ANDREW

SEMI-ANNUAL REPORT JANUARY 17, 2023

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 21 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** Andrew M. MR. NAME Pale Reprinted NT OF ELECTIONS & NICKNAME LAST SUFFIX VOTER REGISTRATION Infante 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JAN 17 2023 OFFICEHOLDER MAILING **ADDRESS** Laguna Vista 509 Ebony Ln. TX 78578 Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date OFFICEHOLDER (956) 949-1115 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST Martin TREASURER Mr. Pedro Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Infante

		3111	ianto				
7 CAMPAIGN TREASURER	STREET ADDRESS (PLEASE); APT / SUITE	•	сіту; na Vista	TX	STATE; ZIP CODE
ADDRESS	509 Ebony Ln			Lagu	na vista	.,,	78578
8 CAMPAIGN TREASURER PHONE	AREA CODE	9HONE 1		EXT	TENSION		
9 REPORT TYPE	January 15		30th day before electio	n	Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15		8th day before election		Exceeded Modified Reporting Limit	X	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day	Year		Month	Day	y Year
COVERED	10 /	/ 30 /	/ 2022	THROUGH	01	/ 04	/ 2023
11 ELECTION	ELECTION DAY Month Day 11 08	Year	Primary X General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (If any)	**************************************	I		FICE SOUGHT (if known)		of the Peace Precinct 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. TH	IESE EXPENDITURES MAY	HAVE BEEN M	IADE WITHOUT THE CAND	IDATE'S O	OLITICAL COMMITTEES TO SUPPORT OFFICEHOLDER'S KNOWLEDGE OR IVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	E NAME				
Additional Pages	GENERAL	COMMITTE	E ADDRESS				
	SPECIFIC	COMMITTE	E CAMPAIGN TREASUR	RER NAME			
		COMMITTE	E CAMPAIGN TREASU	RER ADDRES	38		
			GO TO PA	GE 2			
Forms provided by Texas Eth	hics Commission		www.ethics.sta	te.tx.us			Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Andrew M. Infante	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOAN CONTRIBUTIONS MADE ELECTRONICALLY)	· P
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT	EES OF LOANS)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	, \$ o
	4. TOTAL POLITICAL EXPENDITURES	\$ 1728.71
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	D AS OF THE LAST DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDI LAST DAY OF THE REPORTING PERIOD	ng Loans as of the \$ 911.38
İ .	rear, or affirm, under penalty of perjury, that the accompany uired to be reported by me under Title 15, Election Code.	ying report is true and correct and includes all information
·		
	f m	been chertate
		Signature of Candidate or Officeholder
		Signature of Candidate of Officerolder
	Please complete either o	ntion helow:
	i loudo dellipioto dicitor d	
		
(6)	ANA MARIA LOZANO Notary ID #124464944	
(2)	My Commission Expires	
(1) Affidavit	February 12, 2023	
}		
NOTARY STAMP/SEAL		
	A	
Swom to and subscribed b	before me by Andrew Mentin Infant	this the 11th day of January,
- A	hich, witness my hand and seal of office.	
Own m do		
Signature of officer administeri	2	th Title of officer administering oath
	OR	
(2) Unsworn Declaration	n	
My name is	, and my	y date of birth is
My address is		
	• • •	city) (state) (zip code) (country)
Executed in	County, State of, on the	_ day of, 20
		(month) (year)
	Sia	nature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Andrew M. Infante 20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1728.71
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME	Andrew M. Infante		The second secon	3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	30 30 30 30 30 30 30 30 30 30 30 30 30 3	Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	itions)
	Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	77.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	itions)
		ATTACH ADDITI		OF THIS SCHEDULE AS N	

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

7	The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2:
2 FILER NAM	ме Andrew M. Infante		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	k		
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsic	l
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor'	's principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
-				
	ATTACH ADDITIONAL COPIES OF T			ı requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sched	ule B;
2 FILER NAM	Andrew M. Infante	3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outs	ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instructions) Employer (See	1 -	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outs	ide of Texas. Complete Schedule T.
Principal occ		1	
	upation / Job title (See Instructions) Employer (See	Instructions)	
Date	upation / Job title (See Instructions) Employer (See Full name of pledgor out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
Date		Amount of	
Date	Full name of pledgor	Amount of Pledge \$	
	Full name of pledgor	Amount of Pledge \$	description - -
	Full name of pledgor	Amount of Pledge \$	description
	Full name of pledgor	Amount of Pledge \$	description

