CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Adina NAME Date Received NICKNAME LAST SUFFIX "Dina" Santillan ADDRESS / PO BOX; APT / SUITE #; 4 CANDIDATE / CITY: STATE: ZIP CODE **OFFICEHOLDER** 416 Judean LN MAILING San Juan, TX 78589 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956 460-8548 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN **TREASURER** Jonathan Date Processed NAME NICKNAME LAST SUFFIX Date Imaged "Jon" Gongora STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN TREASURER 416 Judean LN **ADDRESS** San Juan, TX 78589 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER** PHONE 252-8888 (956 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Day Year Month Month COVERED 3 25 25 15 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 25 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Commissioner Place 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Adina Santillan		16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,777.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,803.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$	13,027.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE \$	0.00
1	wear, or affirm, under penalty of perjury, that the accompanying report is truuried to be reported by me under Title 15, Election Code.	ue and correct	and includes all information
-	Alma) Signature of Ca		riceholder
	Please complete either option below	w:	
(1) Affidavit NOTARY STAMP SEAL	BRENDA A. ESCALANTE Notary Public, State of Texas Comm. Expires 02-01-2027 Notary ID 131664082		
10	before me by Adina Santillan this the	3rd day	of April,
120 8	which, witness my hand and seal of office. Brenda Escalante	Cit	Secretary
Signature of officer administer		Title	of officer administering oath
	OR		
(2) Unsworn Declaration	on .		
My name is	, and my date of birth is	s	.
My address is		· · · · · · · · · · · · · · · · · · ·	
-	(street) (city) ((state) (zip c	ode) (country)
Executed in	County, State of , on the day of(month	h) , 20	(year)
	Signature of Candi	idate/Officeholde	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Adina Santillan	20 Filer ID (Ethics Cor	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,777.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,247.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	2,803.09
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2			
2 FILER NAME Adina	Santillan	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Melissa Rivera, DDS	7 Amount of contribution (\$)			
02/11/2025	6 Contributor address; City; State; Zip Code				
	4500 N Raul Longoria San Juan, TX 78589	\$500.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)				
Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:) 777 Family LTD	Amount of contribution (\$)			
02/21/2023	Contributor address; City; State; Zip Code				
	2912 S Jackson Road McAllen, TX 78503	\$ 1777,00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:) Tekton Development	Amount of contribution (\$)			
02/20/2020	Contributor address; City; State; Zip Code				
	5357 Escondido Pass McAllen, TX 78504	\$ 1500.00			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) CB3 Consultants LLC	Amount of contribution (\$)			
03/05/2025	Contributor address; City; State; Zip Code				
	1014 Hill Country Road Edinburg, TX 78539	\$ 250D.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED			
	If contributor is out-of-state PAC, please see Instruction guide for additional r				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.						
TI	ne Instruction Guide explains how to	complete this	s form.		1 Total pages Schedule A1: 2	
	2 FILER NAME Adina Santillan				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Palacios, Garza, Thomps)	7 Amount of contribution (\$)	
03/11/2025	6 Contributor address;	City;				
	2724 West Canton Road	Edinburg	g, TX	78539	\$1500 T	
8 Principal oc	cupation / Job title (See Instructions)		9 Emp	loyer (See Instruc	otions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
		City;		Zip Code		
Principal occ	upation / Job title (See Instructions)		Emp	loyer (See Instruc	etions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;				
Principal occ	upation / Job title (See Instructions)		Emp	loyer (See Instruc	etions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
Principal occi	upation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)	
	ATTACH ADDITION	IAL COPIES (OF THIS S	SCHEDULE AS N	IEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
Adina S	antillan			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 4,247.	50
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	T caro Garcia		500.00	Political Trailer
03/01/2025	7 Contributor address; City; State;	Zip Code		Advertisement Use
-	118 N Standard San Juan TX	78589	Check if travel outsi	de of Texas. Complete Schedule T.
l	supation / Job title (FOR NON-JUDICIAL)(See Instructions) Political Consultant	11 Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm		n of contributor's spouse (if any) (FOR JUDICIAL)		
N/A		N/A		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		A	
N/A				
Date	Full name of contributor)	Amount of	In-kind contribution
Date	Hacienda Event Center		Contribution \$	description
03/02/2025			500.00	Hall contribution for
03/02/2025	Contributor address; City; State;	Zip Code	300.00	Campaign Event
	522 South Iowa San Juan TX 785	589	Check if travel outside	de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIA	AL)(See Instructions)
Events		Hacieno	da	
Contributor's principal occupation (FOR JUDICIAL) Contributor' N/A Contributor'			tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
N/A		N/A		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
N/A				

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.

The Instruction Guide explains how to complete this form.			1 Total pages Sched	lule A2: 2
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
Adina S	antillan			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 4,247.	50
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	South Texas Risk Managment LLC		2,000.00	Political
02/10/2025	7 Contributor address; City; State;	Zip Code	2,000.00	Advertisements
		78501	Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Medical a	and Supplemental Insurance	Risk Mana	agement LLC/Jona	than Sakulenzki
12 Contributor's N/A	principal occupation (FOR JUDICIAL)	13 Contribu	outor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)	
N/A		N/A		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
N/A				and the second s
Date	Full name of contributor)	Amount of	In-kind contribution
	South Texas Risk Management LLC		Contribution \$	description
02/17/2025		Zip Code	1,247.50	Political Advertisements
	1200 Fresno Ave McAllen TX 785	01	Check if travel outsi	l de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	and the second of	er (FOR NON-JUDICIA	The same of the sa
	and Supplemental Insurance	Risk Mar	nagment LLC/Jo	onathan Sakulenzki
Contributor's principal occupation (FOR JUDICIAL) N/A N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A		
	employer/law firm (FOR JUDICIAL)		of contributor's spour	se (if any) (FOR JUDICIAL)
N/A		N/A		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
N/A				
		0,000		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enters extension not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2025	5 Payee name Palacios Photography		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
+215.42			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Photography for	or political advertisement
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Adina Santillan	Office sought	Office held Commissioner Place 3
Date	Payee name	W.C.	
01/24/2025	Hermilia Garcia		
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.00			
V :300;			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense/Political Consultant Expense	Description Political Consulti	ing for upcoming elections
PURPOSE OF	Polling Expense/Political	Political Consulti	ing for upcoming elections
PURPOSE OF EXPENDITURE Complete ONLY if direct	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Political Consulti	
PURPOSE OF EXPENDITURE	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Political Consulti	n, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Political Consulti	n, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan	Political Consulti	n, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name	Political Consulti	n, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name Shipley's Donuts	Political Consulti	Office held Commissioner Place 3
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/05/2025 Amount (\$)	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name Shipley's Donuts Payee address; Category (See Categories listed at the top of this schedule)	Political Consulti Check if Austin Office sought City;	Office held Commissioner Place 3 State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name Shipley's Donuts Payee address;	Political Consulti Check if Austin Office sought City;	Office held Commissioner Place 3
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025 Amount (\$) PURPOSE OF	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name Shipley's Donuts Payee address; Category (See Categories listed at the top of this schedule)	Check if Austin Office sought City; Description Donuts for adv	Office held Commissioner Place 3 State; Zip Code
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name Shipley's Donuts Payee address; Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin Office sought City; Description Donuts for adv	Office held Commissioner Place 3 State; Zip Code Vertisement for campaign 1, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 02/05/2025 Amount (\$) PURPOSE OF EXPENDITURE	Polling Expense/Political Consultant Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Adina Santillan Payee name Shipley's Donuts Payee address; Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Political Consulting Check if Austing Office sought City; Description Donuts for adv	Office held Commissioner Place 3 State; Zip Code Vertisement for campaign

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 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

I	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4			
02/03/2025	Tractor Supply Company		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 249,01			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	purchase of T	Posts for political signs
OF EXPENDITURE			
	(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/OH	Candidate / Officeholder name	Office sought	Office held
experience to benefit oron	d Adina Santillan		Commissioner Place 3
Date	Payee name		
02/07/2025	Costco		
Amount (\$)	Payee address;	City;	State; Zip Code
\$31,00°			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Travel In District	Gas	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin	Office held
Complete ONLY if direct	Candidate / Officeholder name		
Complete ONLY if direct	Candidate / Officeholder name		Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Adina Santillan Payee name		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Adina Santillan		Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Adina Santillan Payee name		Office held
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025	Candidate / Officeholder name Adina Santillan Payee name IHop	Office sought	Office held Commissioner Place 3
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025	Candidate / Officeholder name Adina Santillan Payee name IHop	Office sought	Office held Commissioner Place 3
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025 Amount (\$) PURPOSE	Candidate / Officeholder name Adina Santillan Payee name IHop Payee address;	Office sought City; Description	Office held Commissioner Place 3
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025 Amount (\$)	Candidate / Officeholder name Adina Santillan Payee name IHop Payee address; Category (See Categories listed at the top of this schedule)	Office sought City; Description	Office held Commissioner Place 3 State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025 Amount (\$) PURPOSE OF	Candidate / Officeholder name Adina Santillan Payee name IHop Payee address; Category (See Categories listed at the top of this schedule)	City; Description Campaign Me	Office held Commissioner Place 3 State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Adina Santillan Payee name IHop Payee address; Category (See Categories listed at the top of this schedule) Food/Beverage Expense	City; Description Campaign Me	Office held Commissioner Place 3 State; Zip Code eting Expense
Complete ONLY if direct expenditure to benefit C/OH Date 02/10/2025 Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Officeholder name Adina Santillan Payee name IHop Payee address; Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	Office sought City; Description Campaign Me	Office held Commissioner Place 3 State; Zip Code eting Expense

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/14/2025	Printees		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#312°00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	purchase of po	olitical fishing shirts
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	d Adina Santillan	0.00.00	Commissioner Place 3
Date	Payee name		
02/24/2025	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
\$79. t3			
•	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Expense for C	ampaign Event
OF EXPENDITURE	·		
	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/OH	Candidate / Officeholder name	Office sought	Office held
experientale to beliefit C/OF	Adina Santillan		Commissioner Place 3
Date	Payee name		
02/24/2025	Sams		
Amount (\$)	Payee address;	City;	State; Zip Code
\$131 20			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Event Expense	Purchase of it	tems/food for Campaign
OF EXPENDITURE		Event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	DOM: TOWN HISE P. D. PERSON		
expenditure to beliefit C/On	Adina Santillan		Commissioner Place 3

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2025	5 Payee name Printees		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$25le, w			
8	(a) Category (See Categories listed at the top of this		
PURPOSE OF EXPENDITURE	Advertising Expense	purchase of po	olitical fishing shirts
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Adina Santillan	Office sought	Office held Commissioner Place 3
Date	Payee name		
03/01/2025	Walmart	-	
Amount (\$)	Payee address;	City;	State; Zip Code
\$248,21			
	Category (See Categories listed at the top of this s		
PURPOSE OF EXPENDITURE	Event Expense	Expense for bi	risket for campaign event
	Check if travel outside of Texas. Complete So	chedule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	H Adina Santillan		Commissioner Place 3
Date	Payee name		
03/10/2025	El Pato		
Amount (\$)	Payee address;	City;	State; Zip Code
\$26,64			
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal/Food aft	er block walking
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Adina Santillan		Commissioner Place 3
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

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/Openations Made By
Candidate/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations/Openations

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (orders extension and listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica Credit Card Payment	•	Legal Services The Instruction Guide explains		/ages/Contract Labor	Other (enter a cate	egory not listed above)
4 Tatal agence Oaks date Etc	0 EU ED NI				2 Files ID (Eth	ing Commission Filers)
1 Total pages Schedule F1:		Santillan			3 FIIET ID (Etti	ics Commission Filers)
4 Date 6 03/10/2025	5 Payee na Sams	me				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
·						
\$28,00				<u></u>		
8		/ (See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF	Travel In	n District		vehicle gas		
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder liv	ing expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought	_	Office held
expenditure to benefit C/OF	Adina S	Santillan			Con	nmissioner Place 3
Date	Payee nar	me				
03/13/2025	Edgar He	ernandez				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$300,00						
		(See Categories listed at the top of this sc	hedule)	Description		
PURPOSE	Advertis	sing Expense		promotional vi	deo	
OF EXPENDITURE						
e.		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austir	n, TX, officeholder liv	ing expense
Complete ONLY if direct		te / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Adina	Santillan			Con	nmissioner Place 3
Date	Payee na	me				
03/17/2025	Black Be	ar Diner				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
\$50. BI						
	Category	(See Categories listed at the top of this sci	nedule)	Description		
PURPOSE OF	Food/Be	verage Expense		Poliltical Meeti	ing with con	sultants
EXPENDITURE						
	(Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct		te / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	Adina S	Santillan			Com	missioner Place 3
	ATT	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	DED	

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Payee name StarLiteChicken		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food and Beverage Expense	(b) Description Meal after Bloc	ck walking
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Adina Santillan	Office sought	Office held Commissioner Place 3
Date 03/18/2025	Payee name Mario Rodriguez		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description political shirts	
	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 Adina Santillan	Office sought	Office held Commissioner Place 3
Date 03/31/2025	Payee name		
Amount (\$)	Micheal's Burgers Payee address;	City;	State; Zip Code
\$ 74.22			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food and Beverage Expense	Description Meal after bloc	kwalking
	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 Adina Santillan	Office sought	Office held Commissioner Place 3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED