CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ **OFFICEHOLDER** MOISES NAME SUFFIX ADDRESS / PO BOX; ZIP CODE 4 CANDIDATE / 2325 W. PALM CIRCLE OFFICEHOLDER **MAILING** MISSION, TX 78574 **ADDRESS** Change of Address PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (956)330-6869 PHONE MS / MRS / MR FIRST MASS. NEWA VICKNAME LAST TO LES IAS STREET ADDRESS. TO LES IAS Amount \$ Receipt # MI 6 CAMPAIGN TREASURER **Date Processed** NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN 2325 W. Palm Circle Dr. MISSION 18514 TX **TREASURER ADDRESS** (Residence or Business) EXTENSION ' AREA CODE PHONE NUMBER CAMPAIGN TREASURER (956) 279-6705 PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD 06/30/2022 COVERED 04/27/2022 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Other Description Runoff 06/11/2022 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) 12 OFFICE MISSION CITY COUNCIL - PLACE I 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Moises 'Moy' IGLESIA'S 16 FILE	r ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	\$ 0						
#	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3200 -					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
e	4. TOTAL POLITICAL EXPENDITURES	\$ 10,160					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1333.86					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8500.					
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true and companying	orrect and includes all information					
re	equired to be reported by me under Title 15, Election Code.	1					
	Signature of Candidate	or Officeholder					
-000000	_						
AND STA CA	Please complete either option below:						
SIN BENTALING							
3 3 6 6 6 E							
1 T	*						
(1) Affiliavit							
TO THE OF THE							
NOTARY STAMPLE	2 digital						
WHITE THE PARTY OF	d before me by Moises Iglesias this the 15th	day of July					
Sworn to and subscribed	d before me by Moises Iglesias this the 15th	day of Ody					
20 22 , to certif	tywhich, witness my hand and seal of office. Anna Carrillo	Notary Public					
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath					
	ÓR						
(2) Unsworn Declarate	tion						
My name is	, and my date of birth is						
My address is							
	(street) (city) (state)	, , , , , , , , , , , , , , , , , , , ,					
Executed in	County, State of, on the day of(month)	, 20 (year)					
	(monut)	(year)					
	Signature of Candidate/Off	iceholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

MOISES NOV' IGUESIAS	Filer ID (Ethics Commission Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3200 -
. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
. SCHEDULE E: LOANS	\$ 8500-
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	* 10,160 -
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 13129
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2962
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH \$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BL SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Moises 'MOY' IGLESIAS	3 Filer ID (Ethics Commission Filers)			
4 Date 5/4/2022	5 Full name of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$) ode //000			
Principal occu	pation / Job title (See Instructions) 9 Employer (Se	ee Instructions)			
Date 5/11/2022	Full name of contributor	Amount of contribution (\$)			
5/11/2000	Contributor address; City; State; Zip Co. ### E. DOVE MALLEN TX 7850	700 -			
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)			
Date 5/17/2022	Contributor address: City, State, 2-p Co	Amount of contribution (\$)			
901 50UTH TEXAS BLVD. WESLAW TX 78596 Principal occupation / Job title (See instructions) Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
Principal occu		Gee Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED additional reporting requirements.			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020



LOANS

SCHEDULE E

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

il the requested illiothation is not applicable, be ite i mercua the page in the report							
The I	1 Total pages Schedule E:						
2 FILER NAME	S	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UN	ITEMIZED LOANS		\$				
5 Date of loan 4/27 - 6/30	9 Loan Amount (\$) 8500						
6 is lender a financial Institution?	State; Zip Code 10N TX 18514	10 Interest rate					
Y 🔊		-	11 Maturity date				
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)					
14 Description of Colla	15 Check if personal fundaccount (See Instruct	ds were deposited Into political ions)					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)				
1141 0174111014							
not applicable	18 Guarantor address; City;	amort out and					
20 Principal Occupat							
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)				
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate				
Institution?			Maturity date				
Principal occupation							
Description of Coll		ds were deposited into political					
none	account (See Instruc						
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
	Guarantor address; City;	State; Zip Code	-				
Principal Occupat							
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	EDED .				
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.							

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	Cal Committee Legal Services Sale The Instruction Guide explains how	ing Expense ries/Wages/Contract Labor Travel Out Of District Other (enters category not listed above
1 Total pages Schedule F1	2 FILER NAME MOISES MOY IG	
4 Date 1/27 - 6/30, 2022	5 Payes name ESMERALDA PEREZ	
350 -	7 Payee address;	City; State; Zip Code
PURPOSE	(a) Category (See Categories listed at the top of this schedu	a) (b) Description
OF EXPENDITURE	AOVERTISING EXPENSE	GOTV/POILING
	(c) Check if travel outside of Texas, Complete Schedule	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/27 - 6/30; 2022	CASH - J. IGUESIAS	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
Purpose Of Expenditure	ADVECTISING EXPENSE	EVENTS, polling, FUEL, TOOD, BEN
	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	
27-430, 2022	Plains CAPITAL BONK	
Amount (\$)	Payee address;	City; State; Zip Code
SUPROGE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	BANK SERVKE FEE	BANKING FEE
	Chack if travel outside of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEEDED
ms provided by Texas Ethica	S Commission www.ethics.state.b	

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/Benking
Consulting Expense
Contributions/Paraginas No.

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politik Credit Card Payment	Cal Committee Legal Services	Citi/Awards/Memorials Expense Legal Services The Instruction Guide explains now to complete this form.	
1 Total pages Schedule F1	2 FILER NAME MUISES MOY	,	3 Filer ID (Ethics Commission Filers
4 Date 4/27 - 9/30, 2022	& Davis van		
6 Amount (\$)	7 Payee address:		
1800 -		City;	State; Zip Code
	(a) Category (See Categories listed at the top of this schi	edule) (b) Description	
PURPOSE OF EXPENDITURE	ADVENTISING EXPENS		KING GOTV
	(C) Check if travel outside of Texas. Complete Sched	lule 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		
6/1/2022	THE MONITUR		
Amount (\$)	Payee address;	City;	State; Zip Code
2025-		•	Ep Cope
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENS	E MAILOC	at T
	Check if travel outside of Texas. Complete Schedu	le T. Check If Austin, T	'X, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
29/- 9/30 2022	KASSANDRA GONZALE	Z	
500 -	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	PHONE 7	BANKING
	Check if travel outside of Texas. Complete Schedule	T, Check if Austin, TX	C. 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 T	HIS SCHEDULE AS NEEDS	n
ns provided by Texas Ethics	Commission		

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
Gredit 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Credit Card Payment	- S Calari	es/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/27- 6/30/2022	5 Payee name BERNARDO GOMEZ	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
1208	301 N. MCOLL RD.	MGAITEN TX 78501
8	(a) Category (See Categories listed at the top of this schedule	(b) Description
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	516NS, PUSHCARDS
	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	
4/27 - 4/30/2022	ARACELY MONTES	
Amount (\$)	Payee address;	City; State; Zip Code
1003		,,
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	BlockWALKING GOTV
	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	
5/13/2022	Jose Luis	
Amount (\$)	Payee address;	City; State; Zip Code
250 -		, = -
	Category (See Categories listed at the top of this achedule)	Description
PURPOSE OF EXPENDITURE	ELECTION EXPENSE	PHOTO GRAPHEY
	Chack 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	S 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Travel in District Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (entera category not listed above) **Credit Card Payment** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 4/27 - 4/30, 2022 EL PATO HEB, CHILL-fil-A, Sams, 6 Amount (\$) 7 Payee address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EVENTS Polling, BEVERAGE EXPENSE EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complets ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee 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 Date Pavee name Amount (\$) Payee 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

SCHEDOLE 1 4							
If the requested information is not applicable, DO NOT include this page in the report.							
		EXPENDI	TURE CATE	GORIES FO	OR BOX 10(a)		
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Legal Services Salaries/Wages/Contract Labor					nead/Rental Expense ense ense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
4			on Guide expian	/	implete this lotti.		
1 Total pages Schedule F4:	2 FILER	MO15	ES MOY	160	IESIAS	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACRI	EDIT CARD	\$	
5 Date 4/27 - 4/30, 2022	6 Payee :	ame UILARS	MEAT.	MARK	ET		
7 Amount (\$) 131. 29	8 Payee	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	E I	Political		Non-Pol	itical		
10	(a) Categor	y (See Categories lis	sted at the top of this	scheduje)	(b) Description		
PURPOSE OF EXPENDITURE	Pou	HTICAL E	EXPENSE		FOOD/BE	NECA6ES	
EAPERDITORE	(c)		le of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder livin	n avanne
11 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
TYPE OF EXPENDITURE		Political		Non-Po	litical		
	Categor	y (See Categories II	Isted at the top of this	schedule)	Description		
PURPOSE OF							
EXPENDITURE		Check if travel outside	de of Texas, Complete	Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeh	older name	Of	fice sought	Office h	eld
	ATTAC	H ADDITION	AL COPIES (OF THIS SO	CHEDULE AS NE	EDED	

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related 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 Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 'MOY 'IGLESIA'S 3 Filer ID (Ethics Commission Filers) Date Amount (\$) City; State; Zip Code 300 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PHREARE ORINKS, WATER, Softdninks, ETC. OF CAMPAIGN EXPENSE 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 GUILARS MEAT MARKET 2022 Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** FOR WORKERS 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 (\$) Pavee address: City; State: Zip Code Raimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texes. 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)						
Advartising Expense Accounting/Banking Consulting Expense Contributions/Danations Made Candidate/Officeholder/Polit Credit Card Payment	By ical Committee	Event Expense Feas Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Office Oi Polling E Printing E Salaries/	Expense Wages/Contract Lebor	Solicitation/Fundrale Transportation Equi Travel in District Travel Out Of District Other (enter a categ	oment & Related Expense
		The Instruction Guide explain	ns how to	complete this form.		
1 Total pages Schedule G:	mol.	SES MOY IGU	!ESIA	5	3 Filer ID (Ethic	s Commission Filers)
4/27 - 4/30 2022		DEMY				
Reimblusement from political contributions intended	7 Payee add	reas;		City;	State;	Zip Code
8 PURPOSE	(a) Category	See Categories listed at the top of this s	chedule)	(b) Description		
OF EXPENDITURE	pollur	g Expense		TENTS, CHAIR	s, Covers	
	(c) C	heck if travel outside of Texas. Complete Sci	hedule T.	Check If Austin,	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date	Payee nam	0				
1/27-9/30,2022	WALM					Heavilla and the second
Amount (\$)	Payee add:	ess;		City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	A //	See Categories listed at the top of this so	chedule)	Description Popul texts	s, chairs, e	OVEUS
		nack if traval outside of Texas. Complete Sol	nedule T.	Check if Austin,	TX, officeholder living e	senagx
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder name		Office sought		Office held
4/27 - 6/30, 2022	Payee name	Casa veltaco, Sult gr	ras, Br	ck Fire forza, Ranc	h House, Diaz	Dever Whatshine
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE	Category (See Categories listed at the top of this so	A / /	Description		
OF EXPENDITURE	Campo	MAN EXPENSE	nectory	FOOD/BEVE	MAGE	
		eck if travel outside of Texes. Compièle Sch	adule T.		TX, officeholder living e	kpense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
	ATTAC	H ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEEDS	ED .	

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraleing Expense Fess Food/Beverege Expense GRI/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Splaries/Wages/Contract Labor Other (enter a category not fisted 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) 6 Amount (\$) City; State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF SOUAL MEDIA WERTISING EXPENSE 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 Payee name VALFRO Amount (\$) Pavee address: City: State: Zip Code political contributions beboato Category (See Categories listed at the top of this schedule) Description PURPOSE CAMPAIGN EXPENDITURE 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 City; State; Zip Code political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE INK CARTIGAGES - PRINTER. ADVERTISING EXDENSE Check if Austin, TX, officeholder fiving expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED