

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

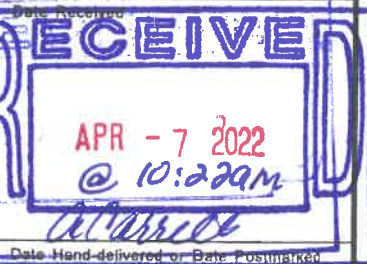
The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

17

OFFICE USE ONLY



Receipt # Amount \$  
Date Processed  
Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
MR MOISES

NICKNAME LAST SUFFIX  
"MOY" IGLESIAS

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2325 W. Palm Circle  
MISSION, TX 78574

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 330-6869

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
MRS. NELDA I

NICKNAME LAST SUFFIX  
(Iris) IGLESIAS

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2325 W. Palm Circle Dr. MISSION TX 78574

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 279-6705

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  
01 / 05 / 2022 THROUGH 03 / 28 / 2022

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
05 / 07 / 2022 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MISSION CITY COUNCIL - place 1

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MOISES 'MOY' IGLESIAS

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5870.96

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6560.57

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 1558.72

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]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirmavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Moises 'Moy' Iglesias this the 7th day of April.

20 22, to certify which, witness my hand and seal of office.

*Anna Carrillo*  
Signature of officer administering oath

Anna Carrillo  
Printed name of officer administering oath

Notary  
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

MOISES 'MOY' IGLESIAS

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |            |
|-----|---|------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 5870.96 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$         |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$         |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$         |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 4312.24 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$         |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$         |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 332.54  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 1915.79 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$         |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$         |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$         |

