

TONY YZAGUIRRE

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **40**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST "Antonio" MI
NICKNAME LAST SUFFIX
Yzaguirae JR.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**P.O. Box 5563
Brownsville, Texas 78523**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 561-3625

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX
SAME

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
SAME

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
() SAME

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
7 / 16 / 23 THROUGH 1 / 15 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TAX ASSESSOR-Collector TAX ASSESSOR-Collector

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

OFFICE USE ONLY

DATE RECEIVED
CAMERON COUNTY
DEPARTMENT OF ELECTIONS & VOTER REGISTRATION
JAN 16 2024
RECEIVED
Date Hand-delivered or Date Postmarked
Receipt # Amount \$
Date Processed
Date Imaged

3:48 PM

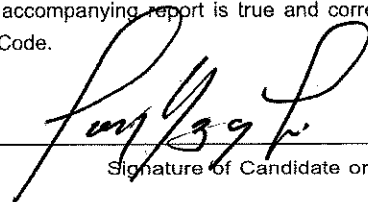
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

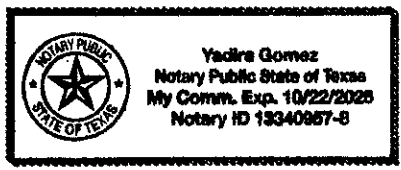
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,215. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,250. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 725. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,568. ⁰¹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,171. ⁹⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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.


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Antonio "Tony" Yzaguirre Jr. this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Yadira Gomez Signature of officer administering oath
 Yadira Gomez Printed name of officer administering oath
 Notary Public 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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,465. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,199. ²⁵
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,293. ⁰¹
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

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: 14
2 FILER NAME Antonio "Tony" Yzaguirre Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 7/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linbarger, Goggan, Blair & Sampson	7 Amount of contribution (\$) \$2,000.00
6 Contributor address; City; State; Zip Code P.O. Box 17428 Austin, Texas 78760		
8 Principal occupation / Job title (See Instructions) Attorneys At Law		9 Employer (See Instructions) Same
Date 7/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Escobedo	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 100 Amira Drive Brownsville, Texas 78521		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 7/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Varela	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 104 W. Ringgold Brownsville, Texas 78520		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self
Date 8/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverado	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7097 N. Expressway Olmito, Texas 78575		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self

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

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 <i>Antonio "Tony" Vasquez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sanchez, Whittington, & Wood</i> 6 Contributor address; City; State; Zip Code <i>3505 Boca Chica Blvd. Brownsville, Texas 78521</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions) <i>Atty's At. Law</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>8/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Solaris Management Solution</i> Contributor address; City; State; Zip Code <i>1385 cheers st. ste. A Brownsville, Texas 78521</i>	Amount of contribution (\$) <i>\$5,000.00</i>
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>SELF</i>
Date <i>8/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>L.D.G. Enterprises</i> Contributor address; City; State; Zip Code <i>2608 LIVE OAK MISSION, TEXAS 78574</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions) <i>GDI Engineering</i>		Employer (See Instructions) <i>same</i>
Date <i>8/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicente Mendez</i> Contributor address; City; State; Zip Code <i>1920 Westminster Brownsville, Texas 78521</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>Self.</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Antonio Tony Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Borjon</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>
6 Contributor address; City; State; Zip Code <i>382 Herlinda Brownsville, Texas 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Contractor</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>8/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio Lopez</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>5400 Wilderness Ln Brownsville, Texas 78526</i>		
Principal occupation / Job title (See Instructions) <i>Import/Export</i>		Employer (See Instructions) <i>Self</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Solomons Dream Development</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1360 Janet Lane Brownsville, Texas 78526</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>Self</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Rocio</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>2525 Los Portales Brownsville, Texas 78526</i>		
Principal occupation / Job title (See Instructions) <i>Contractor</i>		Employer (See Instructions) <i>Self</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Antonio "Tony" Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/13/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Cordova</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>14 Holly Ln Brownsville, Texas 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Contractor</i>		9 Employer (See Instructions) <i>Same</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Legal Ventures of Texas</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>834 E. Tyler St. C Brownsville, Texas 78520</i>		
Principal occupation / Job title (See Instructions) <i>Developer</i>		Employer (See Instructions) <i>Same</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Evam Capital</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>834 E. Tyler St. Brownsville, Texas 78520</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>Self</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Infra</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>834 E. Tyler St. Brownsville, Texas 78520</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>Same</i>

