TONY YZAGUIRRE

SEMI-ANNUAL REPORT JANUARY 16, 2024

CAMPAIGN FINANCE REPORT			•	ORM C/OH HEET PG 1		
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages fi	led: 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Intenio "	Tony") MI	OFFICE	USE ONLY
NAIVIE	p	YZaGUIRA		TR.	Dete Received on VOTER REGIS	and the second s
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1*	× 5563		ATE; ZIP CODE	JÁN 1 6	1 .
Change of Address	Browns	ville, Ta	exas	78543	RECITIV	
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) S	PHONE NUMBER 561 - 3625	,	TENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Recelpt #	Amount \$
NAME	NICKNAME	GM C LAST		SUFFIX	Date Processed	
					Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	,AREA CODE	PHONE NUMBER	EX.	FENSION ·		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 16 / 23	THROUGH	H Month	Day Year	4
11 ELECTION	ELECTION DA	1	<u> </u>	ELECTION TYPE	***************************************	
	3/5	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (if known		4
	IHX MS	5 E 550R-Colla	sclor 17	x 145545501	Colle	
14 NOTICE FROM POLITICAL	{ INE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. <i>THESE EXPENDITURE</i> AND OFFICEHOLDERS ARE REQUI	S MAY HAVE REEN N	IADE WITHOUT THE CAND	NATE'S OF ACCIDENCE	DEDIC VNOW! EDDE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	, ma		ALL CONTRACTOR OF THE PARTY OF	Company Company Company
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			· · · · · · · · · · · · · · · · · · ·
		OMMITTEE CAMPAIGN TRI	EASURER ADDRES	SS		
•						
··· ··		COTO	DACE 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,215, °° \$ 34,250.°°
	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	\$ 725.00 \$ 13,568.01 ST DAY \$ 21,171.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 21,171. 99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ - 0 -
	Signature of Ca	andidate or Officeholder
	Please complete either option belov	v:
(1) Affidavit	Yadire Gomez Notary Public State of Texas My Comm. Exp. 10/22/2025 Notary HD 13340987-8	
NOTARY STAMP/SEAL Sworn to and subscribed	before me by Antonio Tony 11 Yzaguice Jr. this the	10 day of January.
- A	which, witness my hand and seal of office.	iry Public of Texas
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
Mar namo ia	and my date of hirth is	•
	and my date of birth is, and my date of birth is,,	
-	(street) (city)	state) (zip code) (country)
Executed in	County, State of, on the day of(mont	
	Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID	(Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,465.°°
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$3,199.25
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0 -
4. SCHEDULE E: LOANS	\$ -8 -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	15 \$ 14,293.01
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTI	ions \$ - & -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0 -
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$_0-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH \$ - 0 -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	4S \$-0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	RNED \$ 0

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 Yzagoirra Ir.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
7/27/23 6 Contributor address; City: State; Zip Code	e :
Austin, Taxas 78760	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Same	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) # 1,500.
Taine Escobedo Contributor address; City; State; Zip Cod 100 Amira Drive	*******
Brownsylle, Texas 78521	
Principal occupation / Job title (See Instructions) Employer (See	ŕ
Salf Employed Salf	
Date Full name of contributor out-of-state PAC (ID#: 26 32 Contributor address; City; State; Zip Cod 104 W. Binggold City; State; Zip Cod	Amount of contribution (\$) # 1, 000
Brownsville, Texas 78520	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Construction 501	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) #500.00
Contributor address; City; State; Zip Code 7097 N. Expressury Olmito, Texas 78575)
Principal occupation / Job title (See Instructions) Employer (See	#hyfructions)
Construction Sof	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

			·
The Inst	truction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	nfonio "Tony" /209 vima	c Tr.	3 Filer ID (Ethics Commission Filers)
8/10/	Full name of contributor out-of-state PAC an shez Whitting fon Contributor address: City:	t Wood	7 Amount of contribution (\$) # 500.00
/23 3	Contributor address; City; SOS Roca Chica Blvd. Brownsville, Taxas	78521	
8 Principal occupation	on / Job title (See Instructions) Af. Law	9 Employer (See Instructi	ons)
123 /3	Full name of contributor out-of-state PAC Olaris Managament S Contributor address; St. Stc. A Prownsvrie, Toxos 78	olution State; Zip Code	Amount of contribution (\$) #5,000.00
Principal occupation	n / Job title (See Instructions)	Employer (See Instructi	ons)
8/10/23 2	Full name of contributor out-of-state PAC DG Enfarprises Contributor address; City; 608 LIVE Oak MISSION, Texas 783	State; Zip Code	Amount of contribution (\$) # 1,000.
Principal occupation	n / Job title (See Instructions)	Employer (See Instructi	ons)
Date 8/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	Full name of contributor out-of-state PAC // Centa Mandez Contributor address; City; 920 Westminstar Brownsville, Taxas	State; Zip Code	Amount of contribution (\$) # 1, 000 - 00
Principal occupation	/ Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