# 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: <b>3</b>           |
| 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>  |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>1/5/2022</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>NELDA Iris Iglesias</b> | 7 Amount of contribution (\$)<br><b>500 -</b> |
| 6 Contributor address; City; State; Zip Code<br><b>2325 W. Palm Circle Mission TX 78574</b>   |  |   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                 |
| Date<br><b>1/5/2022</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>NELDA Iris Iglesias</b>   | Amount of contribution (\$)<br><b>243.96</b>  |
| Contributor address; City; State; Zip Code<br><b>2325 W. Palm Circle Mission TX 78574</b>   |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
| Date<br><b>2/10/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>GLORIA G. GUTIERREZ</b>   | Amount of contribution (\$)<br><b>200 -</b>   |
| Contributor address; City; State; Zip Code<br><b>9115 BLOCKADE DR. SAN ANTONIO TX 78240</b>   |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
| Date<br><b>2/10/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JEFFREY WAYNE EVERITT</b> | Amount of contribution (\$)<br><b>1500 -</b>  |
| Contributor address; City; State; Zip Code<br><b>901 SOUTH TEXAS Blvd. Weslaco TX 78596</b>   |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|  |  |  |
|--|--|--|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule A1: <b>3</b>          |
| 2 FILER NAME<br><b>MOISES 'MOY' IGLESIA'S</b>  |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>2/22/2022</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>MISSION FIRE FIGHTERS COMMITTEE</b> | 7 Amount of contribution (\$) <b>2500. -</b> |
| 6 Contributor address; City; State; Zip Code<br><b>P.O. BOX 4710 MISSION TX 78572</b>  |  |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                |
| Date<br><b>3/3/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JOE R. SANCHEZ</b>                    | Amount of contribution (\$) <b>100 -</b>     |
| Contributor address; City; State; Zip Code<br><b>1402 BARCELONA BLVD. MISSION TX 78572</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                  |
| Date<br><b>3/3/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>MARIA I. CANTU</b>                    | Amount of contribution (\$) <b>50 -</b>      |
| Contributor address; City; State; Zip Code<br><b>814 S. 2ND ST. EDINBURG TX 78539</b>  |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                  |
| Date<br><b>3/5/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>DOLORES Y. REYNA</b>                  | Amount of contribution (\$) <b>177.00</b>    |
| Contributor address; City; State; Zip Code<br><b>1109 ANN MARIE MISSION TX 78572</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                  |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# 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: <b>3</b>           |
| 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>  |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>3/11/2022</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>CHRIS HOMERO HINOJOSA</b> | 7 Amount of contribution (\$)<br><b>300 -</b> |
| 6 Contributor address; City; State; Zip Code<br><b>414 E. DOVE MCALEEN TX 78504</b>   |  |   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                 |
| Date<br><b>3/9/2022</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>CYNTHIA A. WEBER</b>        | Amount of contribution (\$)<br><b>300 -</b>   |
| Contributor address; City; State; Zip Code<br><b>6118 SAN RAMON DR. CORPUS CHRISTI TX 78413</b>   |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                                   | Amount of contribution (\$)                   |
| Contributor address; City; State; Zip Code  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:                                   | Amount of contribution (\$)                   |
| Contributor address; City; State; Zip Code  |  |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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 F1: <b>5</b>                          |   | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>         |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>1/28/2022</b>                                   |   | 5 Payee name<br><b>PRINTSHIP</b>                     |   |                                       |                     |
| 6 Amount (\$)<br><b>64.95</b>                                |   | 7 Payee address;<br><b>312 E. MAIN AVE.</b>          |   | City;<br><b>ALTON</b>                 | State;<br><b>TX</b> |
|  |   |  |   | Zip Code<br><b>78513</b>              |                     |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b>   |  | (b) Description<br><b>BUS SIZE CARDS</b>                              |                                       |                     |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |                                       |                     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |  |   |                                       |                     |
| Date<br><b>2/15/2022</b>                                     |   | Payee name<br><b>PRINTSHIP</b>                       |   |                                       |                     |
| Amount (\$)<br><b>128.55</b>                                 |   | Payee address;<br><b>312 E. MAIN AVE.</b>            |   | City;<br><b>ALTON</b>                 | State;<br><b>TX</b> |
|  |   |  |   | Zip Code<br><b>78513</b>              |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b>   |  | Description<br><b>BUS SIZE CARDS, TICKETS</b>                         |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense     |  |   |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |  |   |                                       |                     |
| Date<br><b>2/17/22</b>                                       |   | Payee name<br><b>BERNARDO GOMEZ - BRAND BOOSTERS</b> |   |                                       |                     |
| Amount (\$)<br><b>500</b>                                    |   | Payee address;<br><b>301 N. MCCOLL RD.</b>           |   | City;<br><b>MCALLEN</b>               | State;<br><b>TX</b> |
|  |   |  |   | Zip Code<br><b>78501</b>              |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b>   |  | Description<br><b>ADVERTISING EXP.<br/>POLITICAL SIGNS. Yd. signs</b> |                                       |                     |
|  | <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      |   |  |   |                                       |                     |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |   |  |   |                                       |                     |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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 F1:<br><b>5</b>                       |   | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>          |                                 | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>2/22/2022</b>                                   |   | 5 Payee name<br><b>BERNARDO GOMEZ. BRAND BOOSTERS</b> |                                 |                                       |                     |
| 6 Amount (\$)<br><b>545-</b>                                 |   | 7 Payee address;<br><b>301 N. MCCOLL RD.</b>          |                                 | City;<br><b>MCALLEN</b>               | State;<br><b>TX</b> |
|  |   |   |                                 | Zip Code<br><b>78501</b>              |                     |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b>   |   | (b) Description<br><b>SIGNS</b> |                                       |                     |
|  | (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<br><b>2/23/2022</b>                                     |   | Payee name<br><b>JAVIER CANTU</b>                     |                                 |                                       |                     |
| Amount (\$)<br><b>450-</b>                                   |   | Payee address;<br><b>442 W. ANDERSON RD.</b>          |                                 | City;<br><b>EDINBURG</b>              | State;<br><b>TX</b> |
|  |   |   |                                 | Zip Code<br><b>78542</b>              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b>   |   | Description<br><b>FRAMES</b>    |                                       |                     |
|  | <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<br><b>2/23/2022</b>                                     |   | Payee name<br><b>VMK MATERIALS</b>                    |                                 |                                       |                     |
| Amount (\$)<br><b>351.81</b>                                 |   | Payee address;<br><b>3408 N. CONWAY AVE</b>           |                                 | City;<br><b>MISSION</b>               | State;<br><b>TX</b> |
|  |   |   |                                 | Zip Code<br><b>78513</b>              |                     |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b>   |   | Description<br><b>SANDBAGS</b>  |                                       |                     |
|  | <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