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2 FILER NAME <i>Antonio "Tony" Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esparrza & Garza</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>964 Los Ebanos Blvd. Brownsville, Texas 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Attys At. Law</i>		9 Employer (See Instructions) <i>SAME</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Loma Alta Construction, Dev.</i>	Amount of contribution (\$) <i>\$600.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 3383 Brownsville, Texas 78523</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>SAME</i>
Date <i>10/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>American Divisions</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>55 Galonsky Brownsville, Texas 78521</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>SAME</i>
Date <i>10/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ivan Mendez</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>611 W. Levee Brownsville, Texas 78520</i>		
Principal occupation / Job title (See Instructions) <i>Atty</i>		Employer (See Instructions) <i>SAME</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Antonio "Tony" Yzoquirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronald Rocha</i>	7 Amount of contribution (\$) <i>\$ 300.00</i>
	6 Contributor address; City; State; Zip Code <i>222 Halbart San Antonio, Texas 78213</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Bird</i>	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; City; State; Zip Code <i>10417 Indigo Broom Loop Austin, Texas 78733</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerardo Salazar</i>	Amount of contribution (\$) <i>\$ 200.00</i>
	Contributor address; City; State; Zip Code <i>316 Hollywood Drive Edinburg, Texas 78539</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tina Licata</i>	Amount of contribution (\$) <i>\$ 300.00</i>
	Contributor address; City; State; Zip Code <i>6333 Schiller Houston, Texas 77055</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Antonio "Tony" Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Sutton</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>1807 Sutters Chase Dr. Sugar Land, Texas 77479</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clifton Douglass</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>606 Garrafy San Antonio, Texas 78209</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Lopez</i>	Amount of contribution (\$) <i>\$350.00</i>
Contributor address; City; State; Zip Code <i>4719 Byron Cir Irving, Texas 75038</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tanya Wood</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>3043 Rabbit Ln Monvel, Texas 77578</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Antonio "Tony" Yzquivre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Brady</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>3902 Farmingdale DR. Arlington, Texas 76001</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Flowers</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>8208 San Diego Odessa, Texas 79765</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carmen Perez</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>1404 Via Quijano EL Paso, Texas 79912</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Albidrez</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 13748 Odessa, Texas 79768</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Antonio Tony Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Solis</i>	7 Amount of contribution (\$) <i>\$250.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>783 N. Bonham San Benito, Texas 78586</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Gonzalez</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>157 W. 179th St. Apt. 3C New York, New York. 10024</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeffrey Garcia</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1080 CR 226 Falls City, Texas 78113</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margie Alvarez</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1603 East Price Rd Brownsville, Texas 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>LGBS</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Antonio Tony Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Harris</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code <i>1520 Hamilton Apt. 731 Philadelphia, PA 19130</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/6/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roy-Bridget Lopez</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>4326 Meadowdale Lane Dallas, Texas 75229</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Padilla</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>7449 Umbria El Paso, Texas 79904</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wade Gent</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>113 W. Mulberry St. Kaufman, Texas 75142</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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

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 <i>Antonio "Tony" Vazquez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Burnette</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>1219 Stonehedge Trail Ln. St. Augustine, FL 32092</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Harris</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>14542 Oak Bend Dr. Houston, Texas 77079</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Glenn Lewis</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>5600 Rockhill Rd Fort Worth, Texas 76112</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John D. Mann</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>5325 Meadow Lake Ln Houston, Texas 77058</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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

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 <i>Antonio "Tony" Yzoquirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Ciavaglia</i>	7 Amount of contribution (\$) <i>\$300.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2701-9th St. N Texas City, Texas 77590</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Herbert Stone</i>	Amount of contribution (\$) <i>\$200.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 3212 Houston, Texas 77253</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Norman Nelson</i>	Amount of contribution (\$) <i>\$300.⁰⁰</i>
Contributor address; City; State; Zip Code <i>5 Big Trail Missouri City, Texas 77459</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Williams</i>	Amount of contribution (\$) <i>\$250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3500 Lenox Dr. Fort Worth, Texas</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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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 <i>Antonio "Tony" Yzouvirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lori Gruver</i>	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code <i>7512 Wisteria Valley Dr Austin, Texas 78739</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>LGBS</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>christopher Young</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>7313 Morning Sunrise Cv Austin, Texas 78735</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Aelvoet</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 34 Spring Branch, Texas 78070</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>
Date <i>11/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Chapa</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>8022 St. Laurent Corpus christi, Texas 78414</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Antonio "Tony" Yzaguirre Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/15/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Hamer</i>	7 Amount of contribution (\$) <i>\$500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4400 Bicentennial McAllen, Texas 78504</i>		
8 Principal occupation / Job title (See Instructions) <i>Hamer Enterprises</i>		9 Employer (See Instructions) <i>same</i>
Date <i>8/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Solaris Management Solution</i>	Amount of contribution (\$) <i>\$5,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1385 Cheers St. Ste A Brownsville, Texas 78521</i>		
Principal occupation / Job title (See Instructions) <i>Construction</i>		Employer (See Instructions) <i>same</i>
Date <i>12/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rusty Brechot</i>	Amount of contribution (\$) <i>\$500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>709 Avenida Escandon Rancho Viejo, Texas 78575</i>		
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions) <i>Home Star National Bank</i>
Date <i>11/2/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Guevara</i>	Amount of contribution (\$) <i>\$1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>3205 Seminole Court Harlingen, Texas 78550</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>LGBS</i>

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: <u>1</u>	
2 FILER NAME <u>Antonio "Tony" Yaquira Jr.</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>— 0 —</u>	
5 Date <u>11/8/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linebarger, Goggan, Blair, Sampson</u>	8 Amount of Contribution \$ <u>\$3,199.25</u>	9 In-kind contribution description <u>Food, Music Beverage</u>
7 Contributor address; City; State; Zip Code <u>35 Providencia Brownsville, Texas</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Attorney At Law</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Same</u>	
12 Contributor's principal occupation (FOR JUDICIAL) <u>N/A</u>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <u>N/A</u>	
14 Contributor's employer/law firm (FOR JUDICIAL) <u>N/A</u>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <u>N/A</u>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <u>N/A</u>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

SCHEDULE E

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 F1: 11	2 FILER NAME "Antonio Tony" Yzaquivre Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/23	5 Payee name Cameron County Democratic Party	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 1411 Stuart Place Rd Harlingen, Texas 78552	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE Holder/Candidate Filing Fee	(b) Description Registration Fee
	(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 7/22/23	Payee name Fiesta Graphics	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 205 Parades Ln Rd. Brownsville, Texas 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Post Cards/Push Cards	Description Printing
	<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 8/15/23	Payee name Fiesta Graphics	
Amount (\$) \$497.95	Payee address; City; State; Zip Code 205 Parades Ln Rd. Brownsville, Texas 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Signs	Description Printing
	<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

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 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 F1:	2 FILER NAME <i>Antonio "Tony" Vaquiro Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/6/23</i>	5 Payee name <i>Fiesta Graphics</i>	
6 Amount (\$) <i>\$811.67</i>	7 Payee address; City; State; Zip Code <i>205 Parades Brownsville, Texas 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Political signs</i>	(b) Description <i>Printing</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>9/6/23</i>	Payee name <i>Fiesta Graphics</i>	
Amount (\$) <i>\$233.82</i>	Payee address; City; State; Zip Code <i>205 Parades Ln Rd. Brownsville, Texas 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Push Cards/T-shirts</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>9/8/23</i>	Payee name <i>Oak Hill Event Center</i>	
Amount (\$) <i>\$499.00</i>	Payee address; City; State; Zip Code <i>1780W-Expressway 83 San Benito, Texas 78586</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Deposit</i>	Description <i>Campaign Announcement</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>Antonio "Tony" Roquiere Jr</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/8/23</i>	5 Payee name <i>City of Brownsville Southmost Veteran Parade</i>	
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>City of Brownsville Brownsville, Texas 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Program Book Ad</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 <i>10/5/23</i>	Payee name <i>Fiesta Graphics</i>	
Amount (\$) <i>\$811.87</i>	Payee address; City; State; Zip Code <i>205 Parades Ln Rd Brownsville, Texas 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Political Signs</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>10/3/23</i>	Payee name <i>The Ink Spot and Design Studio</i>	
Amount (\$) <i>\$589.96</i>	Payee address; City; State; Zip Code <i>1601 E Alton Glen Blvd Ste 103 Brownsville, Texas 78526</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Yard Signs</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

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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 "Antonio Tony Yzouivre Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 10/9/23	5 Payee name The Ink Spot Print and Design studio	
6 Amount (\$) \$113.66	7 Payee address; City; State; Zip Code 1601 E. Alton Gloor Blvd Brownsville, Texas 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Event Invitations
	(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 10/18/23	Payee name The Ink Spot Print & Design studio	
Amount (\$) \$56.83	Payee address; City; State; Zip Code 1601 E. Alton Gloor Blvd. Brownsville, Texas 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Event Invitations
	<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 10/24/23	Payee name La Vaguita Tacos y Tortas	
Amount (\$) \$433.00	Payee address; City; State; Zip Code 751 E. Stenger St. San Antonio, Texas 78586	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Campaign 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 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>Antonio "Tony" Yaguirre Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/31/23</i>	5 Payee name <i>The Ink Spot Print & Design Studio</i>	
6 Amount (\$) <i>\$113.66</i>	7 Payee address; City; State; Zip Code <i>1601 E. Alton Moor Blvd. Brownsville, Texas 78526</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Event Invitations</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 <i>11/8/23</i>	Payee name <i>La Vaquita</i>	
Amount (\$) <i>\$1,350</i>	Payee address; City; State; Zip Code <i>751 E. Stanger St. San Benito, Texas 78586</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage Expense</i>	Description <i>Campaign 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 <i>11/6/23</i>	Payee name <i>Printa Image</i>	
Amount (\$) <i>\$568.31</i>	Payee address; City; State; Zip Code <i>2494 Central Blvd Brownsville, Texas 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Campaign Brochures</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

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>Antonio Tony Loquive Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/21/23</i>	5 Payee name <i>Fiesta Graphics</i>	
6 Amount (\$) <i>\$1,352.¹²</i>	7 Payee address; City; State; Zip Code <i>dos Parades Ln Rd. Brownsville, Texas 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign Signs</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 <i>1/6/24</i>	Payee name <i>North Democratic Cameron County Party</i>	
Amount (\$) <i>\$150.⁰⁰</i>	Payee address; City; State; Zip Code <i>221 E. Van Buren St. Harlingen, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description <i>Party 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 <i>1/9/23</i>	Payee name <i>El Valle Noticias</i>	
Amount (\$) <i>\$750.⁰⁰</i>	Payee address; City; State; Zip Code <i>3032 Rosaca Vista Dr. Brownsville, Texas 78526</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Ad</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

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>Antonio Tony Yzquivre Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/24/23</i>	5 Payee name <i>Home Depot</i>	
6 Amount (\$) <i>\$248.11</i>	7 Payee address; City; State; Zip Code <i>605 W. Morrison Rd Brownsville, Texas 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	(b) Description <i>T-Post & Ties</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>8/26/23</i>	Payee name <i>Lowc's</i>	
Amount (\$) <i>\$238.41</i>	Payee address; City; State; Zip Code <i>525 Ruben Torres Blvd. Brownsville, Texas 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	Description <i>T-Post & Ties</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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

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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 <i>"Antonio Tony" Yaguirre Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/10/23</i>	5 Payee name <i>Lowe's</i>	
6 Amount (\$) <i>#247.59</i>	7 Payee address: <i>Ruban Torres</i> City; State; Zip Code <i>Brownsville, Texas 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	(b) Description <i>T-Post & Ties</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>1/10/24</i>	Payee name <i>Home Depot.</i>	
Amount (\$) <i>#407.89</i>	Payee address: <i>605 W. Morrison Rd</i> City; State; Zip Code <i>Brownsville, Texas 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	Description <i>T-Post & ties</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>11/3/23</i>	Payee name <i>Oak Hill Event Center</i>	
Amount (\$) <i>#453.20</i>	Payee address: <i>1780 W. Expressway 83</i> City; State; Zip Code <i>San Benito, Texas 78586</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Campaign 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 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

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 | Soicitation/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>Antonio Tony Yzouivre Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/9/24</i>	5 Payee name <i>The Ink Spot Print & Design Studio</i>	
6 Amount (\$) <i>\$422.18</i>	7 Payee address; City; State; Zip Code <i>1601 E. Alton Gloor Blvd Brownsville, Texas 78526</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Campaign Signs</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
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Date <i>9/18/23</i>	Payee name <i>Home Depot</i>		
Amount (\$) <i>\$241.16</i>	Payee address; City; State; Zip Code <i>605 Morrison Rd. Brownsville, Texas</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	Description <i>T-Posts & Ties</i>	
	(c) <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>9/25/23</i>	Payee name <i>Home Depot</i>		
Amount (\$) <i>\$199.01</i>	Payee address; City; State; Zip Code <i>605 W. Morrison Rd Brownsville, Texas</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Signs</i>	Description <i>T-Posts & Ties</i>	
	(c) <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>"Tony" Yezquire Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date: <i>10/27/23</i>	5 Payee name: <i>Sam / Walmart.</i>	
6 Amount (\$): <i>#537.12</i>	7 Payee address: <i>3570 Altan Gloor</i> City: State: Zip Code: <i>Brownsville, Texas 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Food/Beverage Expense</i>	<i>Campaign Event</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>11/9/23</i>	Payee name: <i>Longhorn Cattle Co.</i>	
Amount (\$): <i>#144.18</i>	Payee address: <i>3055 Expressway 83</i> City: State: Zip Code: <i>San Benito, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Food, Beverage Expense</i>	<i>Campaign Meeting</i>
(c) <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>10/16/23</i>	Payee name: <i>Mi Pueblito Restaurant</i>	
Amount (\$): <i>#110.62</i>	Payee address: <i>3101 Pablo Kisal</i> City: State: Zip Code: <i>Brownsville, Texas 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<i>Food, Beverage Expense</i>	<i>Campaign Meeting</i>
(c) <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

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>Antonio "Tony" Yzaguirre Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <i>Ben Brifa School</i>
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6 Amount (\$) <i>\$107.97</i>	7 Payee address; <i>450 S. Browne Ave</i> City; State; Zip Code <i>Brownsville, Texas</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gift Awards Expense</i>	(b) Description <i>School Event</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
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Date <i>10/30/23</i>	Payee name <i>Texas Roadhouse</i>
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Amount (\$) <i>\$82.26</i>	Payee address; <i>3400 Frontage Rd</i> City; State; Zip Code <i>Brownsville, Texas</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food, Beverage Expense</i>	Description <i>Campaign Meeting</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
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Date <i>10/30/23</i>	Payee name <i>Sams Club</i>
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Amount (\$) <i>\$286.46</i>	Payee address; <i>3570 Alton Floor</i> City; State; Zip Code <i>Brownsville, Texas</i> <i>78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food, Beverage Expense</i>	Description <i>Campaign 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME		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; 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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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/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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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	
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 <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
<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address;	City; State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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
	<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	Business name	
Amount (\$)	Business address;	City; State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)		(b) Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Antonio "Tony" Yzaguirre Jr.

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder