's job title <i>C.P.A.</i>
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 <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Veronica Pisharodi</i>	Amount of contribution (\$) <i>\$1001.<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>500 Acacia Lake Brownsville TX 78521</i>		
Contributor's principal occupation <i>Office Manager</i>		Contributor's job title <i>Office Manager</i>
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 <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Manuel M. Vela</i>	Amount of contribution (\$) <i>200<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>437 Jennifer Ct. Harlingen TX 78550</i>		
Contributor's principal occupation <i>CEO, Valley Baptist</i>		Contributor's job title <i>CEO</i>
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 THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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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)

4 Date

*4/13/22*

5 Full name of contributor

*Blanca Zepeda*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*100<sup>00</sup>*

6 Contributor address;

*1645 E. 14th Brownsville, TX 78520*

City;

State; Zip Code

8 Contributor's principal occupation

*Insurance Co. Owner*

9 Contributor's job title

*Insurance Co. 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)

Date

*4/12/22*

Full name of contributor

*Sharon Huerta*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*100<sup>00</sup>*

Contributor address;

*35 Palo Alto Brownsville, TX 78521*

City;

State; Zip Code

Contributor's principal occupation

*Dietician*

Contributor's job title

*Dietician*

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

*4/12/22*

Full name of contributor

*Xavier Montemayor*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*100<sup>00</sup>*

Contributor address;

*2820 Carlis Run Brownsville, TX 78526*

City;

State; Zip Code

Contributor's principal occupation

*Investor*

Contributor's job title

*Investor*

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 THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cia Cesar	7 Amount of contribution (\$) \$1000 <sup>00</sup>
6 Contributor address; City; State; Zip Code 324 W. University Dr. Edinburg, TX 78539		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Cesar 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 4/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ricardo P. Filizola	Amount of contribution (\$) 100. <sup>00</sup> / <sub>100</sub>
Contributor address; City; State; Zip Code 155 Calle Jacaranda, Brownsville, TX 78520		
Contributor's principal occupation Investor		Contributor's job title Investor
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 4/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ana Lucila Canales	Amount of contribution (\$) \$250. <sup>00</sup>
Contributor address; City; State; Zip Code P.O. Box 3807 Edinburg, TX 78540		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Lineberger Grogan Blair & Sampson		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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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

*Chrydi Hinojosa*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/13/22*

5 Full name of contributor

*Jaime T. Reyna*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*\$250<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*2081 Santa Ana Rancho Viejor TX 78575*

8 Contributor's principal occupation

*Business Owner*

9 Contributor's job title

*President / Rehab.*

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

*4/13/22*

Full name of contributor

*John D. Guevara*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*250<sup>00</sup>*

Contributor address; City; State; Zip Code

*3205 Seminole Ct. Harlingen, TX 78550*

Contributor's principal occupation

*Attorney*

Contributor's job title

*Attorney*

Contributor's employer/law firm

*Linebarger Goggan Blair & Sampson*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

*4/13/22*

Full name of contributor

*Romeo Montalvo*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*\$200<sup>00</sup>*

Contributor address; City; State; Zip Code

*495 Owens Brownsville TX 78521*

Contributor's principal occupation

*Doctor*

Contributor's job title

*Doctor*

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 THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>James H. Hunter</i>	7 Amount of contribution (\$) <i>250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4651 San Antonio Rd. Brownsville, TX 78521</i>		
8 Contributor's principal occupation <i>Atty</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Royston Rayzor</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>4/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Robert Garza</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>1200 E. Harrison Brownsville, TX 78520</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Robert Garza Attorney @ Law</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>4/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>John Shergold</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>745 St. Charles Brownsville, TX 78520</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Hodge Shergold</i>		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.



**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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

*Cyrde Hingosa*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/12/22*

5 Full name of contributor

*Lillian Adame Nelson*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*\$500<sup>00</sup>*

6 Contributor address;

City;

State;

Zip Code

*5735 Hidden Oaks Brownsville, TX 78526*

8 Contributor's principal occupation

*Dentist*

9 Contributor's job title

*Dentist*

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

*4/12/22*

Full name of contributor

*Richard Borchard*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*\$500<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*481 Meyer Rd Westhoff, TX 77994*

Contributor's principal occupation

*Retired*

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

*4/12/22*

Full name of contributor

*Eddie Lucio*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*\$250<sup>00</sup>*

Contributor address;

City;

State;