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### 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 F1:<br><b>5</b>                       |   | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIA'S</b>                           |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>2/22/2022</b>                                   |   | 5 Payee name<br><b>DESIGN &amp; PRINT</b>                               |   |                                       |                     |
| 6 Amount (\$)<br><b>501.50</b>                               |   | 7 Payee address;<br><b>P.O. BOX 399</b>                                 |   | City;<br><b>MISSION</b>               | State;<br><b>TX</b> |
|  |   |   |   | Zip Code<br><b>78573</b>              |                     |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b> |   | (b) Description<br><b>ADVERTISING EXPENSE</b>                             |                                       |                     |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |   |                                       |                     |
| Date<br><b>2/26/2022</b>                                     |   | Candidate / Officeholder name<br><b>BERNARDO GOMEZ - BRAND BOOSTERS</b> |   |                                       |                     |
| Amount (\$)<br><b>860-</b>                                   |   | Payee address;<br><b>301 N. McCOLL RD.</b>                              |   | City;<br><b>MCALLEN</b>               | State;<br><b>TX</b> |
|  |   |   |   | Zip Code<br><b>78501</b>              |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b>     |   | Description<br><b>ADVERTISING EXP.<br/>POSTERS, YARD SIGNS</b>            |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |   |                                       |                     |
| Date<br><b>2/26/2022</b>                                     |   | Candidate / Officeholder name<br><b>VMK MATERIALS</b>                   |   |                                       |                     |
| Amount (\$)<br><b>351.81</b>                                 |   | Payee address;<br><b>3408 N. CONWAY</b>                                 |   | City;<br><b>MISSION</b>               | State;<br><b>TX</b> |
|  |   |   |   | Zip Code<br><b>78573</b>              |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b>     |   | Description<br><b>SANDBAGS</b>  |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |   |                                       |                     |
| Date   |   | Candidate / Officeholder name   |   |                                       |                     |
| Amount (\$)  |   | Payee address;  |   | City;                                 | State;              |
|  |   |   |   | Zip Code                              |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)                                |   | Description   |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |   |                                       |                     |
| Date   |   | Candidate / Officeholder name   |   |                                       |                     |
| Amount (\$)  |   | Payee address;  |   | City;                                 | State;              |
|  |   |   |   | Zip Code                              |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)                                |   | Description   |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |   |   |                                       |                     |

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  
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 F1:<br><b>5</b>                       | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>3/3/2022</b>                                    | 5 Payee name<br><b>AARON OLIVERA</b>  |  |
| 6 Amount (\$)<br><b>200 -</b>                                | 7 Payee address;<br><b>MISSION,</b>   | City; State; Zip Code<br><b>MISSION TX 78572</b> |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>  | (b) Description<br><b>D.J.</b>                   |
|  | (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<br><b>3/17/22</b>                                       | Payee name<br><b>VMK MATERIALS</b>  |  |
| Amount (\$)<br><b>\$105.54</b>                               | Payee address;<br><b>3408 N. CONWAY AVE.</b>  | City; State; Zip Code<br><b>MISSION TX 78513</b> |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b>   | Description<br><b>SANDBAGS</b>                   |
|  | <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<br><b>3/23/22</b>                                       | Payee name<br><b>DESIGN &amp; PRINT</b>   |  |
| Amount (\$)<br><b>170.50</b>                                 | Payee address;<br><b>P.O. BOX 399</b>   | City; State; Zip Code<br><b>MISSION TX 78573</b> |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b>   | Description<br><b>PUSH CARDS, BUTTONS</b>        |
|  | <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  
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 F1: **5** 2 FILER NAME **MOISE 'MOY' IGLESIAS** 3 Filer ID (Ethics Commission Filers)

4 Date **1/5 - 3/29 2022** 5 Payee name **PLAINS CAPITAL BANK**

6 Amount (\$) **82.58** 7 Payee address; City; State; Zip Code  
**P.O. BOX 271 Lubbock TX 79408**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/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  
☐ 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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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# 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:<br><b>1</b>                        |  | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>  |  | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  |   |  | \$                                    |                     |
| 5 Date<br><b>2/25/2022</b>                                    |  | 6 Payee name<br><b>BLANKSTYLE</b>   |  |                                       |                     |
| 7 Amount (\$)<br><b>332.54</b>                                |  | 8 Payee address;<br><b>2392 MORSE AVE.</b>  |  | City;<br><b>IRVING</b>                | State;<br><b>CA</b> |
|   |  |   |  | Zip Code<br><b>92614</b>              |                     |
| 9 TYPE OF EXPENDITURE   |  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |                                       |                     |
| 10 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>  |  | (b) Description<br><b>T-SHIRTS</b>    |                     |
|   |  | (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:<br><b>5</b>   |  | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIA'S</b> |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>1/17/2022</b>  |  | 5 Payee name<br><b>MR. STITCH</b>             |   |                                       |                     |
| 6 Amount (\$)<br><b>58.46</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address:<br><b>3403 N. WARE RD.</b>   |   | City:<br><b>M'ALLEN</b>               | State:<br><b>TX</b> |
|   |  |   |   | Zip Code<br><b>78503</b>              |                     |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |   | (b) Description<br><b>SHIRTS EMB.</b>                                     |                                       |                     |
|   | (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<br><b>2/21/2022</b>  |  |   |   |                                       |                     |
| Payee name<br><b>RANCHHOUSE</b>   |  |   |   |                                       |                     |
| Amount (\$)<br><b>97.87</b><br><input type="checkbox"/> Reimbursement from political contributions intended   |  | Payee address:<br><b>409 N. BRYAN RD.</b>     |   | City:<br><b>MISSION</b>               | State:<br><b>TX</b> |
|   |  |   |   | Zip Code<br><b>78512</b>              |                     |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>FOOD EXPENSE</b>            |   | Description<br><b>CAMPAIGN MEETING</b>                                    |                                       |                     |
|   | <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<br><b>2/25/2022</b>  |  |   |   |                                       |                     |
| Payee name<br><b>HOME DEPOT</b>   |  |   |   |                                       |                     |
| Amount (\$)<br><b>41.41</b><br><input type="checkbox"/> Reimbursement from political contributions intended   |  | Payee address:<br><b>120 S. SHARY RD.</b>     |   | City:<br><b>MISSION</b>               | State:<br><b>TX</b> |
|   |  |   |   | Zip Code<br><b>78512</b>              |                     |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b>     |   | Description<br><b>HARDWARE FOR SIGNS</b>                                  |                                       |                     |
|   | <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 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:<br><b>5</b>  |  | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>  |  | 3 Filer ID (Ethics Commission Filers)                                     |                     |
| 4 Date<br><b>2/25/2022</b>   |  | 5 Payee name<br><b>LONGHORN STEAKHOUSE</b>  |  |   |                     |
| 6 Amount (\$)<br><b>105.96</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address;<br><b>7401 N. 10TH ST.</b>   |  | City;<br><b>MCALLEN</b>   | State;<br><b>TX</b> |
|  |  |   |  | Zip Code<br><b>78501</b>  |                     |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See Categories listed at the top of this schedule)<br><b>FOOD/BEV EXPENSE</b> |  | (b) Description<br><b>Campaign Committee Mtg.</b>                         |                     |
|  |  | (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<br><b>3/2/2022</b>  |  | Payee name<br><b>WALMART</b>  |  |   |                     |
| Amount (\$)<br><b>60.87</b><br><input type="checkbox"/> Reimbursement from political contributions intended    |  | Payee address;<br><b>215 E. MILE 3 RD.</b>  |  | City;<br><b>PALMHURST</b>   | State;<br><b>TX</b> |
|  |  |   |  | Zip Code<br><b>78513</b>  |                     |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>        |  | Description<br><b>MISC. ITEMS.</b>  |                     |
|  |  | <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<br><b>3/3/2022</b>  |  | Payee name<br><b>Rio Grande Poultry</b>   |  |   |                     |
| Amount (\$)<br><b>205.52</b><br><input type="checkbox"/> Reimbursement from political contributions intended   |  | Payee address;<br><b>4100 W. URSULA AVE.</b>  |  | City;<br><b>MCALLEN</b>   | State;<br><b>TX</b> |
|  |  |   |  | Zip Code<br><b>78501</b>  |                     |
| PURPOSE OF EXPENDITURE   |  | Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>        |  | Description<br><b>CHICKEN</b>   |                     |
|  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                     |
| Complete ONLY if direct expenditure to benefit C/OH  |  | Candidate / Officeholder name   |  | Office sought   | Office held         |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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:<br><b>5</b>  |  | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b>    |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>3/3/2022</b>  |  | 5 Payee name<br><b>HEB</b>                      |   |                                       |                     |
