CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to compl	lete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages file	ed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Adina		MI	OFFICE	USE ONLY
INAIVIE	NICKNAME	_{LAST} antillan		SUFFIX	Date Receive C	EIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 416 Judean LN	2015 DESCRIPTION 1983	ty; state Juan TX	A 2011 SEE SEE SEE SEE	BY: BYLY	2025 Var E.
Change of Address					@ 11.	1 1 AVVI
5 CANDIDATE/ OFFICEHOLDER PHONE		= NUMBER)-8548	EXTE	NSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST onathan		мі L	Receipt # Date Processed	Amount \$
NAME	NICKNAME	LAST	*************	SUFFIX	Date Processed	
	Jon C	Songora			Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE); APT / SUI	ITE #; CI	TY;	STATE;	ZIP CODE
TREASURER ADDRESS	416 Judean LN		San	Juan	TX	78589
(Residence or Business)	ž.					
8 CAMPAIGN	AREA CODE PHONE	NUMBER	EXTEN	ISION		× ×
TREASURER PHONE	(956) 252	2-8888				
9 REPORT TYPE	January 15 July 15	30th day before elect	tion E	Runoff Exceeded Modified Reporting Limit	treasurer ap (Officeholde	
10 PERIOD	Month Day	Year		Month	Day Year	**************************************
COVERED	4 / 26	/ 25	THROUGH	5	/ 29 / 25	
11 ELECTION	ELECTION DATE		_	ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other Description		
	6 / 7 / 25	General	Special	200	***	·
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	E SOUGHT (if known)	• 7	
	Commissioner P	L 3				
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLIT THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE	THESE EXPENDITURES I	MAY HAVE BEEN MAD	E WITHOUT THE CAND	IDATE'S OR OFFICEHOL	DER'S KNOW! EDGE OF
COMMITTEE(S)	COMMITTEE TYPE COMMIT	TEE NAME				
Additional Pages	GENERAL COMMIT	TEE ADDRESS				
	SPECIFIC COMMIT	TEE CAMPAIGN TREA	SURER NAME			,
	СОММІТ	TEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Adina Santillan		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	١ :	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		5,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		11,302.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG	ST DAY	\$ 4,017.11
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE ;	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and corre	ct and includes all information
	Signature of &	andidate or	Officeholder
	Please complete either option below	v:	
(1) Affidavit	BRENDA A. ESCALANTE Notary Public, State of Texas Comm. Expires 02-01-2027 Notary ID 131664082		
NOTARY STAMP/SEA	A line Calina	nali	A A .
n-	before me by **TOLING SM + 11GN this the which, witness my hand and seal of office.	30th	day of NW,
Signature of officer administer	Brenda Escalante	Ti	City Secretary itle of officer administering oath
	OR		the of officer administering data
(2) Unsworn Declarati	on		
My name is	, and my date of birth is	S	**
My address is	· · · · · · · · · · · · · · · · · · ·		
Executed in	(street) (city) (County, State of , on the day of (monti	state) (zi	p code) (country) 20 (year)
	Signature of Candi	date/Officeho	older (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Adina Santillan	20 Filer ID (Ethics Commi-	ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,950.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	11,302.54
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	NDS \$	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	TIONS RETURNED \$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the requested information is not applicable, be not include and page in the report.					
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:		
² FILER NAME Adina San	tillan		3 Filer ID (Ethics Commission Filers)		
4 Date 05/05/2025	5 Full name of contributor ■ out-of-state PAC (ID: AVICO Real Estate	#:)	7 Amount of contribution (\$)		
00/00/2020	6 Contributor address; City; 402 Ironwood Steet Pharr, TX	State; Zip Code 78577	7500		
8 Principal occup Business C	oation / Job title (See Instructions) 9 Wner	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)		
05/16/2025	N 550	State; Zip Code	\$ 600 -		
Principal occup Business Ow	ation / Job title (See Instructions) //NEr	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID	n A White I	Amount of contribution (\$)		
05/15/2025		State; Zip Code	\$1000-		
Principal occup Attorneys A	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)		
05/19/2025		State; Zip Code	\$500-		
	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
- Ontioal Ottal	egist/Attorney				
	ATTACH ADDITIONAL COPIES OF	THE PARTY OF THE P			

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Adina San	itillan	3 Filer ID (Ethics Commission Filers)			
4 Date 05/09/2025	5 Full name of contributor J Services 6 Contributor address; City; State; Zip Code 1824 Beech Ave. Mercedes, TX 78570	7 Amount of contribution (\$) \$\frac{1}{200} - \frac{1}{200} -			
8 Principal occu Business (pation / Job title (See Instructions) 9 Employer (See Instructions) Where	ructions)			
Date 05/16/2025	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 5500			
Principal occup Business Ov	pation / Job title (See Instructions) Employer (See Instructions)	ructions)			
Date 05/23/2025	Steven Cruz Contributor address; City; State; Zip Code 2920 Cassie Rd Edinburg, TX 78541	Amount of contribution (\$) \$ 500			
Principal occup Business (Destion / Job title (See Instructions) Employer (See Instructions)	tructions)			
Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Principal occup Attorney	pation / Job title (See Instructions) Employer (See Ins	tructions)			
	ATTACH ADDITIONAL CODIES OF THIS SOURDING EA	SNEEDED			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	19 NEEDED			

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Adina San	itillan		3 Filer ID (Ethics Commission Filers)		
4 Date	Torbio Palacios & Hope Davis	(ID#:)	7 Amount of contribution (\$)		
05/28/2025	6 Contributor address; City; 1805 E Russell Rd. Edinburg,	₱1000 -			
8 Principal occur Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
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)	Employer (See Instruct	ions)		
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)	Employer (See Instruc	tions)		
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)	Employer (See Instruc	tions)		
		The state of the s			
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 Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)
Adina Sa	ntillan		1-11	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor)	8 Amount of	9 In-kind contribution
	Pete Garcia		Contribution \$	description
05/20/2025			450.00	Campaign Event
03/20/2023	Total and the second se	Zip Code		Expenses
	118 N Standard San Juan TX 78	3589	Check if travel outsi	de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	VALUE - 1000	er (FOR NON-JUDICI	AL)(See Instructions)
	Political Consultant	Retired	ACC 10 ACC 300 ACC	
12 Contributor's principal occupation (FOR JUDICIAL) N/A 13 Contributor's N/A			utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fir		15 Law firm	m 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				
Date	Full name of contributor)	Amount of	In-kind contribution
	Ernesto Guajardo		Contribution \$	description
05/15/2025		***********	1,000.00	Campaign
	Contributor address; City; State;	Zip Code		Labor and Polling
	P.O. Box 2563 San Juan TX 785	589	Check if travel outsi	I ide of Texas. Complete Schedule T.
Se beenmosteben tesante	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	100000000000000000000000000000000000000		AL)(See Instructions)
Retired/	Political Consultant	Retire	ed	
Contributor's principal occupation (FOR JUDICIAL) N/A Con N/A			ntributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		La contraction on	n of contributor's spou	ise (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.

Th	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Adina Sa	ntillan	20			
7 tama Oa	i dilan				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of	9 In-kind contribution	
54.0	Hacienda Event Center		Contribution \$	description	
	Tracienda Event Genter	*******	1,000.00	Event Center for	
05/25/2025	7 Contributor address; City; State;	Zip Code		Campaign Event	
	522 S Iowa San Juan TX 7	78589	8 99 8 8	1	
	322 3 Iowa San Suan TX I	0000	Check if travel outs	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)	
Events		Haciend	а		
12 Contributor's	principal occupation (FOR JUDICIAL)	2020	utor's job title (FOR JUDICIAL) (See Instructions)		
N/A		N/A			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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					
IN/A					
Date	Full name of contributor		Amount of	In-kind contribution	
Date	Pete Garcia		Contribution \$	description	
	rele Garcia		E00.00	Political Trailer	
05/24/2025	Contributor address; City; State;	Zip Code	500.00	1	
	118 N Standard Ave San Juan TX 785	89		1	
			Check if travel outs	ide of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Salar Color		AL)(See Instructions)	
Retired/	Political Consultant	Retire	ed		
A STATE OF THE PROPERTY OF THE			utor's job title (FOR JU	JDICIAL) (See Instructions)	
N/A		N/A			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
N/A		N/A			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
N/A					
14/7					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Other (out of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 04/28/2025 Costco Zip Code 6 Amount (\$) 7 Payee address; City; State: 27 01 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Travel In District Gas PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Tortilleria San Jose 04/28/2025 Amount (\$) Payee address; City; State; Zip Code 39 39 Description Category (See Categories listed at the top of this schedule) Food/Beverage Expense Breakfast for Polling Sites PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/28/2025 HEB Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Food/Beverage Expense Food/Beverage for Polling Sites **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH **ASantillan** Comissioner PL 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 Salaries/Wages/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2025	5 Payee name Sams		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Gas	
Complete ONLY if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Date 05/02/2025	Payee name Omega Mart		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Items for Poll	ing Site
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/03/2025	El Taco Lounge		
Amount (\$) \$ 16.34	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food/Beverage	e for Polling Sites
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ASantillan	Office sought	Office held Comissioner PL 3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME SANTILLA		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
05/09/2025	Tractor Supply Company			
6 Amount (\$) 1 16.23	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Straps for T Po	osts	
	(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/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
05/12/2025	Harbor Freights			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 7.5%				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Materials for S	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
05/12/2025	Yadiras			
Amount (\$) \$ 13.45	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		and the second second
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Beverage for B	Block Walking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED	

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 05/12/2025	5 Payee name Dairy Queen			
6 Amount (\$) \$15.13	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Snacks for Blo	ockwalking	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/12/2025	Sams			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$26-				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel In District	Gas for travel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/10/2025	Whataburger			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$26.05				
	Category (See Categories listed at the top of this schedule)	Description	one in the second	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food after Bloo	ckwalking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ ASantillan		Com	missioner PL 3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2025	5 Payee name HEB	·	
6 Amount (\$) \$6269	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food/Items for	Campaign Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	office held
Date 05/16/2025	Payee name Wal-Mart		
Amount (\$) \$ 16 50	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Items for Cam	paign Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/16/2025	Payee name Sams		
Amount (\$) \$ 89.54	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Items for Camp	paign Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ASantillan	Office sought	Office held Commissioner PL 3
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Adina Santillan 5 Payee name 4 Date 05/19/2025 Sams City; State: Zip Code 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Items for Campaign Event Campaign Event **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Micheals Burgers 05/19/2025 State; Zip Code City; Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) Food/Beverage Expense Food after Blockwalking PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/03/2025 Micheals Burgers Amount (\$) State: Zip Code Payee address; City: Category (See Categories listed at the top of this schedule) Description **Event Expense** PURPOSE Watch Party Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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
Candidats/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date 05/20/2025	5 Payee name Hobby Lobby	-959	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$21.60			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	2
PURPOSE OF EXPENDITURE	Campaign Event	Items for Campaign Event	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/22/2025	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
30,56			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food Items fo	r Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/27/2025	Taco Lounge		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 12.55			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Breakfast for F	Poll Sites
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date 05/25/2025	5 Payee name Hermilia Garcia	•	_
6 Amount (\$) \$ 3600 —	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Polling Expens	se
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/25/2025	Panchita Ramos		
# 1000 -	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Polling Expens	se
	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		
05/25/2025	Gloria Martinez		
Amount (\$) \$ 1560 -	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Polling Expens	e
	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/Ol	H		

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 Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica		ng Expense ies/Wages/Contract Labor	Other (enter a catego	
Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics	Commission Filers)
4 Date 05/27/2025	5 Payee name Jack In The Box			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food for poll	Food for poll watchers	
	(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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		57-10	
05/27/2025	HEB			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 30 00				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Travel In District	Description Gas		
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/28/2025	McDonalds			
Amount (\$) \$ 40,89	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Breakfast for P	oll Sites	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	EDED	

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 Salaries/Wages/Contract Labor

Credit Card Payment	10 C	Salanes/Wages/Contract Labor ains how to 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		
05/28/2025	El Pato		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of t	nis schedule) (b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food for pol	l watchers
	(c) Check if travel outside of Texas. Complet	e Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/28/2025	HEB	10	
Amount (\$) \$\displaystyle{\psi} 32-	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of th	s schedule) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Snacks for P	olling Sites
	Check if travel outside of Texas. Complet	e Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/28/2025	Sams		
Amount (\$) \$31 -	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of thi	s schedule) Description	
PURPOSE OF EXPENDITURE	Travel In District	Gas	
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED

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
Leaal Services

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

Candidate/Officeholder/Politica	l Committee Legal Services Sala	aries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Adina Santillan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/29/2025	Brand Boosters		
6 Amount (\$) \$1750—	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Signs/Flyers	
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/29/2025	Mike Garza		
# Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE	Contract Labor	Polling Expens	se
OF EXPENDITURE		β	
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/29/2025	Miguel Gonzalez		
#/500 —	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Polling Expens	e
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEE	EDED