

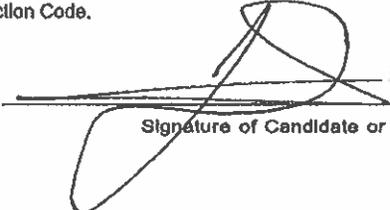


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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)	\$	40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	46,140.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,804.53
	4. TOTAL POLITICAL EXPENDITURES	\$	30,943.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	8,601.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

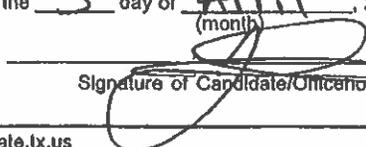
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

**(2) Unsworn Declaration**

My name is Juan Solitaire, and my date of birth is [REDACTED]  
 My address is 904 Joseph St #B, Pasadena, TX, 77506 Harris.  
(street) (city) (state) (zip code) (country)  
 Executed in Harris County, State of TX, on the 3 day of April, 20 25.  
(month) (year)

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

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29,138.98
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	\$

# 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		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Soltaire <hr/> 6 Contributor address; City; State; Zip Code 11318 Hirsch Rd. Houston, TX 77016	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Soltaire <hr/> Contributor address; City; State; Zip Code 110 West H St. La Porte, TX 77571	Amount of contribution (\$) 1,600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Soltaire <hr/> Contributor address; City; State; Zip Code 3311 Preston Ave. Pasadena, TX 77505	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton Dimas <hr/> Contributor address; City; State; Zip Code 702 Main St. La Marque, TX 77568	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Solitatre <hr/> 6 Contributor address; City; State; Zip Code 904 Joseph St. Pasadena, TX 77506	7 Amount of contribution (\$) 6,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulysses Aguero <hr/> Contributor address; City; State; Zip Code 4022 Sand Hurst Dr. Pasadena, TX	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yack E. Leal <hr/> Contributor address; City; State; Zip Code 22401 Filiberto Ct. Lindale, TX 75771	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennycito Canino <hr/> Contributor address; City; State; Zip Code 5301 Lorraine Dr. Baytown, TX 77521	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 3 Filer ID (Ethics Commission Filers)

4 Date 2/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Solitaire	7 Amount of contribution (\$) 10,000.00
6 Contributor address; City; State; Zip Code 110 West H St. La Porte, TX 77571		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Solitaire	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 11318 Hirsch Rd. Houston, TX 77016		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Solitaire	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 904 Joseph St. Pasadena, TX 77506		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 3/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Sanchez	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 2429 Wilson Rd. Humble, TX 77396		

