

CYNTHIA HINOJOSA

**SEMI-ANNUAL
REPORT
JANUARY 16, 2024**

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:

19

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MRS.** FIRST: **Cyndi** MI: _____
NICKNAME: _____ LAST: **Hinojosa** SUFFIX: _____

OFFICE USE ONLY

Date Received: **JAN 16 2024**
AMERON COUNTY
DEPARTMENT OF ELECTIONS
VOTER REGISTRATION

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
504 E. St. Francis, Brownsville, TX 78520

JAN 16 2024 12:20 PM

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 299-1847

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MRS.** FIRST: **Linda** MI: _____
NICKNAME: _____ LAST: **Montalvo** SUFFIX: _____

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
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
07 / 01 / 23 THROUGH 12 / 31 / 23

11 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
J.P. 2.2

13 OFFICE SOUGHT (if known)

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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,250. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,950. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 500. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,978.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,008. ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 36,500. ⁰⁰

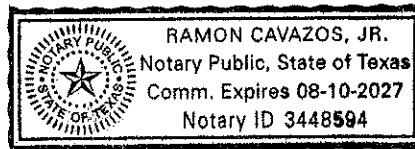
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate/Officeholder

~~Please~~ complete either option below:

(1) Affidavit



[Handwritten Signature]

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cyndi Hinojosa this the 10th day of January, 2024, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____

(street) (city) (state) (zip code) (country)

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7200. ⁰⁰	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2350. ⁰⁰	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$.0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 36,500. ⁰⁰	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1978. ²⁹	
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

Cyndi Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

Sofia Benavides

6 Contributor address;

City;

State;

Zip Code

12-3-23

4090 Retama Brownsville

\$ 200⁰⁰

8 Contributor's principal occupation

Commissioner

9 Contributor's job title

Cameron Co. Commissioner Pct. 2

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 (\$)

Rick Canales

Contributor address;

City;

State;

Zip Code

12-3-23

845 E. Harrison Brownsville, TX

\$1000⁰⁰

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Rick Canales

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 (\$)

Jovita Chase

Contributor address;

City;

State;

Zip Code

12-3-23

3230 Int. Blvd

\$150⁰⁰

Contributor's principal occupation

Small Business owner

Contributor's job title

Small Business Owner

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Monica Plean</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>12-3-23 1768 Guadalupe Brownsville TX</i>		
8 Contributor's principal occupation <i>chef</i>	9 Contributor's job title <i>chef (Personal)</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#: _____ <i>Ruben Obell</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>12-3-23 4601 Larkspur Brownsville</i>		
Contributor's principal occupation <i>Chief of staff, Senator</i>	Contributor's job title <i>Chief of staff, Senator</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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jose Projon</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>382 Herlinda St Brownsville TX</i>		
Contributor's principal occupation <i>consultant</i>	Contributor's job title <i>Akin Group</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

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

5 Full name of contributor out-of-state PAC ID#: _____

7 Amount of contribution (\$)

Estevan Guerra
6 Contributor address; City; State; Zip Code

\$150.00

12-3-23 6 Calle Jacaranda Brownville

8 Contributor's principal occupation

9 Contributor's job title

Small Business Owner

same

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 (\$)

Oscar Alvarez
Contributor address; City; State; Zip Code

\$100.00

12-3-23 1803 Morningside Rd. Brownville

Contributor's principal occupation

Contributor's job title

Funeral Arranger

same

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 (\$)

Albert Vega
Contributor address; City; State; Zip Code

\$200.00

12-3-23 P.O. Box 1423 San Benito, TX

Contributor's principal occupation

Contributor's job title

Funeral Home Arranger

same

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Oscar Tullos</i>	7 Amount of contribution (\$)
<i>12-3-23</i>	6 Contributor address; City; State; Zip Code <i>5505 Canavos Rd. Brownsville</i>	<i>100.00</i>
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired JP</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#: _____ <i>Sergio Guillen</i>	Amount of contribution (\$)
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>2710 Goliad Rd. San Antonio</i>	<i>\$100.00</i>
Contributor's principal occupation <i>Retired</i>		Contributor's job title <i>Retired</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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Adela Kowalski Garza</i>	Amount of contribution (\$)
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>5455 Dragonwick, Brownsville</i>	<i>\$100.00</i>
Contributor's principal occupation <i>District Judge</i>		Contributor's job title <i>District Judge</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

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>12-3-23</i> <i>Chusker Gonzalez</i>	7 Amount of contribution (\$) <i>200.00</i>
	6 Contributor address; City; State; Zip Code <i>117 E. Price Rd TX 78521</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 Chusker Gonzalez</i>		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#: _____ <i>12-3-23</i> <i>Eddie Trevino</i>	Amount of contribution (\$) <i>\$250.00</i>
	Contributor address; City; State; Zip Code <i>2200 Boca Chica Blvd, Brownsville</i>	
Contributor's principal occupation <i>County Judge</i>		Contributor's job title <i>Cameron County Judge</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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>12-3-23</i> <i>Flavio Gonzalez</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>1540 Los Sahales, Brownsville</i>	
Contributor's principal occupation <i>Investor</i>		Contributor's job title <i>Investor</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

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Angela Puente</i>	7 Amount of contribution (\$) <i>\$100.⁰⁰</i>
<i>12-3-23</i>	6 Contributor address; City; State; Zip Code <i>1030 Sierra Grande Brownsville</i>	
8 Contributor's principal occupation <i>Clerk (county)</i>	9 Contributor's job title <i>Clerk</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#: _____ <i>Lucino Rosenbaum</i>	Amount of contribution (\$) <i>\$100.⁰⁰</i>
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>1809 Royal Oak Brownsville TX</i>	
Contributor's principal occupation <i>Supervisor Conty Clerk</i>	Contributor's job title <i>Supervisor</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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Mary Esther Sorola</i>	Amount of contribution (\$) <i>\$150.⁰⁰</i>
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>1999 W. Jefferson TX 78520</i>	
Contributor's principal occupation <i>Justice of the Peace</i>	Contributor's job title <i>JP</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Myrna DL Coss - Rios</i>	7 Amount of contribution (\$)
<i>12-3-23</i>	6 Contributor address; City; State; Zip Code <i>1231 Quail Hollow Brownsville</i>	<i>\$100.00</i>
8 Contributor's principal occupation <i>PR / Palms Behavioral</i>		9 Contributor's job title <i>Representative Palms</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#: _____ <i>Norgan La Mantia</i>	Amount of contribution (\$)
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>834 E. Tyler Brownsville TX</i>	<i>\$100.00</i>
Contributor's principal occupation <i>State Senator</i>		Contributor's job title <i>State Senator</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	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Daniel Gomez</i>	Amount of contribution (\$)
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>657 Springmart</i>	<i>\$100.00</i>
Contributor's principal occupation <i>Funeral Arranger</i>		Contributor's job title <i>Funeral Arranger</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

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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Linda Salazar</i>	7 Amount of contribution (\$)
<i>12-3-23</i>	6 Contributor address; City; State; Zip Code <i>4434 San Antonio Rd. Brownsville</i>	<i>\$200.00</i>
8 Contributor's principal occupation <i>Justice of the Peace</i>		9 Contributor's job title <i>Justice of the Peace</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#: _____ <i>Linda Macias</i>	Amount of contribution (\$)
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>1617 Westminster Rd. Brownsville</i>	<i>\$100.00</i>
Contributor's principal occupation <i>Counselor</i>		Contributor's job title <i>Counselor</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	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 Hirojosa</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12-3-23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Bellville</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>\$1,500⁰⁰</i>
7 Contributor address; City; State; Zip Code <i>1010 Mexico Blvd. Brownsville</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>Developer</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>12-3-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernesto Rodriguez</i>	Amount of Contribution \$	In-kind contribution description <i>Food for Event</i>
Contributor address; City; State; Zip Code <i>4038 Solid Drive 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)		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.			

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 Hinoyosa</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Myrna DeCoss Pios</i>	8 Amount of Contribution \$	9 In-kind contribution description
<i>12-3-23</i>	7 Contributor address; City; State; Zip Code <i>1231 Quail Hollow Pkwy, Dallas</i>	<i>\$350.00</i>	<i>Prizes</i>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>PR Palms Behavioral</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Palms Behavioral Rep</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gilberto Hinoyosa</i>	Amount of Contribution \$	In-kind contribution description
<i>12-3-23</i>	Contributor address; City; State; Zip Code <i>531 E. St. Francis</i>	<i>\$250.00</i>	<i>Sweet bread</i>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <i>Attorney</i>		Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Attorney</i>	
Contributor's employer/law firm (FOR JUDICIAL) <i>Law Office of Gilberto Hinoyosa</i>		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 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	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 G:	2 FILER NAME <i>Cyndi Hinojosa</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-12-23</i>	5 Payee name <i>Jason's Deli</i>	
6 Amount (\$) <i>226.31</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>4365 S. Exp. 77</i>	City; State; Zip Code <i>Brownsville TX</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>J.P. Meeting Lunch</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>6-27-23</i>	Payee name <i>U.S. Post Office</i>	
Amount (\$) <i>\$189.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1001 E. Elizabeth</i>	City; State; Zip Code <i>Brownsville TX 78520</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Mail / Stamps</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>8-7-23</i>	Payee name <i>U.S. Post Office</i>	
Amount (\$) <i>\$198.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1001 E. Elizabeth</i>	City; State; Zip Code <i>Brownsville, TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Mail / Stamps</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 PERSONAL FUNDS

SCHEDULE G

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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 G:		2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-19-23</i>		5 Payee name <i>Ayala's Bakery</i>			
6 Amount (\$) <i>\$45.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <i>844 Military Hwy Ste A. Brownsville TX</i>		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Exp.</i>		(b) Description <i>Sweet Bread</i>		
	<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>10-9-23</i>		Payee name <i>Amigo Land Events Center</i>			
Amount (\$) <i>\$80.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <i>1010 Mexico Blvd</i>		City;	State; Zip Code <i>Brownsville TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Wreaths</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>10-30-23</i>		Payee name <i>Nothing Bundt Cakes</i>			
Amount (\$) <i>100.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <i>2451 Pablo Kisel Blvd A</i>		City;	State; Zip Code <i>Brownsville TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <i>Halloween</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 PERSONAL FUNDS

SCHEDULE G

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Cyndi Hinojosa</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11-2-23</i>		5 Payee name <i>unlimited Printing</i>			
6 Amount (\$) <i>\$165.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <i>2695 N. Coria St. Brownsville TX</i>		City;	State;
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Loteria Tickets</i>		
	<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 <i>11-7-23</i>		Payee name <i>US Post Office</i>			
Amount (\$) <i>\$199.98</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <i>1001 E. Elizabeth St. Brownsville TX</i>		City;	State;
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Postage Stamps</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	
Date <i>11-9-23</i>		Payee name <i>Bellas Artes Academy</i>			
Amount (\$) <i>\$150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <i>1440 Palm Blvd. Brownsville TX 78520</i>		City;	State;
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Ad. for Christmas Book</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	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 11-17-23	5 Payee name Target
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6 Amount (\$) \$445.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 301 E. Morrison	City: Brownsville	State: TX	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift	(b) Description Teddy Bear Event
	(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
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Date 11-20-23	Payee name HARB
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Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: Central Blvd	City: Brownsville	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift	Description Thanksgiving Turkeys
	<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 12-1-23	Payee name Party City
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Amount (\$) \$180.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 3000 Pablo Kisel	City: Brownsville	State: TX	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Fundraising Event
	<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 PERSONAL FUNDS

SCHEDULE G

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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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Cynthia Huojos</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-28-23</i>	5 Payee name <i>Paredes Line Meat MKT</i>	
6 Amount (\$) <i>50.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<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	Payee name <i>Cameron Co. Christmas Party</i>	
Amount (\$) <i>\$200.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>Oscar Dancy Builders Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J):

2 FILER NAME

Cyndi Hinojosa

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3/2021

7 Name of lender

out-of-state PAC (ID#: _____)

Cyndi Hinojosa

9 Loan Amount (\$)

36,500⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

504 E. St. Francis Brownsville

10 Interest rate

— 0 —

11 Maturity date

— 0 —

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

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

17 Description of Collateral

none

18

Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

not applicable

21 Guarantor address; City; State; Zip Code

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

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

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