Zip Code

*834 E. Tyler Brownsville, TX 78520*

Contributor's principal occupation

*Atty*

Contributor's job title

*Atty*

Contributor's employer/law firm

*The Law Office of Eddie Lucio*

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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 <i>Jaime Parra</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>4374 Martinal Rd.</i>	7 Amount of contribution (\$) <i>\$ 750.00</i>
6 Contributor address; City; State; Zip Code <i>Brownsville TX 78524</i>		
8 Contributor's principal occupation <i>Business Owner</i>		9 Contributor's job title <i>Business Owner</i>
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 <i>4/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Robert Galindo</i>	Amount of contribution (\$) <i>\$ 300.00</i>
Contributor address; City; State; Zip Code <i>405 Palo Verde Dr. Brownsville, TX 78521</i>		
Contributor's principal occupation <i>Business Owner</i>		Contributor's job title <i>Business Owner</i>
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 <i>4/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Eddie Lucio</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1324 E. Madison Brownsville TX 78520</i>		
Contributor's principal occupation <i>Atty</i>		Contributor's job title <i>Atty</i>
Contributor's employer/law firm <i>The Lucio III Group</i>		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.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

*Carlos R. Ruiz*

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

6 Contributor address; City; State; Zip Code

*153 Highland Dr. Brownsville, TX 78521*

8 Contributor's principal occupation

*Customs Broker*

9 Contributor's job title

*Customs Broker*

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 ID#: \_\_\_\_\_

Amount of contribution (\$)

*3/23/22*

*Sylvia Garza Perez*

*\$100<sup>00</sup>*

Contributor address; City; State; Zip Code

*P.O. Box 4322 Brownsville, TX 78521*

Contributor's principal occupation

*Cameron County Clerk*

Contributor's job title

*Cameron County Clerk*

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#: \_\_\_\_\_

Amount of contribution (\$)

*Sofia Benavides*

*\$300<sup>00</sup>*

Contributor address; City; State; Zip Code

*4090 Retana Brownsville, TX 78521*

Contributor's principal occupation

*County Commissioner*

Contributor's job title

*County Commissioner*

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 THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/14/22*

5 Full name of contributor

*Madhaven Pisharodi*

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

*\$1001.00*

6 Contributor address;

City;

State;

Zip Code

*500 Acacia Lake Brownsville, TX 78521*

8 Contributor's principal occupation

*Doctor*

9 Contributor's job title

*Doctor*

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

*3/14/22*

Full name of contributor

*Esmeralda Rodriguez*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*\$100.00*

Contributor address;

City;

State;

Zip Code

*8004 FM 802 Brownsville, TX 78526*

Contributor's principal occupation

*Child Supervisor*

Contributor's job title

*Ninos Inc Supervisor*

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

*3/14/22*

Full name of contributor

*Maria Hinojosa*

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

*\$100.00*

Contributor address;

City;

State;

Zip Code

*4 Pizarro Rancho Viejo, TX 78575*

Contributor's principal occupation

*Office Manager*

Contributor's job title

*Office Manager*

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 THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**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 <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Laura Torre</i>	7 Amount of contribution (\$) <i>\$1000<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>1824 Royal Oak Brownsville, TX</i>		
8 Contributor's principal occupation <i>BUSINESS Owner</i>		9 Contributor's job title <i>Home Health Director</i>
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 <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		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 name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		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)		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Cyndi Huojosa</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/1-</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ida: Abelardo</i>	8 Amount of Contribution \$ <i>\$2500<sup>00</sup></i>	9 In-kind contribution description <i>Purse</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 1336 Donna, TX</i>		<input type="checkbox"/> 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) <i>Teacher's Union Organizer</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>AOBE/TSTA Organizer</i>	
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 <i>4/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Timy Barrientes</i>	Amount of Contribution \$ <i>\$500<sup>00</sup></i>	In-kind contribution description <i>Tshirts</i>
Contributor address; City; State; Zip Code <i>433 Lancer Lake Brownsville</i>		<input type="checkbox"/> 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) <i>Retired</i>		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.

**POLITICAL EXPENDITURES MADE FROM  
POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cyndi Hinojosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-11-22</i>	5 Payee name <i>AIM</i>	
6 Amount (\$) <i>\$2,500<sup>00</sup></i>	7 Payee address; <i>P.O. Box 3267</i>	City; State; Zip Code <i>McAllen TX 78502</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Newspaper</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <i>3/17/22</i>	Payee name <i>Cameron Co. Democratic Party</i>		
Amount (\$) <i>\$250<sup>00</sup></i>	Payee address; <i>P.O. Box 533909</i>	City; State; Zip Code <i>Harlingen TX 78550</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Table Sponsorship</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/11/22</i>	Payee name <i>Fiesta Graphics</i>		
Amount (\$) <i>\$1500<sup>00</sup></i>	Payee address; <i>205 Parades Line Rd</i>	City; State; Zip Code <i>Brownsville TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Advertising</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cyndi Hinojosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Brownsville Police Officers Union - PAC</i>	
6 Amount (\$) <i>\$250<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>SPONSOR</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	
Office held			
Date	Payee name <i>Brownsville Beerfest</i>		
Amount (\$) <i>\$1000<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1231 Quail Hollow Brownsville, TX 78520</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Event Sponsor</i>	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name		Office sought	
Office held			
Date <i>4/21/22</i>	Payee name <i>Cameron County Bar Association</i>		
Amount (\$) <i>\$500<sup>00</sup></i>	Payee address; City; State; Zip Code <i>Brownsville, TX 78520</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Sponsor</i>	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Candidate / Officeholder name		Office sought	
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/21/22		5 Payee name MR. Amigo Association			
6 Amount (\$) \$300 <sup>00</sup>		7 Payee address; City; State; Zip Code 5 E. Elizabeth St. Brownsville, TX 78520			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Program Book		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2/21/22		Payee name MR. Amigo Association			
Amount (\$) \$100 <sup>00</sup>		Payee address; City; State; Zip Code 5 E. Elizabeth Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Silent Auction Item		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/1/22		Payee name IRMA Pena			
Amount (\$) \$2,500 <sup>00</sup>		Payee address; City; State; Zip Code 2778 Pompei Brownsville, TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Contract Labor		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Ernesto Rosales</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code <i>1105 S. 27th St. McAllen TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Printing Expense</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/29/22</i>	Payee name <i>All Valley Media</i>		
Amount (\$) <i>\$942.00</i>	Payee address; City; State; Zip Code <i>221 W. Wilson Ave. Harlingen, TX 78550</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Printing Expense</i>	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date <i>5-3-22</i>	Payee name <i>AIM</i>		
Amount (\$) <i>\$970.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 3267 McAllen, TX 78502</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Newspaper</i>	
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cyndi Hirojosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/6/22</i>	5 Payee name <i>Border Press Inc.</i>	
6 Amount (\$) <i>\$4043.84</i>	7 Payee address; City; State; Zip Code <i>620 E. Price Rd. Brownsville, TX 78521</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Printing Expense</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>5/6/22</i>	Candidate / Officeholder name <i>U.S. Post Office</i>	
Amount (\$) <i>\$2500<sup>00</sup></i>	Office sought <i>Brownsville, TX</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Other</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>4/1/22</i>	Candidate / Officeholder name <i>Las Ramblas</i>	
Amount (\$) <i>\$600<sup>00</sup></i>	Office sought <i>Brownsville, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food Beverage</i>
	<input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <i>Las Ramblas</i>		
Office sought <i>Brownsville, TX 78520</i>		
Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cyndi Hinojosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/22</i>	5 Payee name <i>Brownsville Historic Museum</i>	
6 Amount (\$) <i>\$3500<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>641 E. Madison St. Brownsville, TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Rental</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>3/30/22</i>	Payee name <i>Cynthia Gabriela Salinas</i>	
Amount (\$) <i>\$500<sup>00</sup></i>	Payee address; City; State; Zip Code <i>4300 Boca Chica Apt#5B Brownsville, TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Contract Labor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>3/4/22</i>	Payee name <i>Dollar General</i>	
Amount (\$) <i>\$150.<sup>00</sup></i>	Payee address; City; State; Zip Code <i>14 Sam Pearl Brownsville, TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift</i>	Description <i>Events</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Cynthia Hinojosa</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-10-22</i>	<b>5</b> Payee name <i>Dulcerias Pinkis</i>	
<b>6</b> Amount (\$) <i>\$300<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>2265 Central Blvd Brownsville, TX 78520</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description <i>Easter Eggs</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <i>4-30-22</i>	Payee name <i>HUB</i>	
Amount (\$) <i>350<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1628 Central Blvd Brownsville, TX 78520</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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