Forms provided by Texas Ethics Commission

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LOANS SCHEDULE E

	il ale requeste	a finormation is not applicable, BC 110	- motude tino page in the re	PO: 11
	The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2	FILER NAME	Andrew M. Infante		3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
	Y N			11 Maturny date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20		ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
=	lf le	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NEE	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	Other (enter a catego	ny not iisted above)
1 Total pages Schedule F1;	2 FILER NAME Andrew M. Infante	<u></u>	3 Filer ID (Ethics	Commission Filers)
4 Date 10/31/2022	5 Payee name Carneceria Del Valle			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$56.04	415 State Highway 100	Port Isal	bel, TX 78578	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/ Beverage Expense	Volunteer Meal Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name		***************************************	
10/31/2022	Terras Urban Mexican Kitchen			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$73.68	1212 E Washington St.	Brownsvill	le, TX 78520	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Volu	nteer Meal Exp	ense
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder llving	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		***************************************	
10/31/2022	Lobo Del Mar Cafe			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$240.40	204 Palm St.	South pa	idre Island, TX	78597
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/ Beverage expense	Meet and (Greet event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
- And the second	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	vages/Contract Labor	Other (enter a categor	y not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Andrew M. Infante	, , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethics	Commission Filers)	
4 Date 10/31/2022	5 Payee name Andrew Infante				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$270.00	509 Ebony Ln.	Laguna \	√ista, TX 78578		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan Repayment			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Andrew Infante Ca	Office sought Office held Cameron County JP PCT. 1			
Date	Payee name				
11/03/2022	Bay B Boomers bar and grill				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$46.14	717 Santa Isabel Blvd.	Laguna Vi	sta, TX 78578		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/beverage expense	Volur	nteer Food Expe	ense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name		·	***************************************	
11/03/2022	HEB Gas				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$87.30	1679 TX - 100	Port Isab	el, TX 78578		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel In district Expense	Fuel Expen	se		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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 NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Andrew M. Infante		3 Filer ID (Ethics	Commission Filers)
4 Date 11/07/2022	5 Payee name Walmart supercenter Los Fre	snos	S	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$156.73	1004 W Ocean Blvd	Los Fres	snos, TX 78566	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other Expense	\	Volunteer suppli	es Expense
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
11/07/2022	Marcellos Oceanside Grill			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$67.11	110 N Tarnava St.	Port Isabe	I, TX 78578	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/ Beverage Expense	Meet and	l greet event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			
11/07/2022	Andrew Infante			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$200.00	509 Ebony Ln.	Laguna \	/ista, TX 78578	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/ Reimbursement	Loan Repa	yment	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Andrew Infante	Cameron County	/ JP PCT. 1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	,		
1 Total pages Schedule F1:	2 FILER NAME Andrew M. Infante		3 Filer ID (Ethics Commission Filers)		
4 Date 11/10/2022	5 Payee name Bay B Boomer Bar and Grill				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$227.14	717 Santa Isabel Blvd.	Laguna '	Vista, TX 78578		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Election Watch Party			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/10/2022	Lone Star National Bank				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$8.00	502 E. Nolana Ave.	McAllen, T	X 78504		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/ Banking	Servi	ce Charge		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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				
11/14/2022	Andrew Infante				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$270.00	509 Ebony Ln.	Laguna \	/ista, TX 78578		
	Category (See Categories listed at the top of this schedule)	Description	4444 A		
PURPOSE OF EXPENDITURE	Loan Repayment/ Reimbursement	Loan Repa	yment		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct expenditure to benefit C/OH Andrew Infante Cameron County JP PCT. 1				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made by Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NAME Andrew M. Infante		3 Filer ID (Ethics	Commission Filers)
4 Date 12/09/2022	5 Payee name Lone Star National Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$8.00	502 E. Nolana Ave	McAllen, T	X 78504	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		·
PURPOSE OF EXPENDITURE	Accounting/ Banking	Se	ervice Charge	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name f	Office sought		Office held
Date	Payee name		- ""	
12 /4 /2022	Andrew M. Infante			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$18.17	509 Ebony Ln.	Laguna Vista,	TX 78578	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan I	Repayment	
	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	Andrew M. Infante Cam	eron County JP PC	T 1	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	FX, 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 NEED	ED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Fees	Office Overhead/Rental Expense	Transportation Equipmen	t & Related Expense	
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District		
Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)		
Candidate/Oniceriolden/ Onice			Carol (office a category in	ornotod abovo,	
1	The Instruction Guide explain	ns how to complete this form.			
1 Total pages Schedule F2:	2 FILER NAME Andrew M. Infa	nte	3 Filer ID (Ethics Com	mission Filers)	
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLI	GATIONS	\$		
# D 4	C D		I		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE		1			
OF EXPENDITURE		**			
	(c) Check if travel outside of Texas. Complete S	chadula T Chack if Aus	ilin, TX, officeholder living exp	oneo	
	(V) Check if a averous de or fexas. Complete o	Check it Add	nus, 1A, discessorder syring exp	01130	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name f	Office sought	Office held		
	D				
Date	Payee name				
Date	Payee name				
		City;	State;	Zip Code	
Date Amount (\$)	Payee name Payee address;	City;	State;	Zip Code	
			State;	Zip Code	
Amount (\$)		City; Non-Political	State;	Zip Code	
Amount (\$) TYPE OF	Payee address;	Non-Political	State;	Zip Code	
Amount (\$) TYPE OF EXPENDITURE	Payee address;	Non-Political	State;	Zip Code	
Amount (\$) TYPE OF	Payee address;	Non-Political	State;	Zip Code	
Amount (\$) TYPE OF EXPENDITURE PURPOSE	Payee address;	Non-Political	State;	Zip Code	
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address; Political Category (See Categories listed at the top of this	Non-Political schedule) Description			
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address;	Non-Political schedule) Description	rstin, TX, officeholder living ex		
Arnount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description			
Amount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description Schedule T. Check If Au	rstin, TX, officeholder living ex		
Arnount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description Schedule T. Check If Au	rstin, TX, officeholder living ex		
Arnount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description Schedule T. Check If Au	rstin, TX, officeholder living ex		
Arnount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description Schedule T. Check If Au	rstin, TX, officeholder living ex		
Arnount (\$) TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; Political Category (See Categories listed at the top of this Check if travel outside of Texas. Complete Candidate / Officeholder name	Non-Political schedule) Description Schedule T. Check If Au	rstin, TX, officeholder living ex		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Andrew M. Infante 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	 ditical	
10 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				bor	Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NA	Andrew M. Infa	nte			} ;	3 File	er ID	(Ethics	Commis	sion Filers)
4 Date	5 Payee nai	me				I					
6 Amount (\$)	7 Payee ad	dress;			Cit	ly;		8	State;	Ziç	o Code
Reimbursement from political contributions intended											
8 PURPOSE OF EXPENDITURE	(a) Category	ategory (See Categories listed at the top of this schedule) (b) Description				on					
LAI LIID., OIL	(c)	Check if travel outside of Texas. Complete Sci	hedule T.		Check	if Austin, T	X, offic	eholder	fiving e	хрепѕе	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office s	sought					Office h	ield
Date	Payee nar	пе									
Amount (\$)	Payee ad	dress;			Cit	y;		s	State;	Zip	Code
Reimbursement from political contributions intended											
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	De	scriptic	on					
		Check if travel outside of Texas. Complete Sci	hedule T.		Check	if Austin, T	in, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C		late / Officeholder name		Office s	sought					Office h	eld
Date	Payee nar	ne				,	***************************************		····	,	
Amount (\$)	Payee add	dress;		_	City;			Stat	te;	Zip C	ode
Reimbursement from political contributions intended											
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	De	scriptio	en		-			
EAPENDITURE		Check if travel outside of Texas. Complete Sch	hedule T.		Check	if Austin, T.	X, offic	eholder	living e	xpense	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office s	sought				-	Office h	eld
	ATTA	CH ADDITIONAL COPIES O	F THIS SC	CHEDU	LE AS	NEEDEI	D			····	***************************************

