# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed		a epoA	OFFICE	OSE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST IV MOLINICKNAME LAST VELOZ	J	SUFFIX		te Received	30/2023
4 ORIGINAL REPORT TYPE	July 15 Exc limi	noff beeded modified reporting it h day after treasurer pointment (officeholder only)	Other (specify)	Re	te Processed	Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year 7 TH	HROUGH / /	Day Y	ear Da	te Imaged	ows
Modea M	istakeon fi t	G.				
Resobmit	ted Report WI	th correc	HOND			
7 SIGNATURE I SWE	ear, or affirm, under penalty of	perjury, that this	corrected re	port is tr	ue and corre	ect.
Chec	ck ONLY if applicable:					
	reports: I swear, or affirm, that on the information of the informatio			ood faith	and without	an intent to
☐ date I learne	ts: I swear, or affirm, that I am filed that the report as originally filed the report as originally filed was	ed is inaccurate or	incomplete. I	swear, o	r affirm, that a	s day after the ny error or
WINE VALUE OF	DI DI					
VANESSA TREVINO Please complete either option below:  Notary Public, State of Texas Comm. Expires 03-16-2025 Notary STAMP SEAL  Sworn to and subscribed before me by  this the 30th day of 00000000000000000000000000000000000						
20 13, to certify	y which, witness my hand and seal of of	renno	th	City	Secretion	Notary Pu
Signature of officer administration	ering datii Printed name	e of officer administerin  OR	g oatn		Title of officer	administering datif
(2) Unsworn Declarat	ion	OK.	,			
My name is		, and	d my date of birth	n is		
7/A 3				,		
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of(m	onth)	, 20 (year)	
		·	Signature of Ca	ndidate/Of	ficeholder (Decla	arant)
Remember To Atta	ach Any Part Of The Campaign	Finance Report I	Form Needed	To Repo	rt And Explai	n Corrections

# 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 Commiss	ion Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mrs.	FIRST Irma	MI L		OFFICE USE ONLY
NAME	NICKNAME	Veloz	SUF	FIX	Date Received 10 30 23
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 405 Loma Blanca St La Joya TX 78560				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 956 )	PHONE NUMBER 624-8930	EXTENSION		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Rosa	мі Е.		Pate Processed 10 30 2023
	Melly	Villarreal	SUF		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	street ADDRESS (1108 S. Gree	(NO PO BOX PLEASE); APT / SI ene Rd Mis	ssion TX	78572	STATE; ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	( 956 )	890-0497	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before e			15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 8	Day Year / 11 / 23	THROUGH	Month 10	Day Year 9 23
11 ELECTION	Month Day	Year Primary	Runoff Oti	TION TYPE her escription	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT City of La Jo		ncilwoman Place 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT	T THE CANDID	DE BY POLITICAL COMMITTEES TO SUPPORT NATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
,		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Eth	ics Commission Filers)			
17 CONTRIBUTION TOTALS	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)	\$	3,250.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	463.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	5,438.54			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO OF REPORTING PERIOD	AY \$	523.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	E \$	0.00			
rec	quired to be reported by me under Title 15, Election Code.  Signature of Candid	date or Office	eholder			
	Please complete either option below:					
1) Attidavit VANESSA TREVINO Notary Public, State of Texas Comm. Expires 03-16-2025 RIOTARY STAMP SEAD 129874741  Sworn to and subscribed before me by this the						
JANA	which, witness my hand and seal of office.	ecreta	my-Notan Pub			
Signature of officer administe		Title of	officer administering oath			
(2) Unsworn Declaration						
My name is	, and my date of birth is					
		_,				
	(street) (city) (state	) (zip cod	de) (country)			
Executed in	County, State of, on the day of(month)	, 20	/ear)			
	Signature of Candidate/	Officeholder	(Declarant)			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer III Irma L. Veloz	O (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,250.00
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 CONTRIBUTION	s 2,727.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,711.54
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ns \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	JRNED \$