The	Instruction Guide explains how to co	omplete this form.	1 Total pages S	chedule A1:
2 FILER NAME	Antonio Tony /2	aguirre Ir	3 Filer ID (Ethic	s Commission Filers)
4 Date 8 /2/	Jose Borjon	ut-of-state PAC (ID#:	7 Amount of co	
1/23	382 Herlinda Brownsville, 7	City; State; Zip	20	
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date 8 //0/	Full name of contributor of contributor of contributor address; 5400 Wilderness	ut-of-state PAC (ID#:	#500	ntribution (\$)
	5400 Wilderness Brownsville, pation / Job title (See Instructions)	Texas 783	526 See Instructions)	
	Exprove t	5	<i>A.</i>	
Date /0/26/		ut-of-state PAC (ID#:	A	entribution (\$)
/23	Solomons Dream Contributor address; 1360 Tanet Lane Brownsville, Tex	City; State; Zip (Code	t.
• •	nation / Job title (See Instructions)	Employer (See Instruction()	
Date /0 / 26/	Juan Recio	ut-of-state PAC (ID#:	#300	entribution (\$)
10/23	2525 Los Portales Brownsylle, To	State; Zip C State; Zip C X45 7856		
Principal occup	nation / Joh title (See Instructions)		See Instructions)	

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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 Antonio" Tony "Yzaguirre Ir.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10/ Ruban Cordova 6 Contributor address; City; State; Zip Code 14 Holly Ln Brownsvilla, Texas 78530	7 Amount of contribution (\$) #500, ©D
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 5 Con Crocker	ions)
Date Full name of contributor out-of-state PAC (ID#:) Ab Legal Ventures of Texas Contributor address; City; State; Zip Code 834 E. Tyler Sta. C Brownsville, Texas 78520	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Since	· · ·
Date Full name of contributor out-of-state PAC (ID#:) Date	Amount of contribution (\$) #-/DO_OD
Principal occupation / Job title (See Instructions) Employer (See Instructions) Soft	ions) .
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Sauce	·
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SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Antonio Tony Yzag	virre Ir.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
10/251	Esparza & Garza		\$500.00
/2/23	6 Contributor address: City: 964 Los Ebanos Blvs		
0 0 0	Brownsylle, Tex		
4 /	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
m(i)	15 At. Law	Samo	
Date 0 0 0 0 0 0 0 0 0	Full name of contributor out-of-state PA	Dev.	Amount of contribution (\$)
123	P.O. Box 3383 Brownsville, Texas	State; Zip Code	
Principal occup	Srown SVIIIC, PX & ation / Job fitte (See Instructions)	Employer (See Instruct	fone
_ /	roctoion	5mc	
10/26/23	Full name of contributor out-of-state PA AMERICAN DIVISIONS Contributor address; City; 55 Galonsky Brownsylle, Tex	State; Zip Code	Amount of contribution (\$) # 1, 000-
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	onstration.	Saul	
Date 10/12/2/23	Full name of contributor out-of-state PA Tvan Mender Contributor address; City; 611 W. Lever Brownsville, Tex	State; Zip Code	Amount of contribution (\$) #300,00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Ato	ty	Sama	

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SCHEDULE A1

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

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The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME	Antonio Tony Yog	ourre Ir.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state F Bonold Rocha 6 Contributor address; City;	PAC (ID#:) State; Zip Code	7 Amount of contribution (\$) # 300 _ = 0
/26.5	San Antonio, Texa	5 78213	`
8 Principal occu	pation / Job title (See Instructions) forney	9 Employer (See Instruct	ions)
Date 11/3/23	Full name of contributor out-of-state F STEVE BIVE Contributor address; City; 18417 Indigo Broom Lee Austin, Toxas		Amount of contribution (\$) # 250. • 0
	ation / Job title (See Instructions) Afform af	Employer (See Instruct	ions)
Date 11/2/23	Full name of contributor out-of-state P Garando Salozov Contributor address; City; 3/6 Hollywood Drive	State; Zip Code	Amount of contribution (\$) # 200 - 00
Principal occup	Edinburg Texas pation / Job title (See Instructions)	78-539 Employer (See Instruct	ions)
	Attorney	2505	
Date 11/2/23	Full name of contributor out-of-state P Tina Licata Contributor address; City; 6333 Schiller Houston Taxas	State; Zlp Code	Amount of contribution (\$) #300-00
Principal occup	pation / Job title (See Instructions) Afformay	Employer (See Instruct	ions)

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SCHEDULE A1

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

The In	struction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Antonio Tony " 1/20	quirre Tr.	3 Filer ID (Ethics Commission Filers)
11/	Full name of contributor out-of-state PA Charles Suffon Contributor address: City; 807 Suffers chas	.C (ID#:)	7 Amount of contribution (\$) #300-00
8 Principal occupa	Sugar Land, Tax tion / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/2/22	Contributor address; City; City;	State; Zip Code	#300.00
Principal occupati	Sen Antonio, Texas on / Job title (See Instructions)	78289 Employer (See Instruct	· ·
	orna y	LEBS	
Date 11 / 2/23	Edward Lopez Contributor address; 4719 Byron Cir City;	C (ID#:) State; Zip Code	Amount of contribution (\$) #350, 60
Principal occupati	on / Job title (See Instructions) Attorney	Employer (See Instruct	ions) .
Date 11/3/23	Full name of contributor out-of-state PAI Tanya Wood Contributor address; City; 3043 Rabbit Kn Manvel, Texas	State; Zip Code	Amount of contribution (\$) #300.00
	on / Job title (See Instructions) + + orney	Employer (See Instruct	ions)

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

SCHEDULE A1

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

		, , , , , , , , , , , , , , , , , , ,
The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Antonio "Tony" / zogvivre IV.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11/2/	Charles Brady	#300,00
123	6 Contributor address; City; State; Zip Code 3902 Farming Sale DR.	, ·
8 Principal occupa	Arling fon, Texas 76001 ation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
AT	torney LGBS	·
Date	Full name of contributor	Amount of contribution (\$)
1/2/	Mark Flowers Contributor address; City; State; Zip Code	# 300.00
/23	Contributor address; City; State; Zip Code 8108 Son Diego Odessa, TEXAS 79765	
Principal occupa	tion/ Job title (See Instructions) Employer (See Instructions)	tions)
	Attorney LEBS	, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/2	Cormon Parez	• • • • • • • • • • • • • • • • • • • •
131		#200.00
123	Contributor address; City; State; Zip Code 1404 Via Quijano EL Paso, Texas 79912	11.5
Principal occupa	tion / Job title (See Instructions) Employer (See Instructions)	tions)
y	Attorney 25BS	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/1	Daniel Albidrez	#200.00
14/00	Contributor address; City; State; Zip Code	4 200
123	P.O. Box 13748 Octossa, Texas 79768	
Principal occupa	tion / Job title (See Instructions) Employer (See Instructions)	tions)
14	tronay 2005	

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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 Antonio Tony Yzagun	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Monica Solis 6 Contributor address; City; Sta 783 N. Bonham 5 an Benito, Texas	# 250. 00 78586
8 Principal occupation / Job title (See Instructions) 9 E	mployer (See Instructions)
Attorney	<i>LG85</i>
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) te; Zip Code # 200 - # 4
	mployer (See Instructions)
Attorney	2585
1/23 1080 CR 226 Falls City, Texas 78	Amount of contribution (\$) ## 250, 90 e; Zip Code
Principal occupation / Job title (See Instructions)	mployer (See Instructions) LGBS
111101109	7603
Date Full name of contributor out-of-state PAC (ID#:_ 11/4/3 Margle Alvarez Contributor address: City: State 1603 East Price Rd Brownsville, Taxas	Amount of contribution (\$) 4500-00 e; Zip Code
/	mployer (See Instructions) んさんち
ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED

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	Antonio Tony	1/2090	vire Ir.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)			
11/23	Mark Harris 6 Contributor address; 1520 Hamilton Philadelphia	city; Apt. 73	State; Zip Code	#200.00			
O Delegies I de la comp	Philadelphia,	PA	19130				
8 Principal occupa	Aftornay		9 Employer (See Instruct	ions)			
Date	Full name of contributor	out-of-state PAC ((ID#:)	Amount of contribution (\$)			
11/,	Roy-Bridget L	ofez		# 300.00			
16/22	Contributor address; 4326 Mcadowdo	city;	State; Zip Code				
120	Dallas, Texas		75229				
Principal occupa	tion / Job title (See Instructions) Aftornay		Employer (See Instructi	ons)			
Date	Full name of contributor	out-of-state PAC ((ID#:)	Amount of contribution (\$)			
11/2	Jose Padilla	***************************************		# 200-00			
/23	Contributor address; 7449 Umbria El Paso, Tax	City;	State; Zip Code 79994				
Principal occupa	tion / Job title (See Instructions)	145	Employer (See Instructi	ons)			
	Attorney		4685				
Date	Full name of contributor	out-of-state PAC ((ID#:)	Amount of contribution (\$)			
11/2/	Wade Gent Contributor address;	City;	State; Zip Code	# 200 . OS			
10/23	113 W. Mulberry Kaufman, Tak	1 5t. 95	75/42				
Principal occupa	Kavenam, Textition / Job title (See Instructions)		Employer (See Instructi	ons)			
	Attorney		2085				

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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	Antonio Tony Vzoguirre	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1/2/	John Burnette 6 Contributor address; City: State: Zip C 1219 Stonehadge Trail Lin.	# 300.00
/23	pation / Job title (See Instructions) 1219 57 Augustine FL 320 9 Employer (S	992
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
	Attorney 26	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/2/	James Harris	
123	Contributor address; City; State; Zip C 14542, Oak Bond DR.	Code
	Houston, Texas 77079	
Principal occup	ation / Job title (See Instructions) Employer (S	Bee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
14/2/	Glam Lewis	#300 ON
/23	Contributor address; City; State; Zip C 5600 Rockhill Rd	code :
	Fort Worth, Toxas 76/1	2
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)
Date /	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/3/10	John D. M. City; State; Zip Contributor address; City; State; Zip Contributor address;	#200,00
1/25	Contributor address; City: State; Zip City: 5325 Maradow Lake 2nd 7705.	8
Principal occup		Gee Instructions)
	Attorney 20	5 BS
	,	

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SCHEDULE A1

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

mplete this form. 1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$) 7 //2 # 300 - 60 Oity; State; Zip Code
9 Employer (See Instructions) LEBS
Amount of contribution (\$) City; State; Zip Code 77253
Employer (See Instructions) LGGS
t-of-state PAC (ID#:) Amount of contribution (\$) Ity; State; Zip Code Texas 77459
Employer (See Instructions) LGBS
t-of-state PAC (ID#:) Amount of contribution (\$) ###################################
Employer (See Instructions)
t-of-state PAC (ID#:) Amount of contribution (\$) ### 250. 40 Tox 25 Employer (See Instructions)

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SCHEDULE A1

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

The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME AN	fonio "Tony" /20quire Ir.	3 Filer ID (Ethics Commission Filers)
	iame of contributor out-of-state PAC (ID#:) PL GYUVEY ibutor address; City; State; Zip Code 2 Wisteria Valley Drigg 737 UStin, Taxas	7 Amount of contribution (\$) #30000
8 Principal occupation / Jo	to title (See Instructions) 9 Employer (See Instru 1 COVENY 2 COVENY	
$\frac{11}{2}$ $\frac{=h}{23}$ $\frac{=h}{731}$	ame of contributor out-of-state PAC (ID#:) VISTAPHEN YOUNG ibutor address; City; State; Zip Code AMOVINING SUN VISTE CV US fin, Texas 78735	Amount of contribution (\$) ### 200
Principal occupation / Job	title (See Instructions) Employer (See Instructions) LGBS	_
11/5/12 Contri	ame of contributor out-of-state PAC (ID#:) wid Aclvert butor address; City; State; Zip Code 78070 ring Branch, Texas	Amount of contribution (\$) ## 300-00
Principal occupation / Job	Employer (See Instructions) LOSS Employer (See Instructions) LOSS	'
M Pa	ame of contributor out-of-state PAC (ID#:) u	Amount of contribution (\$) # 300.
Principal occupation / Job	title (See Instructions) Employer (See Instructions) LGBS	, , , , , , , , , , , , , , , , , , ,

