

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICHAEL	MI A
	NICKNAME MIKE	LAST HINOJOSA	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 907 WESTFALL AVE	APT / SUITE #: PASADENA TX 77506	CITY: STATE: ZIP CODE
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (281) PHONE NUMBER: 624-6448 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST PRISCILLA	MI
	NICKNAME CHARLES	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS NO PO BOX PLEASE: APT / SUITE # CITY: STATE: ZIP CODE 4303 COMANCHE PASADENA TX 77504		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (832) PHONE NUMBER: 291-1664 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 25 THROUGH 3 / 24 / 25		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) PASADENA CITY COUNCIL F	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY
Date Received
City Sec. Office
04/02/25 @
2:48 P.M.

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

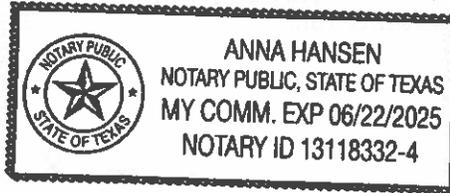
15 C/OH NAME MICHAEL HINOJOSA		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,948.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,362.85
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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Michael Hinojosa this the 2nd day of April

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

Anna Hansen Anna Hansen Notary
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MICHAEL HINOJOSA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22710.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,948.19
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: SEN: 114 REP: 4/10
2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)
4 Date 1-18-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH HINOJOSA	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code PASADENA, TX 77504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-6-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VILLA ROSE SENIOR HOUSING	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3256 BURKE RD, PASADENA TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-6-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE LAW	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 825 SOUTHMORE 200, PASADENA TX 77502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN KHECKER	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code HOUSTON, TX 77098		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) KHECKER GARCIA

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: SA: 2/4 RA: 5/10
2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SPACE CITY CAPITAL	7 Amount of contribution (\$) 5,000 --
6 Contributor address; City; State; Zip Code 4808 FAIRMONT AVE 105, PASADENA TX 77505		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: UNITED PROVIDERS OF TEXAS	Amount of contribution (\$) 5,000 --
Contributor address; City; State; Zip Code 3009 STRAWBERRY B, PASADENA TX 77502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FERNANDO RICO	Amount of contribution (\$) 500 --
Contributor address; City; State; Zip Code HOUSTON, TX 77043		
Principal occupation / Job title (See Instructions) REGIONAL PROJECT MGR		Employer (See Instructions) ALLIANCE CONSTRUCTION
Date 3-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RADHESHYAM MIRYALA	Amount of contribution (\$) 1000 --
Contributor address; City; State; Zip Code DEEP PARK, TX 77534		
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions) COMMUNITY FIRST ER
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: SCH: 3/4 RPT: 6/10
2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)
4 Date 3-7-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FINEA GONZA	7 Amount of contribution (\$) 55--
6 Contributor address; City; State; Zip Code PASADENA TX, 77504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-7-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN HALVORSON	Amount of contribution (\$) 55--
Contributor address; City; State; Zip Code PASADENA, TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WEBSTER SPORTS MEDICINE	Amount of contribution (\$) 2000--
Contributor address; City; State; Zip Code 3391 WESTPARK DR, HOUSTON, TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-19-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RACHEL STEELY	Amount of contribution (\$) 200--
Contributor address; City; State; Zip Code PASADENA, TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: SCH: 4/4 ADT: 7/10
2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)
4 Date 3-22-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RACHEL SOLIZ	7 Amount of contribution (\$) 100 --
6 Contributor address; City; State; Zip Code PASADENA, TX 77504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3-22-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JD SILVA + ASSOCIATES	Amount of contribution (\$) 5000 --
Contributor address; City; State; Zip Code 9307 BROADWAY ST 303, PEARLAND TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: sch: 1/3 2: 8/10		2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)	
4 Date 3.24.25		5 Payee name U2 MARKETING			
6 Amount (\$) 2,740.28		7 Payee address: 5900 BINKLE RD, HOUSTON TX 77092		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description MARKETING MATERIALS		
	(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 2.14.25		Payee name TWO FOUR CONSULTING			
Amount (\$) 2,000.00		Payee address: 1013 W ELLAINE AVE, PASADENA TX 77504		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description VOTER MAPPING		
	<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 2.25.25		Payee name DAVID HINOJOSA			
Amount (\$) 200		Payee address: 3805 URAGUAY, PASADENA, TX 77504		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR		Description MARKETING		
	<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: S: 2/3 R: 9/10		2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-10-25		5 Payee name MAMARITAS RESTAURANT			
6 Amount (\$) 1,146.12		7 Payee address: 7325 SPENCER HWY, PASADENA TX 77505		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT / FOOD + BEV		(b) Description CAMPAIGN EVENT		
	(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 3-13-25		Payee name JG FOUNDATION			
Amount (\$) 300.00		Payee address: 616 SHAWER ST, PASADENA, TX 77502		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY CANDIDATE		Description CHARITY		
	<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 3-20-25		Payee name THE DON' KEY MEXICAN FOOD			
Amount (\$) 767.45		Payee address: 5010 SPENCER HWY, PASADENA TX 77504		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT / FOOD + BEV		Description 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 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 | Printing 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: S: 3/3 R: 10/10		2 FILER NAME MICHAEL HINOJOSA		3 Filer ID (Ethics Commission Filers)	
4 Date 3-21-25		5 Payee name CANNA INC.			
6 Amount (\$) 293.00		7 Payee address: 3212 E CESAR CHAVEZ, AUSTIN, TX, 78702		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description MARKETING		
	(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 3-24-25		Payee name LA GUADALUPE BAKERY #2			
Amount (\$) 501.34		Payee address: 4690 BURKE RD STE 160, PASADENA, TX 77504		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT / FOOD + BEV		Description CAMPAIN EVENT		
	<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		Payee name			
Amount (\$)		Payee address:		City: State: Zip Code	
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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED