

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 Filer)

2. Total pages filed

2

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST Alberto	MI	OFFICE USE ONLY		
		NICKNAME	LAST Vela	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	
		1302 Claiborne, Mission, TX 78572					
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (956)	PHONE NUMBER 956-271-3862	EXTENSION		Date Handled: <u>1/15/2024</u> Date Filed/Marked	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.	FIRST Jose	MI	SUFFIX	Date Received: <u>1/15/2024</u> Date Verified: <u>1/15/2024</u> Date Entered: <u>1/15/2024</u>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 3111 Agusta, Mission, TX 78572					
8 CAMPAIGN TREASURER PHONE		AREA CODE (956)	PHONE NUMBER 534-6990	EXTENSION			
9 REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	Mid-day after campaign interim reporting interim filing date		
		<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	Final Report (August 10th, ER)		
10 PERIOD COVERED		Month 1	Day 1	Year / 24	THROUGH	Month 6	Day 30
11 ELECTION		ELECTION DATE		ELECTION TYPE			
		Month 5	Day / 4	Year / 24	Primary <input checked="" type="checkbox"/> General	Runoff Special	
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
		City Council, Place 4		City Council, Place 4			
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages		COMMITTEE TYPE GENERAL	COMMITTEE NAME				
		SPECIFIC	COMMITTEE ADDRESS				
			COMMITTEE CAMPAIGN TREASURER NAME				
COMMITTEE CAMPAIGN TREASURER ADDRESS							

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Jose Alberto Vela

16 Filer ID (For Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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


Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by

Alberto Vela

this the 15th day of July

20 2025 I certify which, witness my hand and seal of office.

Anna Carrillo

Anna Carrillo

Notary.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)