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (Apple Parkers and Estate Serve)

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how the services of the committee of the services of the	es/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME Andrew M. Infante		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name	· ·	
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
र केत बतार गताना गर पर के पर्योगी	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEL	DED

SCHEDULE !

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME Andrew M. Infante	700 201	3 Filer ID (Ethics Co	mmission Filers)		
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding	ng type of i	information		
Date	Payee name						
Amount (\$)	Payee address;	City	\$	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions regardin	ng type of i	information		
Date	Payee name						
Amount (\$)	Payee address;	City	8	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regardin	ng type of in	nformation		
Date	Payee name						
Amount (\$)	Payee address;	City	s	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	nstructions regarding	g type of ir	nformation		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Scho	edule K;
2 FILER NAME	Andrew M. Infante		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Name of person from whom amount is received			8 Amount (\$)
	6 Address of person from whom amount is received;	City; State	e; Zip Code	
	7 Purpose for which amount is received	Check if po	olitical contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received;		e; Zip Code	
	Purpose for which amount is received	Check if po	olitical contribution	returned to filer
Date	Name of person from whom amount is received			Amount (\$)
	Address of person from whom amount is received;	City; State;	Zip Code	
	Purpose for which amount is received	Check if po	litical contribution	returned to filer
Date	Name of person from whom amount is received		7.7	Amount (\$)
	Address of person from whom amount is received;	City; State;	; Zip Code	
c	Purpose for which amount is received	Check if pol	litical contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS	S NEEDED	