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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 Antonio" Tony "Yzagu	11112 Tr. 3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC . William Hamer 6 Contributor address; City: 4200 Biocnformial	# 500 a p
8 Principal occupation / Job title (See Instructions) Hamor Enterprises	7860 4 9 Employer (See Instructions) Same
Date Full name of contributor out-of-state PAC (Shares) Shares Management Shares Contributor address; City; 1385 Cheers Sf. Sfa Brownsy // 2 Toxos	State; Zip Code A TOUR OF CONTRIBUTION (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (Place of Brachof Contributor address; City; Tog Avenida Escande Rancho Victo, To	State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Lone Star National Bank
Date Full name of contributor Out-of-state PAC (John GutVara Contributor address; City; 3205 Seminole Court Harlingen, Texas	State; Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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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 forn	n. 1 Total pages Schedule A2:
2 FILER NAME Antonio Tony Baquirra	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$ -0 -
5 Date 6 Full name of contributor out-of-state PAC (ID#:	S Amount of 9 In-kind contribution Contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
Attorney At. Law	Sama
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)
N/17	N/H
16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of In-kind contribution description
Contributor address; City; State;	Zip Code 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 I	

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ Amount In-kind contribution of Pledge \$ description State; Zip Code 7 Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#: Pledge \$ description Pledgor address; City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#: description Pledge \$ Pledgor address; State; Zip Code 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. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender out-of-state PAC (ID#: Loan Amount (\$) 10 Interest rate Is lender 8 Lender address; City: State: Zip Code a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City; State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#: Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable 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.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	HATONIO TONY 1209	uirre Ir.	3 Filer ID (Ethics Commission Filers)
4 Date / 1 / 3 3	5 Payee name Cameron County De	mocratic Part	Ly
6 Amount (\$) #1,250.	1411 Stuart Place	z Rd City; - 78552	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this of	(b) Description	, .
OF EXPENDITURE	Filing Fee	Rogistn	ation For
	(c) Check if travel outside of Texas. Complete So	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/22/23	Firsta Graphic	:S	
Amount (\$) # 160.00	Payee address; 205 Paredes Ln1	Rd. City;	State; Zip Code
-	Brownsville, Tex	Constitution Secondaria	10501
PURPOSE OF EXPENDITURE	Post Cards Posh C	ands Print	Ling
	Check if travel outside of Texas. Complete So	thedule T. Check if Aust	in, 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		
8/15/23	Fists to Graph, Payee address; 205 Paradas h	105	
Amount (\$)	Payee address;	n Ref. City;	State; Zip Code
#497.95	Brown SVille, 7	exas 785	al
PURPOSE OF EXPENDITURE	Political Signs	Description Print	ing
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, 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 NE	EDED
			m

SCHEDULE F1

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

11 210 10 4 20 00 00 1111			
***************************************	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin by Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The manuction dutie explains now	to complete the feet	
1 Total pages Schedule F1:	Antonio Tony /2	equirra Ir.	3 Filer ID (Ethics Commission Filers)
4 Date 8/6/23	5 Payee name Fixs fa Graphi	ies	
6 Amount (\$) \$811.67	7 Payee address; 205 Pareses Brownsville, To	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedul		
PURPOSE OF EXPENDITURE	Political Signs	Printin	1 9
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austir	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Pate 9/6/23	Flasta Graphic:	S	
Amount (\$) #233.82	Payee address: 205 Paredes An Brownsville To	R1. City:	State; Zip Code フタゴス)
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing	Description Posh Co	ands/F-shirts
	Check if travel outside of Texas. Complete Schedule	T. Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
P/8/33	Payee name Dak Hill Evant	confor	
Amount (\$) # 4.99, -	Payee address; 1780 W. Express way 83 San Bailo, Tox	City; 45 7858	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule Defesit EVENY EXPENSE	Description Eam? Announ	Daign
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica		Legal Services		es/Wages/Contract Labor	Other (enter a ca	tegory not listed above)
Credit Card Payment		The Instruction (Gulde explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME Anto	nio Ton	y Boguirre	,	hics Commission Filers)
4 Date 9/8/23	5 Payee na	ne F Browns	rille Sou	thmost Vo	teron We	prade
6 Amount (\$)			nsville	City;	State;	Zip Code
# 100.00	Brow	insvill	æ ,70	X05 7	8230	
8	(a) Category	(See Categories listed	at the top of this schedule			,
PURPOSE OF EXPENDITURE	Adva	rtising	Expan	se Pro	gram B	ook Ad
		•	exas, Complete Schedule	F7	sustin, TX, officeholder I	iving expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder n	ame	Office sought		Office held
Date	Payee nar	/				
10/5/23	Fla	= 5 ta (FraPh.	165		
Amount (\$)	Payee ad	dress;	es Ln 1	PA City;	State;	Zip Code
\$ 811.87	Bro	wnsvil	le, To	xas 78	3521	
	Category	(See Categories listed a	at the top of this schedule			
PURPOSE OF EXPENDITURE	Prin	Fing Ext	ensc	Polita	ical =	51915
		Check if travel outside of T	exas, Complete Schedule	Check if A	Austin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ite / Officeholder n	ame	Office sought		Office held
Date	Payee na	me				
10/3/23	The-	Ink SI	Pot and i	Design =	5/2/10	
Amount (\$)	Pavee ad			Blud Sta		Zip Code
\$589,10	Brok	unsville	, Texa	5 78526	•	
	Category	(See Categories listed a	at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Print	ing Ext	buse	Vard	Signs	
		Check if travel outside of T	exas. Complete Schedule	Check if A	Austin, TX, officeholder	living expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name	Office sough	t .	Office held
	ATT	ACH ADDITION	AL COPIES OF T	HIS SCHEDULE AS N	NEEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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

Candidate/Officeholder/Politica	al Committee	Legal Services	Salaries/	Wages/Contract Labor	Other (enter a cate	gory not listed above)
Credit Card Payment		The Instruction G	uide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N	onio Tony	Yzoquirr	e Tr	3 Filer ID (Ethi	cs Commission Filers)
4 Date /0/9/23	5 Payee na	Ink Si	of Print	and Des	ign sto	udio
6 Amount (\$)	7 Payee ac	E. Alton	Gloor BI	vd city;	State;	Zip Code
8		y (See Categories listed a		(b) Description		
_	(-, 50.030.	, (000 0010g01100 111100 1	,	EVent		
PURPOSE OF	\mathcal{D}	Line en	pense		4.	•
EXPENDITURE	1711	IMACX	pense	Invita	7/845	
	(c)	Check if travel outside of Te	xas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder na	ame	Office sought		Office held
Date	Payee na	me	_	- /		-
10/18/23				FDC 519	n stu	lio
Amount (\$)	Payee ac	Idress; Altor	2 Sloor 7	3/yd City;	State;	Zip Code
#56,83	Brow	wnsvill	e, Toxo	5 7852	6	
	Category	(See Categories listed at	the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Prin	fingExI	DONCE	Fryit	Line	
EXPENDITORE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	, - , - , - ,		7778770	<i>c () 6463</i>	
		Check if travel outside of Te	xas. Complete Schedule 1.		tin, TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder na	ıme	Office sought		Office held
Date	Payee na	ame				
10/24/23	Lava	aguita	Tacos	4 Tortas	5 `	
Amount (\$)	75/ A	dress; E. Stæng	erst.	City;	State;	Zip Code
#433.	San	Bentie	Toxas	7858	6	
-	Category	(See Categories listed at	the top of this schedule)	Description		
PURPOSE		,				
OF EXPENDITURE	Food	Boverag	e Exponse	Campa	1911 EV	out
		Check if travel outside of Te	xas. Complete Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candid	ate / Officeholder n	ame	Office sought		Office held
expenditure to benefit C/OI	1					
	AT	FACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica	•	Legal Services		Vages/Contract Labor	Other (enter a catego	
Credit Card Payment		The Instruction Gu	ide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER N	tonio Ton	" Gagu	ma Ir.	3 Filer ID (Ethics	Commission Filers)
4 Date /0/31/23	5 Payee na	Tak SP	of Print	DE541	studio	
6 Amount (\$) \$113.66	7 Payee ac	E, Altono	Sloor B	lud. City;	State;	Zip Code
	13100	unsville	, lexa	5 78 <i>53</i>	26	
8	(a) Categor	y (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Print	ing Expa	N5C	Event .	Invitat	ions
	(c)	Check if travel outside of Texa	as. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder nar	ne	Office sought		Office held
Date 11/8/23	Payee na	me laquita				
Amount (\$)				City;	State;	Zip Code
Amount (\$) 4-1,350	7511	dress; E. Stong	Taxae	78586		2,
		(See Categories listed at the	ne ton of this schedule)	Description		
PURPOSE OF EXPENDITURE		•		Campo	ign Ev	mt
		Check if travel outside of Texa		-	tin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder nar	ne	Office sought		Office held
pate 11/6/23	Payee na	fa Im	age			
Amount (\$) 4 (18.31	Payoe ac		Blyd	City;	State;	Zip Code
7/500.	Brow	~/	, Toxas	78520		
	/	(See Categories listed at the	ne top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Prin	fing Ex	Pense	Cam Roi	n broche	ves
		Check if travel outside of Texa			tin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder na		Office sought		Office held
	AT	TACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Sala	ries/Wages/Contra	ict Labor	Other (enter a catego	ry not listed above)
Creuk Card Fayment		The Instruction (Guide explains hov	v to complete th	is form.		
1 Total pages Schedule F1:	1 1 1	nio Tony	Loquir	ine Ir		3 Filer ID (Ethics	Commission Filers)
4 Date 11/21/23	5 Payee na	me	Phics				
6 Amount (\$) #1,352.12		dress; Grades unsvilla		× @ 5	oity; <i>7</i> 83	State;	Zip Code
8	(a) Categor	/ (See Categories listed	at the top of this schedu	ile) (b) Desc	cription		
PURPOSE OF	· .	·					3. <i>7</i>
EXPENDITURE	Trint	ing Exp.	CNSC		mpais	711 29	71125
	(c)	Check if travel outside of T	exas. Complete Schedule	т	Check if Austin,	TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder n	ame	Office	e sought		Office held
1/6/24	Payee na	Dome	=rolie	Camero	n Coon	ity far	.fy
# 150,00	Payee ad 221 Hav	dress; Van Ingon	Boron, Tex	st. 6	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed a			fy E	rout	
		Check if travel outside of T	exas. Complete Schedule	т.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder n	ame	Office	e sought		Office held
Date 1/9/23	Payee na	,	le ficia	<i>S</i>			
Amount (\$)	Payee ad 3 2 2	dress; Rusaca	Vista D	Μ,	City;	State;	Zip Code
w /23*	Brow	unsuille	, Tex	as 1	8526		
PURPOSE OF EXPENDITURE		(See Categories listed a		· .	ription That	AS	
		Check if travel outside of T	exas, Complete Schedule	т.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder	name	Offic	e sought		Office held
	AT	ACH ADDITION	AL COPIES OF T	THIS SCHEDU	LE AS NEED	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	4 Antonio Tony Yzoquive	re Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 11/24/23	5 Payee name Home Dafet		
6 Amount (\$) #248. !!	Home Defot 7 Payee address; W-Morrison 605 W-Morrison Brownsville, Toxos	RS city; 78521	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		T-Post &	Ties
EXPENDITURE	Campagn Signs	1-4021	/ 163
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/26/23	Lowe's		
Amount (\$)	Payee address; Bubon Torres	Blu Lity;	State; Zip Code
#238.41	Brownsville Toxes	78521	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Compaign Signs	Topost E	Ties
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
havene	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEL	DED

SCHEDULE F1

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

	EXPEND	ITURE CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Over Expense Polling Exp norials Expense Printing Ex	pense lages/Contract Labor	Solicitation/Fundralsin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME !!	ony bogun	rest.	3 Filer ID (Ethics	Commission Filers)
4 Date //b/23	5 Payee name				
6 Amount (\$) # 147.59	7 Payee address: Brownsville	be texos	es city; 78521	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories I	. 1	(b) Description T-Post +	Ties	
	(c) Check if travel outside	le of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living o	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officehold	er name	Office sought	(Office held
Date 1/10/24	Payee name Home De	epot.			
Amount (\$) #407.89	Brownsvi	·	CA_City; 755	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories lis		T-Post.	t 77es	synansa
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold		Office sought		Office held
M/3/23	Payee name Oak Hill	Front Co	enter		
Amount (\$) #453,20	Payee address; 1780 W. Exp San Bonit	Front Co rossway 83 to Texas	78586	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories lis		Description CAMPAIGN	Evout	ل
	Check if travel outsid	e of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Office sought	-	Office held
	ATTACH ADDITI	ONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	Fintenie Tony /20 quire	3 Filer ID (Ethics Commission Filers))
4 Date 1/9/24	5 Payee name The Ink Spot Print	A .	
6 Amount (\$) #422.18	Brownsylle, Tox	City; State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Exponse	Zamfaign Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Pate 9/18/23	Home Defot		
Amount (\$)	Payee address; Morrison Vac	City; State; Zip Code	
#241.16	Brownsville, Toxas		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Campaign Signs	T-Posts & Ties	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
9/25/23	Home Defet		
Amount (\$) # /99. 61	Brownsville, Toxos	City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Zampaign Signs	T-Posts + Ties	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1;	INTONIA TONY /	nuive Ir.	3 Filer ID (Ethics Commission Filers)
4 Date /0/27/23	5 Payee name / Walmart.		
6 Amount (\$)	7 Payee address; Alten	Cloor City;	State; Zip Code
#537.12	Brownsuitle, To	105 785	521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Food Boverage Exfe (c) Check if travel outside of Texas. Complete	Pense Campai	an Event in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
11/9/23	Payee name Longhorn Cattle Payee address; 3055 Expressure	co.	
Amount (\$) # 144. 18	Payee address: 3055 Expression San Bonito,	Toxas	State; Zip Code
PURPOSE OF EXPENDITURE	Food Beverage Ex		sign Mooting
	Check if travel outside of Texas. Complete		in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Pate /0/16/23	Mi Pushlifo 7	Res towart	
Amount (\$) 4/10.62	Brownsville, Tis	Oxas 7857	State; Zip Code ✓
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Food, Beverope Ex		ign Moetg
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

it the requested into	ormation is not applicable, DO NOT include t	ms page in the re	porc
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex y Gift/Awards/Memorials Expense Printing Ex	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	FINTONIO TONY Proguir	e Tr	3 Filer ID (Ethics Commission Filers)
4 Date	Ben Brita School		
6 Amount (\$) \$ 107.97		City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Git Awards Expanse	school	Event
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
10/30/23	Texas headhouse		
Amount (\$) #82.26	Payee address; 3400 Frontings RL Brownsville, Toxos	City;	State; Zlp Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food, & Beverage Expense	cam pri	in Motor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date /0/30/23	Sams Club		
Amount (\$) 46 \$286.46	Brownsville / Toxas	Oity;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverge Exfanse	Description (all fac	ign Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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 Office Overhead/Rental Expense Solicitation/Fug draising Expense Accounting/Banking 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 TYPE OF Political olitical Non-**EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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.

Ŧ	he 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; Cit	y; State; Zip Code
Vite	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; Zlp Code
	Description of Investment Amount of investment (\$)	
-	Autodit dynivesurient (\$)	
4		
	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Food/Beverage Expense Consulting Expense Polling Expense 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. 2 FILER NAME 1 Total pages Schedule F4: 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; Øity: State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder pame Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking 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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter/a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions ntended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising ₽ Accounting/Banking 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 Travel Out Of District Printing Expense 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 H: 2 FILER NAME كلر Siler كال (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address: City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **OF EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE |

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

	The Instruction Guide explains how to come	alata thic form			
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME	ν.	3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name	'	f		
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See	instructions regar	ding type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED		

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	te; Zip Code
	······································	7 Purpose for which amount is received 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; Sta	ate; Zip Code
		Purpose for which amount is received Check if I	political contribution returned to filer
	Date	Name of person from whom amount is received	Amount (\$)
٠		Address of person from whom amount is received; City; Stat	te; Zip Code
		Purpose for which amount is received Check if p	political contribution returned to filer
	Date	Name of person from whom amount is received	Amount (\$)
		Address of person from whom amount is received; City; Sta	te; Zip Code
	1	Purpose for which amount is received Check if p	political contribution returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule CØH-UC 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: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule G Schedule F4 Schedule H Schedule COH-UC 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: Schedule B(J) Schedule A2 Śchedule B Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC 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) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 N	Antonio Tony Yzaguirre Iv. 2 Filer ID (Ethics Commission Filers)
3	SIGNA	
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that sting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
Į.		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Checl	k 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 filling 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.
	В,	ASSETS
	Check	conly one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
٠		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 Landidate
		HOLDER plete this section <i>only</i> 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 parchased with political contributions or interest or other income from political contributions. Signature of Officeholder