| 6 Amount (\$)<br><b>353.18</b><br><input type="checkbox"/> Reimbursement from political contributions intended |  | 7 Payee address:<br><b>200 E. GRIFFIN PKWY.</b> |   | City:<br><b>MISSION</b>               | State:<br><b>TX</b> |
|  |  |   |   | Zip Code<br><b>78572</b>              |                     |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>EVENT EXPENSE</b>   |   | (b) Description<br><b>MISC., plates, pastries, drinks</b>                 |                                       |                     |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |   |                                       |                     |
| Date<br><b>3/19/2022</b>   |  | Payee name<br><b>VALLEY SPORTS</b>              |   |                                       |                     |
| Amount (\$)<br><b>275</b><br><input type="checkbox"/> Reimbursement from political contributions intended      |  | Payee address:<br><b>1608 W. BUS. HWY 83</b>    |   | City:<br><b>MISSION</b>               | State:<br><b>TX</b> |
|  |  |   |   | Zip Code<br><b>78572</b>              |                     |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |   | Description<br><b>SCREEN PRINTING shirts caps</b>                         |                                       |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |   |                                       |                     |
| Date<br><b>2/26/2022</b>   |  | Payee name<br><b>LOS DONAS</b>                  |   |                                       |                     |
| Amount (\$)<br><b>42.59</b><br><input type="checkbox"/> Reimbursement from political contributions intended    |  | Payee address:<br><b>1786 W. US HIGHWAY 83</b>  |   | City:<br><b>MISSION</b>               | State:<br><b>TX</b> |
|  |  |   |   | Zip Code<br><b>78572</b>              |                     |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>FOOD EXPENSE</b>        |   | Description<br><b>Campaign committee meeting</b>                          |                                       |                     |
|  | <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   |  |   |   |                                       |                     |
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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:<br><b>5</b>   |   | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIAS</b> |   | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>1/19/2022</b>  |   | 5 Payee name<br><b>TACO OLE</b>              |   |                                       |                     |
| 6 Amount (\$)<br><b>54.52</b><br><input type="checkbox"/> Reimbursement from political contributions intended |   | 7 Payee address;<br><b>2316 N CONWAY AVE</b> |   | City;<br><b>MISSION</b>               | State;<br><b>TX</b> |
|   |   |  |   | Zip Code<br><b>78574</b>              |                     |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>FOOD EXPENSE</b> |  | (b) Description<br><b>CAMPAIGN WORKERS</b>                                |                                       |                     |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |   |                                       |                     |
| Date<br><b>3/13/2022</b>  |   | Payee name<br><b>BRICK FIRE PIZZA</b>        |   |                                       |                     |
| Amount (\$)<br><b>67.54</b><br><input type="checkbox"/> Reimbursement from political contributions intended   |   | Payee address;<br><b>704 E. GRIFFIN PKWY</b> |   | City;<br><b>MISSION</b>               | State;<br><b>TX</b> |
|   |   |  |   | Zip Code<br><b>78574</b>              |                     |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>FOOD EXPENSE</b>     |  | Description<br><b>CAMPAIN MEETING</b>                                     |                                       |                     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |   |                                       |                     |
| Date<br><b>3/18/2022</b>  |   | Payee name<br><b>MCCOYS</b>                  |   |                                       |                     |
| Amount (\$)<br><b>56.22</b><br><input type="checkbox"/> Reimbursement from political contributions intended   |   | Payee address;<br><b>200 N. EXPWY 83</b>     |   | City;<br><b>MISSION</b>               | State;<br><b>TX</b> |
|   |   |  |   | Zip Code<br><b>78572</b>              |                     |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>ADVERTISING EXP.</b> |  | Description<br><b>HARDWARE, BOARDS</b>                                    |                                       |                     |
|   | <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  |   |  |   |                                       |                     |
| 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:<br><b>5</b>  |   | 2 FILER NAME<br><b>MOISES 'MOY' IGLESIA'S</b>                                     |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>1/5 - 3/28</b>  |   | 5 Payee name<br><b>FACEBOOK</b>   |   |                                       |  |
| 6 Amount (\$)<br><b>435-</b><br><input type="checkbox"/> Reimbursement from political contributions intended |   | 7 Payee address; City; State; Zip Code<br><b>1 HACKER WAY MENLO PARK CA 94025</b> |   |                                       |  |
| 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 ONLY if direct expenditure to benefit C/OH  |   |   |   |                                       |  |
| Date<br><b>3/17/2022</b>   |   | Payee name<br><b>CASA DEL TACO</b>  |   |                                       |  |
| Amount (\$)<br><b>61.65</b><br><input type="checkbox"/> Reimbursement from political contributions intended  |   | Payee address; City; State; Zip Code<br><b>1800 E. HWY. 83 MISSION TX 78512</b>   |   |                                       |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>FOOD EXPENSE</b> |   | Description<br><b>CAMPAIGN WORKERS</b>                                    |                                       |  |
|  | <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  |   |   |   |                                       |  |
| 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  |   |   |   |                                       |  |
| 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  |   |   |   |                                       |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |   |   |                                       |  |