

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

24

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
APR 03 2025
@ 4:02 pm
by: Brenda Escalante

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

12 / 17 / 2024

THROUGH

4 / 2 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 3 / 2025

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

San Juan
Commissioner PK 2.

13 OFFICE SOUGHT (if known)

Mayor City of San Juan

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

10,700⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6406.70

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

4293.30

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

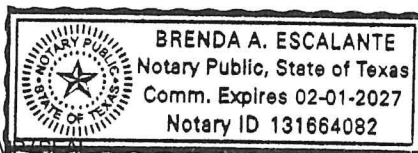
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by Ernesto Guajardo this the 3rd day of April,

20 25, to certify which, witness my hand and seal of office.

[Signature]

Brenda Escalante

City Secretary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

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 <i>Ernesto Quejudo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>South Texas Risk Management</i> 6 Contributor address; City; State; Zip Code <i>1200 Fresno Mission TX 785</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TEK Ton Development</i> Contributor address; City; State; Zip Code <i>5357 Escarabado McAllen TX 78504</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/10/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Godinez</i> Contributor address; City; State; Zip Code <i>3007 N 9th St McAllen TX 78504</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rennie Cruz</i> Contributor address; City; State; Zip Code <i>1300 Northeastway McAllen TX 78504</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

Eduardo Guigardo

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/24

5 Full name of contributor

☐ out-of-state PAC (ID#:

Leon De Leon

7 Amount of contribution (\$)

1,500⁰⁰

6 Contributor address;

City;

State;

Zip Code

Box 124

San Jacinto

TX

78589

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/9/24

Full name of contributor

☐ out-of-state PAC (ID#:

CB Coconutts, LLC

Amount of contribution (\$)

2,500⁰⁰

Contributor address;

City;

State;

Zip Code

1014 Hill Country Rd. Edinburg TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/25

Full name of contributor

☐ out-of-state PAC (ID#:

Liane Barger & Goggin Blaine Sampson

Amount of contribution (\$)

1,500⁰⁰

Contributor address;

City;

State;

Zip Code

P.O. Box 17424

Austin

TX

78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/25

Full name of contributor

☐ out-of-state PAC (ID#:

Palacios, Guzman & Thompson

Amount of contribution (\$)

1,500⁰⁰

Contributor address;

City;

State;

Zip Code

2724 West Canton Rd. Edinburg TX 78539

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Ernesto Cagiano

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

Valley Kidz and Teen Club P.A.

6 Contributor address;

City;

State;

Zip Code

1110 S. Stewart Rd. San Juan TX 78584

7 Amount of contribution (\$)

2000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Ernesto Guajardo

3 Filer ID (Ethics Commission Filers)

1

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 1000.00

5 Date

3/2/2025

6 Full name of contributor

☐ out-of-state PAC (ID#)

Hacienda Event Center

7 Contributor address;

City;

State;

Zip Code

522 N Iowa San Juan TX 78559

8 Amount of Contribution \$

500.00

9 In-kind contribution description

Event Center

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

3/2/2025

Full name of contributor

☐ out-of-state PAC (ID#)

Pete Garcia

Contributor address;

City;

State;

Zip Code

1146 N. Stanchard San Juan TX 78559

Amount of Contribution \$

500.00

In-kind contribution description

Trailer

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (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.

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

Ernesto Cevallos

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 300.00

5 Date

3/29/2025

6 Full name of contributor ☐ out-of-state PAC (ID#:

Sandy Cevallos

8 Amount of Contribution \$

300.00

9 In-kind contribution description

Chicken

7 Contributor address; City; State; Zip Code

3121 Queens Ave WKAham, TX 78504

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

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)

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 Contribution \$

In-kind 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)

Employer (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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Ernesto Cuajardo</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,700</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>1,300</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6406.70</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Eduardo Cuyjardo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>March 3 & 5 2025</i>		5 Payee name <i>LOWE'S</i>			
6 Amount (\$) <i>510.03</i>		7 Payee address: <i>707 S. Jackson Rd</i>		City: <i>Pharr</i>	State: <i>TX</i> Zip Code <i>78577</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rubber Straps & Ties</i>		(b) Description <i>Black Rubber Straps with Hook for large signs</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Mar. 12, 2025</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>39.71</i>		Payee address: <i>409 West Jackson Ave</i>		City: <i>Pharr</i>	State: <i>TX</i> Zip Code <i>78577</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>		Description <i>Zip Ties</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Mar 10, 2025</i>		Payee name <i>Muelle 37</i>			
Amount (\$) <i>135.42</i>		Payee address: <i>1300 US 83 business</i>		City: <i>Pharr</i>	State: <i>TX</i> Zip Code <i>78577</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Meeting</i>		Description <i>Food Expense</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Canjiano</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Feb 10, 2022</i>	5 Payee name <i>Raising Canes</i>	
6 Amount (\$) <i>60.34</i>	7 Payee address: <i>2043 I-2</i>	City; State; Zip Code <i>Pharr TX 78577</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description <i>Meals</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held

