

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |  |  |  |
|---|---|--|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed: <span style="font-size: 2em; color: blue;">17</span> |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR   | FIRST  | MI   | <div style="border: 2px solid blue; border-radius: 50%; padding: 10px; display: inline-block;"> </div> <p style="color: blue; font-size: 1.2em; margin-top: 5px;">10/10/2023</p> <p style="color: blue; font-size: 1.2em; margin-top: 5px;">10/10/2023</p> <p style="color: blue; font-size: 1.2em; margin-top: 5px;">10/10/2023</p> <p style="color: blue; font-size: 1.2em; margin-top: 5px;">10/10/2023</p> |
|   | Mrs   | Laura  |  |  |
| NICKNAME  | LAST  | SUFFIX                                       |  |  |
|   | Mendiola-Macias   |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |  |  |
| Change of Address   | 929 S. Kika De La Garza La Joya TX 78560  |  |  |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE   | PHONE NUMBER                                 | EXTENSION  |  |
|   | (956 )  | 777-8833                                     |  |  |
| <b>6</b> CAMPAIGN TREASURER NAME                                      | MS / MRS / MR   | FIRST  | MI   |  |
|   | Mr.   | Elias  |  |  |
| NICKNAME  | LAST  | SUFFIX                                       |  |  |
|   | Macias  |  |  |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |  |  |
| (Residence or Business)   | 929 S. Kika De La Garza La Joya TX 78560  |  |  |  |
| <b>8</b> CAMPAIGN TREASURER PHONE                                     | AREA CODE   | PHONE NUMBER                                 | EXTENSION  |  |
|   | (956 )  | 458-2242                                     |  |  |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   |  |  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)   |  |  |  |
| <b>10</b> PERIOD COVERED  | Month   | Day  | Year   |  |
|   | 8   | 2  | 23   |  |
|   | THROUGH   |  | Month Day Year   |  |
|   | THROUGH   |  | 10 / 6 / 23  |  |
| <b>11</b> ELECTION  | ELECTION DATE   |  | ELECTION TYPE  |  |
|   | Month   | Day  | Year   |  |
|   | 11  | 7  | 23   |  |
|   | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  |  |  |  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)  | <b>13</b> OFFICE SOUGHT (if known)           |  |  |
|   | Councilwoman  | Councilwoman                                 |  |  |
| <b>14</b> 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         |  |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Laura Mendiola-Macias |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>                | 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)  | \$ 500.00                                     |
| <b>EXPENDITURE TOTALS</b>                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 463.00                                     |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,179.50                                   |
| <b>CONTRIBUTION BALANCE</b>                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 500.00                                     |
| <b>OUTSTANDING LOAN TOTALS</b>               | 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**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Laura Mendiola-Macias, and my date of birth is 11/17/1981.  
 My address is 929 S. Kikade la Garza, Lajoya, TX, 78560, Hidalgo.  
(street) (city) (state) (zip code) (country)  
 Executed in Hidalgo County, State of TX, on the 10 day of Oct., 2023.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Laura Mendiola-Macias

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|  |             |
|--|-------------|
| 1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                     | \$ 500.00   |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$          |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$          |
| 4. SCHEDULE E: LOANS   | \$          |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 2,554.58 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$          |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$          |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$          |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$          |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. 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>1</b>                |
| 2 FILER NAME<br><b>Laura Mendiola-Macias</b>              |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>08/29/2023</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Anax Transport</b><br>6 Contributor address; City; State; Zip Code<br><b>Palmview TX. 78574</b> | 7 Amount of contribution (\$)<br><br><b>500.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                      |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                        |
| 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|   |   |  |   |
|---|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A2:                                  |   |
| <b>2</b> FILER NAME   |   | <b>3</b> Filer ID (Ethics Commission Filers)                       |   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$   |   |
| <b>5</b> Date   | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                    | <b>8</b> Amount of Contribution \$                                 | <b>9</b> In-kind contribution description |
|   | .....<br><b>7</b> Contributor address;                      City;                      State;                      Zip Code |  |   |
|   |   | Check if travel outside of Texas. Complete Schedule T.             |   |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)   |   | <b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)            |   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)   |   | <b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions) |   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)  |   | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL) |   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |  |   |
| <b>Date</b>   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)                                      | <b>Amount of Contribution \$</b>                                   | <b>In-kind contribution description</b>   |
|   | .....<br><b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>   |  |   |
|   |   | Check if travel outside of Texas. Complete Schedule T.             |   |
| <b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>   |   | <b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>               |   |
| <b>Contributor's principal occupation (FOR JUDICIAL)</b>  |   | <b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>    |   |
| <b>Contributor's employer/law firm (FOR JUDICIAL)</b>   |   | <b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>    |   |
| <b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>   |   |  |   |
|   |   |  |   |
| <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. |   |  |   |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

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

# LOANS

# SCHEDULE E

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

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.                                     |  | 1 Total pages Schedule E:   |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$  |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)  |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate  |
|   |  | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)  |  | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br>none  |  | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable  | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
|   | 18 Guarantor address; City; State; Zip Code                              |   |
| 20 Principal Occupation (See Instructions)  |  | 21 Employer (See Instructions)  |
| Date of loan  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Lender address; City; State; Zip Code                                    | Interest rate   |
|   |  | Maturity date   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)   |
| Description of Collateral<br>none   |  | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable   | Name of guarantor  | Amount Guaranteed (\$)  |
|   | Guarantor address; City; State; Zip Code                                 |   |
| Principal Occupation (See Instructions)   |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>1 | <b>2</b> FILER NAME<br>Laura Mendiola-Macias | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>08/16/2023 | <b>5</b> Payee name<br>Ultra Print LLC |
|-----------------------------|--|

|                                |  |                   |              |                   |
|--------------------------------|--|-------------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>270.63 | <b>7</b> Payee address;<br>2116 oleander Dr. | City;<br>Mission, | State;<br>TX | Zip Code<br>78572 |
|--------------------------------|--|-------------------|--------------|-------------------|

|   |  |                                 |
|---|--|---------------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>Signs |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                 |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>08/02/2023 | Payee name<br>Ultra Print LLC |
|--------------------|-------------------------------|

|                       |                                    |                  |              |                   |
|-----------------------|------------------------------------|------------------|--------------|-------------------|
| Amount (\$)<br>405.92 | Payee address;<br>2116 Oleander Dr | City;<br>Mission | State;<br>TX | Zip Code<br>78572 |
|-----------------------|------------------------------------|------------------|--------------|-------------------|

|                               |   |                       |
|-------------------------------|---|-----------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing Expense  | Description<br>Banner |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                       |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>09/08/2023 | Payee name<br>Exclusive Designs |
|--------------------|---------------------------------|

|                       |                                      |                   |              |                   |
|-----------------------|--------------------------------------|-------------------|--------------|-------------------|
| Amount (\$)<br>253.03 | Payee address;<br>3705 N. La Homa Rd | City;<br>Palmview | State;<br>TX | Zip Code<br>78574 |
|-----------------------|--------------------------------------|-------------------|--------------|-------------------|

|                               |   |                      |
|-------------------------------|---|----------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing Expense  | Description<br>Signs |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                      |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|                                 |                                       |                                       |
|---------------------------------|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>2 | 2 FILER NAME<br>Laura Mendiola-Macias | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------------|---------------------------------------|

|                      |                                 |
|----------------------|---------------------------------|
| 4 Date<br>08/16/2023 | 5 Payee name<br>Anibal Resendez |
|----------------------|---------------------------------|

|                         |   |
|-------------------------|---|
| 6 Amount (\$)<br>625.00 | 7 Payee address;<br>City; State; Zip Code |
|-------------------------|---|

|                             |   |                                 |
|-----------------------------|---|---------------------------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | (b) Description<br>Social Media |
|                             | (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<br>08/21/2023 | Payee name<br>Miguel Sanchez |
|--------------------|------------------------------|

|                         |                                |                  |              |                   |
|-------------------------|--------------------------------|------------------|--------------|-------------------|
| Amount (\$)<br>1,000.00 | Payee address;<br>600 W Exp 83 | City;<br>La Joya | State;<br>TX | Zip Code<br>78560 |
|-------------------------|--------------------------------|------------------|--------------|-------------------|

|                        |   |                             |
|------------------------|---|-----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Other                                   | Description<br>Headquarters |
|                        | 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)<br>Printing Expense                        | Description<br>Signs |
|                        | 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

# 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  
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.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F2: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |                         |       |        |          |
|----------------------|-------------------------|-------|--------|----------|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

|                              |   |
|------------------------------|---|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|---|

|                                  |  |                        |
|----------------------------------|--|------------------------|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description |
|                                  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                        |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

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

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F3**

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

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule F3:            |
| <b>2</b> FILER NAME  |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Name of person from whom investment is purchased  |  |
|  | .....  |  |
|  | <b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code |  |
|  | <b>7</b> Description of Investment   |  |
| <b>8</b> Amount of investment (\$)                               |  |  |
|  |  |  |
| Date   | Name of person from whom investment is purchased   |  |
|  | .....  |  |
|  | Address of person from whom investment is purchased;                      City;                      State;                      Zip Code          |  |
|  | Description of Investment  |  |
| Amount of investment (\$)  |  |  |
|  |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>       |  |  |

# 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   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:                                    | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$   |
| <b>5</b> Date  | <b>6</b> Payee name   |  |
| <b>7</b> Amount (\$)   | <b>8</b> Payee address;   | City; State; Zip Code                                      |
| <b>9</b> TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)   | <b>(b)</b> Description                                     |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| 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  |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name   | Office sought <span style="float:right">Office held</span> |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>           |   |  |

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Payee name  |  |
| <b>6</b> Amount (\$)<br><br>Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                    | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Payee name   |  |
| Amount (\$)<br><br>Reimbursement from political contributions intended          | 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 (\$)<br><br>Reimbursement from political contributions intended          | 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                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                      |  |  |

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Business name   |  |
| <b>6</b> Amount (\$)  | <b>7</b> Business address;   | City; State; Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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 <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date  | Business name  |  |
| Amount (\$)   | Business address;  | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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 <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

|  |   |  |   |          |
|--|---|--|---|----------|
| <b>1</b> Total pages Schedule I:         | <b>2</b> FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers) |   |          |
| <b>4</b> Date                            | <b>5</b> Payee name   |  |   |          |
| <b>6</b> Amount (\$)                     | <b>7</b> Payee address;   | City   | State   | Zip Code |
| <b>8</b><br>PURPOSE<br>OF<br>EXPENDITURE | <b>(a)</b> Category (See instructions for examples of acceptable categories.) |  | <b>(b)</b> Description (See instructions regarding type of information required.) |          |
| Date                                     | Payee name  |  |   |          |
| Amount (\$)                              | Payee address;  | City   | State   | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE             | Category (See instructions for examples of acceptable categories.)            |  | Description (See instructions regarding type of information required.)            |          |
| Date                                     | Payee name  |  |   |          |
| Amount (\$)                              | Payee address;  | City   | State   | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE             | Category (See instructions for examples of acceptable categories.)            |  | Description (See instructions regarding type of information required.)            |          |
| Date                                     | Payee name  |  |   |          |
| Amount (\$)                              | Payee address;  | City   | State   | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE             | Category (See instructions for examples of acceptable categories.)            |  | Description (See instructions regarding type of information required.)            |          |

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# 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<br><br>.....<br>6 Address of person from whom amount is received;    City;        State;    Zip Code | 8 Amount (\$)                                     |
| 7 Purpose for which amount is received                    |  | Check if political contribution returned to filer |
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received;    City;        State;    Zip Code     | Amount (\$)                                       |
| Purpose for which amount is received                      |  | Check if political contribution returned to filer |
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received;    City;        State;    Zip Code     | Amount (\$)                                       |
| Purpose for which amount is received                      |  | Check if political contribution returned to filer |
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received;    City;        State;    Zip Code     | Amount (\$)                                       |
| Purpose for which amount is received                      |  | Check if political contribution returned to filer |

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

**SCHEDULE T**

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

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