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

SCHEDULE T

				morauc ans pag	ge in the report.			
The Ins	struction Gui	de explain	s how to complete t	his form.	1 Total pages Schedule T:			
2 FILER NAME	Andre	Andrew M. Infante 3 Filer ID (Ethics Commission Filers)						
4 Name of Contribute	or / Corporatio	or Labor (Organization / Pledgor	/ Payee				
5 Contribution / Expe	anditure report	ted on:						
Schedule A		chedule B	Schedule B(J)	П				
Schedule F	_	chedule F4	Schedule B(J)	Schedule C2	Schedule F1			
6 Dates of travel	7 Name	of person(s) traveling					
	8 Depart	ture city or n	name of departure local	tion				
	9 Destina	ation city or	name of destination lo	cation				
10 Means of transports	ation	11 Purpo	use of travel (including	name of conference	e, seminar, or other event)			
Name of Contributor	r / Corporation	n or Labor C	Organization / Pledgor /	/ Payee				
Contribution / Exper	nditure reporte	∍d on:						
Schedule A2	2 Sch	hedule B	Schedule B(J)	Schedule C2				
Schedule F2		hedule F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel	Name c	of person(s)	traveling					
	Departi	ure city or na	ame of departure locati	ìon				
								
			name of destination loc					
Means of transporta	tion	Purpor	se of travel (including r	name of conference,	e, seminar, or other event)			
		<u> </u>						
Name of Contributor	/ Corporation	or Labor Or	rganization / Pledgor / I	Payee				
Contribution / Expend	diture reported	d on:						
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
Dates of travel	Name of	f person(s) t	raveling					
	Departur	re city or nai	me of departure locatio	n n				
	Destinati	ion city or na	ame of destination loca	ation				
Means of transportati	on	Purpos	e of travel (including na	ame of conference,	seminar, or other event)			
	AT	TACH AD[DITIONAL COPIES O	F THIS SCHEDUL	E AS NEEDED			
		······································						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

\vdash			
		The Instruction Guide explains how to complete thi	
		•• Complete only if "Report Type" on page 1 is marked "	'Final Report" ••
1	C/OH		2 Filer ID (Ethics Commission Filers)
		Andrew M. Infante	Í
3	SIGN	ATURE	
	I do no	of expect any further political contributions or political expenditures in connection	144 M. I I I I I I I I I I I I I I
	design	ot expect any further political contributions or political expenditures in connection with a report as a final report terminates my campaign treasurer appointment. I also	ith my candidacy. I understand that
	campa	ign contributions or make any campaign expenditures without a campaign treasure	er appointment on file.
		,	1 1/4
			mbeen deto
		Sign	nature of Candidate /Officeholder
4	EII EE	RWHO IS NOT AN OFFICEHOLDER	
•		nplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
	X	I do not have unexpended contributions or unexpended interest or income earne	d from political contributions.
		I have unexpended contributions or unexpended interest or income earned from	political contributions. Lundant Later Later L
		may not convert unexpended political contributions or unexpended interest or in	ncome earned on political contributions to
		personal use. I also understand that I must file an annual report of unexpendent	ed contributions and that I may not retain
		unexpended contributions or unexpended interest or income earned on political of	contributions longer than six years after
		filing this final report. Further, I understand that I must dispose of unexpended pointerest or income earned on political contributions in accordance with the require	ontical contributions and unexpended
	В.	ASSETS	3 20 1.204.
	Chec	k only one:	
		•	
	X	I do not retain assets purchased with political contributions or interest or other inc	come from political contributions.
		I do retain assets purchased with political contributions or interest or other income	e from political contributions. Lunderstand
		that I may not convert assets purchased with political contributions or interest or o	other income from political contributions to
		personal use. I also understand that I must dispose of assets purchased with poli	itical contributions in accordance with the
		requirements of Election Code, § 254.204.	
		to	wew whate
			Signature of Candidate
_	OEEIO	EHOLDED	
		THOLDER plete this section only if you are an officeholder ••	
	L	I am aware that I remain subject to filing requirements applicable to an officeholder wh	no does not have a campaign treasurer on
		file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions.	s if, after filing the last required report as
		political contributions or interest or other income from political contributions.	contributions, or assets purchased with
			Signature of Officeholder
			SIGNATURE OF CHILDRICH