Date <i>March 3, 2011</i>	Payee name <i>HEB</i>		
Amount (\$) <i>197.05</i>	Payee address; <i>901 W. E. 4th St</i>	City; State; Zip Code <i>San Juan TX 78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gas Expense</i>	Description <i>Gas</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

Date <i>Mar 31, 2025</i>	Payee name <i>SAMS</i>		
Amount (\$) <i>128.19</i>	Payee address; <i>1400 E Jackson Ave</i>	City; State; Zip Code <i>Pharr TX 78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>	Description <i>Gas</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Eduardo Caceriano</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Feb 10+11</i>	5 Payee name <i>Tractor Supply Company</i>	
6 Amount (\$) <i>184.60</i>	7 Payee address; <i>6823 S. Cagle Blvd. Pharr TX 78577</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>T-Pole</i>	(b) Description <i>for signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>Jan -24-25</i>	Payee name <i>Target</i>		
Amount (\$) <i>257.58</i>	Payee address; <i>13131 MountFrost Dr.</i>	City; <i>Dallas</i>	State; Zip Code <i>TX 75240</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Supplies</i>	Description <i>copied</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>Feb. 3-25 2025</i>	Payee name <i>Home Depot</i>		
Amount (\$) <i>248.19</i>	Payee address; <i>409 West Jackson Ave</i>	City; <i>Pharr</i>	State; Zip Code <i>TX 78577</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies for signs</i>	Description <i>straps & zip ties</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Eduardo Cuejardo		3 Filer ID (Ethics Commission Filers)	
4 Date March 5 + 10		5 Payee name Whataburger			
6 Amount (\$) 53.68		7 Payee address; Interstate Hwy		City; San Juan	State; TX
				Zip Code 78589	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense		(b) Description Food		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date Feb 3 + 9					
Payee name Whataburger					
Amount (\$) 111.95		Payee address; Interstate Hwy 2		City; SAN JUAN	State; TX
				Zip Code 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		Description Food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date MAR-3 + 13					
Payee name Whataburger					
Amount (\$) 88.05		Payee address; Interstate Hwy 2		City; SAN JUAN	State; TX
				Zip Code 78589	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense		Description Meal		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Ernesto Quejardo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Feb 14, 2025</i>		5 Payee name <i>HEB</i>			
6 Amount (\$) <i>143.23</i>		7 Payee address: <i>901 W Expy 93</i>		City: <i>San Juan</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Expense</i>		(b) Description <i>Coas</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 13, 2025</i>		Payee name <i>EL Pato</i>			
Amount (\$) <i>34.23</i>		Payee address: <i>1624 N. Raul Hengoria</i>		City: <i>San Juan</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense on food</i>		Description <i>Meals</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 13, 2025</i>		Payee name <i>Stripes #4122</i>			
Amount (\$) <i>25.14</i>		Payee address: <i>1701 N. Raul Hengoria</i>		City: <i>San Juan</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>		Description <i>Coas</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Ernesto Cuejarcho</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Feb 10 & 15 2025</i>		5 Payee name <i>Michael's Burger</i>			
6 Amount (\$) <i>184.88</i>		7 Payee address: <i>909 W. 1st</i>		City: <i>San Juan</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		(b) Description <i>Meals</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 7, 2025</i>		Payee name <i>Xoom store</i>			
Amount (\$) <i>80.12</i>		Payee address: <i>822 W US Hwy 83</i>		City: <i>San Juan</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>		Description <i>Cars</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Jan 21, 2025</i>		Payee name <i>Ernesto Cuejarcho</i>			
Amount (\$) <i>500.00</i>		Payee address: <i>117 West 3rd</i>		City: <i>San Juan</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Meeting</i>		Description <i>Event</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Cordero</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Mar 25, 2025</i>	5 Payee name <i>Burgos</i>	
6 Amount (\$) <i>44.92</i>	7 Payee address; <i>3704 N Road Longoria Rd San Juan TX 78589</i>	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description <i>Meals</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

Date <i>Mar 24, 2025</i>	Payee name <i>Tacos Kioski</i>		
Amount (\$) <i>100.18</i>	Payee address; <i>705 S. 10th St. McAllen TX 78501</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Meeting</i>	Description <i>Food Expense</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name <i>Office sought</i> <i>Office held</i>		

Date <i>Mar 17, 2025</i>	Payee name <i>Michael's Burgers</i>		
Amount (\$) <i>156.41</i>	Payee address; <i>909 W. 1st St. San Juan TX 78589</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>meals</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name <i>Office sought</i> <i>Office held</i>		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Cuevas Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>March 31, 2025</i>	5 Payee name <i>Xoom</i>
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6 Amount (\$) <i>43.77</i>	7 Payee address; <i>822 W. US Hwy 83</i>	City; <i>San Juan</i>	State; <i>TX</i>	Zip Code <i>78589</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Expense</i>	(b) Description <i>Cas</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 held
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Date <i>March 25, 2025</i>	Payee name <i>HEB</i>
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Amount (\$) <i>107.85</i>	Payee address; <i>901 W. EXPY 83</i>	City; <i>SAN JUAN</i>	State; <i>TX</i>	Zip Code <i>78589</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>	Description <i>Cas</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Mar 17, 2025</i>	Payee name <i>SUNOCO</i>
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Amount (\$) <i>80.00</i>	Payee address; <i>600 E. business 83</i>	City; <i>SAN JUAN</i>	State; <i>TX</i>	Zip Code <i>78589</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>	Description <i>Cas</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Eduardo Cuevas</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Mar 4, 2025</i>		5 Payee name <i>Rancho Grande Restaurant</i>			
6 Amount (\$) <i>189.74</i>		7 Payee address; <i>101 S. Nebraska</i>		City; <i>San Juan</i>	State; <i>TX</i> Zip Code <i>78589</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>meals</i>		(b) Description <i>meals</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Mar 21, 2025</i>		Payee name <i>Dairy Queen</i>			
Amount (\$) <i>37.36</i>		Payee address; <i>800 W. Hwy 83</i>		City; <i>San Juan</i>	State; <i>TX</i> Zip Code <i>78589</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Meals</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 3, 2025</i>		Payee name <i>Dairy Queen</i>			
Amount (\$) <i>40.99</i>		Payee address; <i>800 W. Hwy 83</i>		City; <i>San Juan</i>	State; <i>TX</i> Zip Code <i>78589</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Meals</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Garguilo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>Mar 24, 2025</i>	5 Payee name <i>Mac Donald</i>
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6 Amount (\$) <i>49.41</i>	7 Payee address; <i>824 West Business St</i>	City; <i>San Saba TX</i>	State; <i>TX</i>	Zip Code <i>78588</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description <i>Meals</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Mar 14, 2025</i>	Payee name <i>Peter's Pinner Pizza</i>
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Amount (\$) <i>39.06</i>	Payee address; <i>1043 W. Exp 83</i>	City; <i>Alamo</i>	State; <i>TX</i>	Zip Code <i>78588</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Meals</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>Mar. 17, 2025</i>	Payee name <i>E.L. Cello Restaurant</i>
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Amount (\$) <i>51.00</i>	Payee address; <i>407 N. Nebraska Ave</i>	City; <i>San Saba TX</i>	State; <i>TX</i>	Zip Code <i>78588</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description <i>Meals</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Ernesto Gonzalez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Feb. 26, 2025</i>		5 Payee name <i>EL Dorado</i>			
6 Amount (\$) <i>53.63</i>		7 Payee address: <i>755 Main St.</i>		City: <i>Alamo</i>	State: <i>TX</i>
				Zip Code <i>78516</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		(b) Description <i>Breakfast.</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>2/24/2025</i>		Payee name <i>Taco Palenque</i>			
Amount (\$) <i>48.97</i>		Payee address: <i>713 W EXPY 83</i>		City: <i>SAN JUAN, TX</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Meal</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Mar. 31, 2025</i>		Payee name <i>Taco Fiesta</i>			
Amount (\$) <i>47.16</i>		Payee address: <i>1325 S. Cage Blvd</i>		City: <i>Pharr</i>	State: <i>TX</i>
				Zip Code <i>78577</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Meal Expense</i>		Description <i>Food</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Ernesto Guajardo 3 Filer ID (Ethics Commission Filers)

4 Date Mar 11, 2025 5 Payee name Star-Ette Fried Chicken

6 Amount (\$) 26.06 7 Payee address: 902 N. Raul Hongoza Rd City: San Juan State: TX Zip Code: 78589

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food Expense (b) Description meals
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date March 4, 2025 Payee name Tagueria Rios

Amount (\$) 55.04 Payee address: 5107 N Raul Hongoza Rd City: San Juan State: TX Zip Code: 78589

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food Expense Description Meals
☐ 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 Feb 29, 2025 Payee name Tagueria Rios

Amount (\$) 60.03 Payee address: 5107 N. Raul Hongoza Rd City: San Juan State: TX Zip Code: 78589

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food Expense Description Meals
☐ 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

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Ernesto Guzman</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Feb 28, 2029</i>		5 Payee name <i>Stripes #</i>			
6 Amount (\$) <i>26.35</i>		7 Payee address: <i>101 W. Nolana loop</i>		City: <i>San Juan, TX</i>	State: Zip Code <i>78589</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Expense</i>		(b) Description <i>Coos</i>		
	(a) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 27, 2029</i>		Payee name <i>Costco</i>			
Amount (\$) <i>62.76</i>		Payee address: <i>501 West Kelly</i>		City: <i>Pharr</i>	State: Zip Code <i>TX 78577</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>		Description <i>Coos</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 27, 2029</i>		Payee name <i>USPS</i>			
Amount (\$) <i>43.80</i>		Payee address: <i>100 W. Amy Dr. San Juan</i>		City: <i>TX</i>	State: Zip Code <i>78589</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Postage</i>		Description <i>5 stamps</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Espinoza Caceres</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Feb 12, 2024</i>		5 Payee name <i>JLSB</i>			
6 Amount (\$) <i>55.37</i>		7 Payee address: <i>813 W. EXPY 83</i>		City: <i>SAN JUAN TX</i>	State: Zip Code <i>78589</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Expense</i>		(b) Description <i>Gas</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Feb 10, 2024</i>		Payee name <i>Stripes #9123</i>			
Amount (\$) <i>65.00</i>		Payee address: <i>101 W Nolana Loop</i>		City: <i>SAN JUAN TX</i>	State: Zip Code <i>78589</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>		Description <i>Gas</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>Mar 6, 2024</i>		Payee name <i>Costco Gas Station</i>			
Amount (\$) <i>960.80</i>		Payee address: <i>501 West Kelly</i>		City: <i>Pharr TX</i>	State: Zip Code <i>78577</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Expense</i>		Description <i>Gas</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Cuevas</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>03/04/2025</i>	5 Payee name <i>Impresion Digital</i>
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6 Amount (\$) <i>800.00</i>	7 Payee address: <i>Calle Rio Monte 55</i> <i>Longoria 98660</i>	City: <i>Reynosa Tmp</i>	State: <i>Mexico</i>	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Big Sign</i>	(b) Description <i>Banner for trailers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/2/2025</i>	Payee name <i>Impresion Digital</i>
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Amount (\$) <i>800.00</i>	Payee address: <i>Calle Rio Monte 55</i> <i>Longoria 98660</i>	City: <i>Reynosa</i>	State: <i>Tamp</i>	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Big Signs</i>	Description <i>Banners for Trailer.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Eduardo Guajardo</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Jan 14, 2025</i>		5 Payee name <i>TACO Fiesta</i>			
6 Amount (\$) <i>68.12</i>		7 Payee address: <i>1325 S. Case Blvd</i>		City: <i>Pharm</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		(b) Description <i>Meals</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	
Date <i>March 7, 2025</i>		Payee name <i>TACO Fiesta</i>			
Amount (\$) <i>122.76</i>		Payee address: <i>1325 S. Case Blvd.</i>		City: <i>Pharm</i>	State: <i>TX</i>
				Zip Code <i>78589</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>lunch</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	
Date <i>2/13/2025</i>		Payee name <i>KFC</i>			
Amount (\$) <i>62.95</i>		Payee address: <i>904 E. U.S. Business 83</i>		City: <i>Pharm</i>	State: <i>TX</i>
				Zip Code <i>78577</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		Description <i>Meals</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

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