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		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Solitaire <hr/> 6 Contributor address; City; State; Zip Code 110 West H St. La Porte, TX 77571	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Solitaire <hr/> Contributor address; City; State; Zip Code 904 Joseph St. Pasadena, TX 77506	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 2/7/25		<b>5</b> Payee name M3 Graphics			
<b>6</b> Amount (\$) 4,550.29		<b>7</b> Payee address; City; State; Zip Code 11730 S Wilcrest Dr. Houston, TX 77009			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description Campaign Signage		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/12/25		Payee name M3 Graphics			
Amount (\$) 633.26		Payee address; City; State; Zip Code 11730 S Wilcrest Dr. Houston, TX 77009			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign Literature		
	<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 2/19/25		Payee name Office Depot			
Amount (\$) 412.30		Payee address; City; State; Zip Code 3931 Fairway Plaza Dr. Pasadena, TX 77505			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead		Description Campaign Supplies		
	<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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/19/25	<b>5</b> Payee name Deer Park Printing	
<b>6</b> Amount (\$) 281.45	<b>7</b> Payee address; City; State; Zip Code 2602 Center St. Deer Park, TX 77536	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Campaign Materials
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 3/5/25	<b>Payee name</b> M3 Graphics	
<b>Amount (\$)</b> 1,773.14	<b>Payee address; City; State; Zip Code</b> 11730 S Wilcrest Dr. Houston, TX 77009	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Printing Expense	<b>Description</b> Campaign Signage
	<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
<b>Date</b> 2/26/25	<b>Payee name</b> Griselda Velazquez	
<b>Amount (\$)</b> 3,000.00	<b>Payee address; City; State; Zip Code</b> 11710 Downey Violet Ln. Houston, TX 77044	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contract Labor	<b>Description</b> Block Walking Program
	<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  
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		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/25		5 Payee name Griselda Velazquez			
6 Amount (\$) 3,000.00		7 Payee address; City; State; Zip Code 11710 Downey Violet Ln. Houston, TX 77044			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description Block Walking Program		
	(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 3/3/25		Payee name Griselda Velazquez			
Amount (\$) 3,000.00		Payee address; City; State; Zip Code 11710 Downey Violet Ln. Houston, TX 77044			
8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor		Description Block Walking Program		
	<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 3/5/25		Payee name Griselda Velazquez			
Amount (\$) 3,000.00		Payee address; City; State; Zip Code 11710 Downey Violet Ln. Houston, TX 77044			
8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor		Description Block Walking Program		
	<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/11/25	<b>5</b> Payee name Griselda Velazquez	
<b>6</b> Amount (\$) 3,000.00	<b>7</b> Payee address; City; State; Zip Code 11710 Downey Violet Ln. Houston, TX 77044	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Block Walking Program
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 3/17/25	<b>Payee name</b> Walmart	
<b>Amount (\$)</b> 259.75	<b>Payee address; City; State; Zip Code</b> 9235 N Sam Houston Pkwy. E Humble, TX 77396	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense	<b>Description</b> Refreshments for Campaign Event
	<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
<b>Date</b> 3/17/25	<b>Payee name</b> Broadway Buffalo Wings	
<b>Amount (\$)</b> 535.48	<b>Payee address; City; State; Zip Code</b> 1520 Southmore Ave. Pasadena, TX 77502	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Event Expense	<b>Description</b> Campaign Meet & Greet
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/14/25	<b>5</b> Payee name Griselda Velazquez	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code 11710 Downey Violet Ln, Houston, TX 77044	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Block Walking Program
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 3/17/25	<b>Payee name</b> Walmart	
<b>Amount (\$)</b> 636.64	<b>Payee address; City; State; Zip Code</b> 702 SW 8th St, Bentonville, AR 72712	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead	<b>Description</b> Campaign Supplies
	<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
<b>Date</b> 3/18/25	<b>Payee name</b> Griselda Velazquez	
<b>Amount (\$)</b> 2,000.00	<b>Payee address; City; State; Zip Code</b> 11710 Downey Violet Ln, Houston, TX 77044	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Contract Labor	<b>Description</b> Block Walking Program
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/24/25	<b>5</b> Payee name Griselda Velazquez	
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 11710 Downey Violet Ln, Houston, TX 77044	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contract Labor	<b>(b)</b> Description Block Walking Program
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 3/3/25	<b>Payee name</b> Adrian Alvarado	
<b>Amount (\$)</b> 500.00	<b>Payee address;</b> City; State; Zip Code 4202 Gardner Rd. Pasadena, TX 77502	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contract Labor	<b>Description</b> Voter Outreach
	<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
<b>Date</b> 3/3/25	<b>Payee name</b> Lorena Escatel	
<b>Amount (\$)</b> 300.00	<b>Payee address;</b> City; State; Zip Code 2103 North Memorial Ct, Pasadena, TX 77502	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Contract Labor	<b>Description</b> Voter Outreach
	<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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/3/25	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) 756.67	<b>7</b> Payee address; City; State; Zip Code 5455 Fairmont Pkwy. Pasadena, TX 77505	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead	<b>(b)</b> Description Campaign Materials & Supplies for Signage
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>8</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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