## **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: 1						
2 FILER NAME Irma L. Ve	eloz	3 Filer ID (Ethlos Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC (ID#: Guillermo Reyna							
08/29/2023		Zip Code 3,000.00						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)								
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
08/29/2023	Contributor address; City; State; 1541 S. Greene Rd Mission, TX 7857	Zip Code <b>250.00</b>						
Principal occup	eation / Job title (See Instructions) Emplo	oyer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
	Contributor address; City; State;	Zip Code						
Principal occup	pation / Job title (See Instructions) Emplo	oyer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)						
	Contributor address; City; State;	Zip Code						
Principal occuj	pation / Job title (See Instructions) Emplo	oyer (See Instructions)						
Date  08/29/2023  Principal occup  Date  Principal occup	Full name of contributor  Viza Transport  Contributor address; City; State;  1541 S. Greene Rd Mission, TX 7857  Pation / Job title (See Instructions)  Employed  Full name of contributor  Contributor address; City; State;  Contributor out-of-state PAC (ID#:	Amount of contribution (\$)  Zip Code  Oyer (See Instructions)  Amount of contribution (\$)  Zip Code  Amount of contribution (\$)  Zip Code  Oyer (See Instructions)  Amount of contribution (\$)						

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.

The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:						
2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$						
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ 1 description						
7 Contributor address; City; State;	•						
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas, Complete Schedule T.  11 Employer (FOR NON-JUDICIAL)(See Instructions)						
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)						
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
	to any (i or continue)						
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$   description						
Contributor address; City; State;	Zip Code Check if travel outside of Texas. Complete Schedule T.						
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	· · · · · · · · · · · · · · · · · · ·						
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)						
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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

	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution   description 
		7 Pledgor address;		ite; Zip Code		I [ [ [.
					Check if travel outs	ide of Texas, Complete Schedule T.
10	Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	Clity; Sta	ate; Zip Code		] ] [
					Check if travel outs	I . ide of Texas, Complete Schedule T.
	Principal occup	etion / Job title (See Instruc	itions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	I In-kind contribution I description
		Pledgor address;	City; Sta	ate; Zip Code		 
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occuj	pation / Job title (See Instru	ctions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Piedgor address;	City; State	Zip Code		[   
					Check if travel outs	l . ide of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instruc	etions)	Employer (See	Instructions)	
		ATTACH	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

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

#### LOANS SCHEDULE E

If the requested	information is not applicable, E	OO NOT include this pa	age in the rep	oort.	
The	Instruction Guide explains how to		1 Total pages Schedule E:		
2 FILER NAME	A CONTRACTOR OF THE CONTRACTOR		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender out	of-state PAC (ID#:	)	9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; Clt	y; State;	Zip Code	10 Interest rate  11 Maturity date	
□ y □ N				11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (Sec	nstructions)		
14 Description of Colla	ateral		Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; Cit		Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (Sec	nstructions)		
Date of loan	Name of lender ☐ out	-of-state PAC (ID#:	)	Loan Amount (\$)	
is lender a financial	Lender address; Cl	y; State;	Zip Code	Interest rate	
Institution?				Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (Se	e Instructions)		
Description of Colle	ateral		Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
	Guarantor address; Ci	ty; State;	Zip Code		
not applicable					
Principal Occupation	on (See Instructions)	Employer (Sed	a Instructions)		
	ATTACH ADDITIONA	AL COPIES OF THIS SCHI	EDULE AS NEE	:DED	

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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to	complete this form.		,,,		
1 Total pages Schedule F1:			3 Filer ID (Ethic	cs Commission Filers)		
2	Irma L. Veloz					
4 Date	5 Payee name	•				
09/18/2023	Aracely Montes					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
615.00						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Canvassing	Block Walking				
OF EXPENDITURE						
	(a) Challen and the street of Tanas Canada Cabada T	 	- TV -80			
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder livir			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name	•				
09/20/2023	Ontiveros Printing					
Amount (\$)	Payee address;	City;	State;	Zip Code		
197.00	915 E. Ferguson Ave. #5	Pharr, TX	78577			
197.00	_					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Printing Expense	Flyers				
OF EXPENDITURE						
LAFENDITORE				<del></del>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	og expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
09/22/2023	Aa.h. Mantaa	1				
0912212023	Aracely Montes					
Amount (\$)	Payee address;	City;	State;	Zip Code		
685.00						
		1				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Canvassing	Block Walking				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austl	n, TX, officeholder livin	g 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					

## 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)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Irma L. Veloz		3 Filer ID (Ethics	Commission Filers)
4 Date 10/03/2023	5 Payee name Selina Gonzalez			
6 Amount (\$) 505.00	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Canvassing	(b) Description Block Walking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/07/2023	Selina Gonzalez			
Amount (\$)	Payee address;	City;	State;	Zip Code
725.00				
PURPOSE	Category (See Categories listed at the top of this schedule)  Canvassing	Description Block Walking		
OF EXPENDITURE			·····	
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	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	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>								
		EXPENDITI	URE CATE	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	als Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transpor Travel in Travel O	District ut Of District	Expense int & Related Expense not listed above)
	····	The Instruction	Guide explair	s how to c	omplete this form.			
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITER	NIZED UN	IPAID INCURF	RED OBLIG	GATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Categories liste	d at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside of	Texas, Complete S	chedule T.	Check if Au	stin, TX, office	cholder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/Oi		didate / Officeholo	der name	0	ffice sought		Office held	1
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF	Catego	ry (See Categories liste	ed at the top of this	schedule)	Description			
EXPENDITURE		Check if travel outside	of Texas. Complete	Schedule T.	Check If A	ustin. TX. offi	ceholder livino s	expense
Check if ravel 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								
	ATTA	CH ADDITIONAL	L COPIES C	F THIS S	CHEDULE AS N	EDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		EXPENDITURE CATE  Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repay Office Over Polling Exp Printing Exp	ment/Reimbursement head/Rental Expense ense	Solicitation/Fundralsin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
		The Instruction Guide explai	ns how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF Expenditure						
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Au	istin, TX, officeholder living	ехрелѕе
Complete ONLY if direct expenditure to benefit C/OH	Саг	didate / Officeholder name	Of	ffice sought	Office he	old
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF	Catego	ry (See Categories listed at the top of thi	s schedule)	Description		
EXPENDITURE  Check if travel outside of Texas, Complete Schedule T,  Check if Austin, TX, officeholder living expens				expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	0	ffice sought	Office he	eid .
			***************************************		SOCIETY OF	
	ATTA	CH ADDITIONAL COPIES (	OF THIS S	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense GitV/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.

	The mondetion onto explains non to	ounplote this form		
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Irma L. Veloz		3 Filer ID (Ethics Comm	nission Filers)
4 Date	5 Payee name			
08/16/2023	Ultra Printing			
6 Amount (\$) 270.63 Reimbursement from political contributions intended	7 Payee address; 2116 Oleander Dr.	city; Mission,	State; TX 785	Zip Code 572
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
08/11/2023	Ultra Printing			
Amount (\$) 405.92 Reimbursement from political contributions intended	Payee address; 2116 Oleander Dr.	City; Mission,	State; TX 78	Zip Code 572
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 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/0	Candidate / Officeholder name	Office sought	Office	e held
Date	Payee name			
09/08/2023	Exclusive Designs			
Amount (\$)	Payee address;	City;	State; Zip	Code
253.03  Reimbursement from political contributions Intended	3705 N. La Homa Rd	Palmview	TX 78	3574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	e held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

						<u> </u>
	E	EXPENDITURE CATEG	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Fcod/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule G:	2 FILER NAME Irma L. Ve	loz			3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name	102	······			
08/16/2023	Anibal Rese	endez				
6 Amount (\$) 625.00 Reimbursement from political contributions intended	7 Payee address;			City;	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca Advertising E	tegories listed at the top of this sc XPENSE	hedule)	(b) Description Social Media		
Di Liibii di L	(c) Check if tr	eval outside of Texas. Complete Sch	edule T,	Check if Austin,	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / C	officeholder name		Office sought		Office held
Date	Payee name	<u> </u>				
08/21/2023	Miguel San	chez				
Amount (\$) 1,000.00 Reimbursement from political contributions intended	Payee address; 600 W. Exp	wy 83		c <sub>ity;</sub> La Joya,	State: TX	Zip Code <b>78560</b>
PURPOSE OF EXPENDITURE	Category (See Ca Other	stegories listed at the top of this sc	hedule)	Description Headquarters		
	Check if to	avel outside of Texas, Complete Sch	edule T.	Check if Austin,	TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/C		officeholder name		Office sought		Office held
Date	Payee name					
09/20/2023	Ontiveros P	rinting				
Amount (\$) 156.96 Reimbursement from political contributions intended	Payee address; 915 E. Ferg	uson Ave # 5		city; Pharr	State; TX	Zip Code 78577
PURPOSE OF EXPENDITURE	Category (See Ca Printing Expe	tegories listed at the top of this sci NSE	hedula)	Description Flyers		
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / C	officeholder name		Office sought		Office held

Revised 8/17/2020

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE H

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

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

Advertising Expense
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/Warres/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Candidate/Officeholder/Polit Credit Card Payment	tical Committee	Legal Services	Salaries/Wages/C		Other (enter a catego	ry not listed above)
		The Instruction Guide exp	lains how to comple	te this form.	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				* t*
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of th	is schedule) (b) D	escription		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living e	хрепзе
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	is schedule) De	escription		
	(	Check if travel outside of Texas, Complete	Schedule T.	Check If Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	is schedule) D	escription		
EVLEUDIIOKE		Check if travel outside of Texas. Complete	Schedule T.	Check If Austi	n, TX, officeholder living e	rpense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought		Office held
	ттд	ACH ADDITIONAL CORIE	S OF THIS SCHE	NII F AS MEE	:nen	

Revised 8/17/2020

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.	•		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories.)	(b) Description (See required.)		ing type of	Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ling type of	Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ling type of	information
Date	Payee name			***************************************	
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ling type of	information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instruction Guide explains how to complete this form.  1 Total pages Schedu				dule K:	
2	FILER NAME		3	Filer (D	(Ethics	Commission Filers)
4	Date	5 Name of person from whom amount is received				8 Amount (\$)
		6 Address of person from whom amount is received; City; Sta	te;	Zip Co	de	
		7 Purpose for which amount is received Check if	politi	cal cont	ribution	returned to filer
	Date	Name of person from whom amount is received				Amount (\$)
		Address of person from whom amount is received; City; Sta	 ate;	Zip Cod	de	
		Purpose for which amount is received Check if	politi	cal cont	ribution	returned to filer
	Date	Name of person from whom amount is received				Amount (\$)
		Address of person from whom amount is received; City; Sta	te;	Zip Co	ode	
		Purpose for which amount is received Check if	politi	cal cont	ribution	returned to filer
	Date	Name of person from whom amount is received				Amount (\$)
		Address of person from whom amount is received; City; Sta	ate;	Zip Co	de	
		Purpose for which amount is received Check if	politi	cal cont	ribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

### SCHEDULE T

ii die requested mennaden ie net applicatio, 20 no. metade tille page in die repeta						
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 / Piedgor / Payee						
5 Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
6 Dates of travel 7 Name of person(s) traveling						
8 Departure city or name of departure location						
C. D. otherstern etc. or more of disastruction benefits						
9 Destination city or name of destination location						
10 Means of transportation	minar, or other event)					
Name of Contributor / Corporation or Labor Organization / Piedgor / Payee						
Contribution / Expenditure reported on:						
	C Sabadula D C Sabadula Ed					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel Name of person(s) traveling	Laurent Comment					
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure reported on:						
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Departure only or name or departure rocation						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The instruction Guide explains how to complete this form.						
	Complete only if "Report Type" on page 1 is marked "Final Report"						
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
	Signature of Candidate / Officeholder						
4	-	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned for	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B. ASSETS						
	Check only one:						
		I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
			Signature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as				
		Si	gnature of Officeholder				