

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)	\$ 60,033. ⁵¹
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 59,874. ⁰⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 21,280. ³⁵
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 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 Donald J. Harris, and my date of birth is [REDACTED]

My address is P.O. Box 608, Pasadena, TX, 77501, USA
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 3 day of April, 2025.
(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	\$ 35,025
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25,008. ⁵¹
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	\$ 59,874. ⁰⁴
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: 18
2 FILER NAME Orlando Ghann		3 Filer ID (Ethics Commission Filers)
4 Date 1-17-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Quinlan	7 Amount of contribution (\$) \$ 5000
6 Contributor address; City; State; Zip Code 22310 Grand Corner Dr #130 Katy, TX 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmanuel Guerrero Campaign	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code P.O. Box 68 Pasadena, TX 77501		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F.A Kirkpatrick	Amount of contribution (\$) \$ 75
Contributor address; City; State; Zip Code 904 W. Elaine Pasadena, TX 77506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Spoford	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 218 Olive Ave Pasadena, TX 77506		
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: 18
2 FILER NAME Ornelio J. Barron		3 Filer ID (Ethics Commission Filers)
4 Date 1-25-25	5 Full name of contributor Wes Neal Jr <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 4006 Honduras Pasadena, TX 77504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1-28-25	Full name of contributor Jackeline Gonzalez <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 614 Shaver Pasadena, TX 77506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1-31-25	Full name of contributor Carlos Ruiz <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 15625 Sw 42 Terr Miami, FL 33185		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2-1-25	Full name of contributor Alfred Gonzalez <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 3407 Morning Dove Spring, TX 77388		
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: 14
2 FILER NAME Ornaldo Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubén Mercado	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 8930 Loundale St B Houston, TX 77012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-9-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Johnson	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 5222 Summer Oaks Dr Houston, TX 77055		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Suarez	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 2305 San Carlos, Houston, TX 77061		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Alvarado	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code 1211 Frost Rd Houston, TX 7702		
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: 18
2 FILER NAME Donald Yborn		3 Filer ID (Ethics Commission Filers)
4 Date 2-19-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Nassif Jr	7 Amount of contribution (\$) \$ 150
6 Contributor address; City; State; Zip Code 4243 Noble Oak Trl Houston TX 77059		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-20-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aidan Alvarado	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 1214 Frisco Rd Pasadena, TX 77502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martina Ruiz	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code 3330 Crestmeadow Dr Pasadena, TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica Cavanaugh	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code 6031 Denmark Dr. Pasadena, TX 77505		
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: 18
2 FILER NAME Donald Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finn Goetz	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 2711 Lilly St Pasadena TX 77503		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Freja	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 907 West Thomas Pasadena TX 77502		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernando Cortez	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 605 Harris Ave Pasadena, TX 77506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Valdez	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 1912 17th St Galena Park TX 77547		
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: 19
2 FILER NAME Donald G. Barron		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Castillo	7 Amount of contribution (\$) \$ 300
6 Contributor address; City; State; Zip Code 11134 H. H. Sisco Creek Dr Humble, TX 77346		
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#: _____) Josquin Gutierrez	Amount of contribution (\$) \$ 250
Contributor address; City; State; Zip Code 11314 Palm Beach St Houston TX 77034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma Gutierrez	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code 11314 Palm Beach St Houston, TX 77034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso Alvarado	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 7901 Lenora St Apt 27 Houston TX 77061		
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: 18
2 FILER NAME <i>Orlando ybarra</i>		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Duran</i>	7 Amount of contribution (\$) \$ 25.⁰⁰
	6 Contributor address; City; State; Zip Code <i>1300 North Post Oak Apt 1419 Houston TX 77055</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Suarez</i>	Amount of contribution (\$) \$ 25.⁰⁰
Contributor address; City; State; Zip Code <i>1300 North Post Oak Apt 1419 Houston TX 77055</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abraham Bagdemir</i>	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code <i>800 Galveston Rd Houston TX 77034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moira Villaseca</i>	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code <i>10635 Seaford Dr Houston TX 77059</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: 18
2 FILER NAME Orlando Ybarra		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Perez	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4125 Young St Pasadena, TX 77504		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Saenz	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 10990 Highland Meadow Village Apt 1610 Houston, TX 77084		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Jimenez	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 119 McMillers Ave Pasadena, TX 77506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maribel Jimenez	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1536 Park Ln Pasadena, TX 77506		
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: 18
2 FILER NAME Donald J. Harris		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Ruiz	7 Amount of contribution (\$) \$ 250
	6 Contributor address; City; State; Zip Code 15625 Sw 42 Terr Miami FL 33185	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jove Seenz	Amount of contribution (\$) \$ 150
	Contributor address; City; State; Zip Code 505 N. Illinois Ave League City TX 77573	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Ladens	Amount of contribution (\$) \$ 100
	Contributor address; City; State; Zip Code 302 Elm Ave Baytown TX 77520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jove Martinez	Amount of contribution (\$) \$ 50
	Contributor address; City; State; Zip Code 2701 Maple Spring Deer Park TX 77536	
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: 18
2 FILER NAME Donald Barrera		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Saenz	7 Amount of contribution (\$) \$200
6 Contributor address; City; State; Zip Code 1114 Holland Ave Galena Park, TX 75047		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Cavazos	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 320 Bennington St Houston, TX 77002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Jones	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 207 Michigan St South Houston, TX 77587		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Nunez	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 3256 Burk Rd Pasadena, TX 77504		
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: 18
2 FILER NAME Donald J. Barra		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eva Barra	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 2714 Southmore #B Austin, TX 71502		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Carter	Amount of contribution (\$) \$ 150
Contributor address; City; State; Zip Code 4809 Faircrest St Austin, TX 71505		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Aldrete	Amount of contribution (\$) \$ 300
Contributor address; City; State; Zip Code 2129 Red Bluff Rd Austin, TX 71506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Cepeda	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 503 Llano Austin, TX 71504		
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: 18
2 FILER NAME Orlando Ybarra		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar Gonzalez	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 4907 Double Eagle Dr Pasadena TX 77005		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Garza	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 3512 Old Holly Dr Pearland, TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica linear	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 3650 Barkeld apt 113 Pasadena TX 77004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daisy Gutierrez	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 11314 Palm Beach St Houston TX 77034		
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: 18
2 FILER NAME Orlando Ybarra		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Acosta	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1406 Stony Creek Dr. Rowlett, TX 75083		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felvia Jaramillo	Amount of contribution (\$) \$150
Contributor address; City; State; Zip Code 5030 Tangle Ln Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Hunt	Amount of contribution (\$) \$60
Contributor address; City; State; Zip Code 18041 Cedar 127 Burchar, TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ignacio Ibarra	Amount of contribution (\$) \$90
Contributor address; City; State; Zip Code 1508 Taylor Rowlett, TX 75086		
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: 18
2 FILER NAME Donald Ybarra		3 Filer ID (Ethics Commission Filers)
4 Date 3-8-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Ybarra	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 10819 Ocelot Ln Houston, TX 77034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ovidio Alanis	Amount of contribution (\$) \$5000
Contributor address; City; State; Zip Code 8519 Wood Hollow Trl Fulster, TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-23-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gynthia Smith	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 118 N. Barkell Pasadena, TX 77506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-24-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilda Lease	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 25710 Eagle Chase Ln Spring TX 77389		
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: 18
2 FILER NAME Donald J. Perry		3 Filer ID (Ethics Commission Filers)
4 Date 3.23.25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P. Lando Castaneda	7 Amount of contribution (\$) \$ 1000
6 Contributor address; City; State; Zip Code 3317 Pebble Beach Ln Porters, TX 77584		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-24-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt Rathjen	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 19 Finetta Ln Alvin, TX 77511		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky Gonzalez	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1619 Chapelwood Ln, Richmond, TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Perez	Amount of contribution (\$) \$ 25
Contributor address; City; State; Zip Code 4125 Young St 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: 18
2 FILER NAME Donald Ybarr		3 Filer ID (Ethics Commission Filers)
4 Date 3-31-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Johnson	7 Amount of contribution (\$) \$ 1000
6 Contributor address; City; State; Zip Code 9407 Reston Grove Ln Houston, TX 77055		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Garcia	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 3319 Lungwood Dr Pasadena TX 77503		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Krist	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 1914 Orchard Country Ln Houston TX 77067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Moran Jr.	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 4503 Shaun Dr Pasadena, TX 77505		
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: 18
2 FILER NAME Ornelis Flores		3 Filer ID (Ethics Commission Filers)
4 Date 4-1-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Serna	7 Amount of contribution (\$) \$100
	6 Contributor address; City; State; Zip Code 1516 E. San Martin Pkwy Apt 1201 Pasadena, TX 77503	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Flores	Amount of contribution (\$) \$1000
	Contributor address; City; State; Zip Code 921 Broadway Pasadena, TX 77506	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Quinlan	Amount of contribution (\$) \$10,000
	Contributor address; City; State; Zip Code 22310 Grand Corner Dr. #130 Katy, TX 77494	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindolfo Amaya	Amount of contribution (\$) \$600
	Contributor address; City; State; Zip Code 1213 Parkhill Pasadena, TX 77506	
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: 18
2 FILER NAME Donald Gram		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shant Kalsga	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code 10 Elliott Way Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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#: _____) 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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	
2 FILER NAME Donald Ybarra		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$25,008.⁵¹	
5 Date 2-2-25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Garcia Campaign	8 Amount of Contribution \$ \$4771.⁷⁷	9 In-kind contribution description Direct Mail
7 Contributor address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) County Commissioner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Harris County	
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 2-28-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Garcia Campaign	Amount of Contribution \$ \$15,236.⁷⁷	In-kind contribution description Direct Mail
Contributor address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) County Commissioner		Employer (FOR NON-JUDICIAL)(See Instructions) Harris County	
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	
2 FILER NAME <i>Donald Ybarra</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3-8-25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Garcia Campaign</i>	8 Amount of Contribution \$ \$5000⁰⁰	9 In-kind contribution description <i>Consulting</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 56386 Houston TX 77256</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>County Commissioner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Harris County</i>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> 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.

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: 12	2 FILER NAME Donald Ybarra	3 Filer ID (Ethics Commission Filers)
4 Date 1-7-25	5 Payee name Voter Access Network	
6 Amount (\$) \$1,213	7 Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Voter File
	(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 1-13-25	Payee name U2 Marketing	
Amount (\$) \$5,183 ²⁰	Payee address; City; State; Zip Code 5900 Bingle Rd Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<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 1-17-25	Payee name City of Pasadena	
Amount (\$) \$300	Payee address; City; State; Zip Code 1149 Ellsworth Dr. Pasadena, TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee for ballot
	<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: 12	2 FILER NAME Donald Ybarra	3 Filer ID (Ethics Commission Filers)
4 Date 1-17-25	5 Payee name Two Four Consulting	
6 Amount (\$) \$27,251	7 Payee address; City; State; Zip Code 1013 W. Elaine Pasadena TX 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description general consulting for campaign
	(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 1-24-25	Payee name Ink Spot Printing	
Amount (\$) \$3104.61	Payee address; City; State; Zip Code 2301 S. Shower Pasadena TX 77502	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hanger / Push Cards
	<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 2-2-25	Payee name Grant Martin Campaigns	
Amount (\$) \$2,096³⁷	Payee address; City; State; Zip Code 2383 Bush St San Francisco, CA 94115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Brochure
	<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	3 Filer ID (Ethics Commission Filers)
12	Donald Ybarra	
4 Date	5 Payee name	
2-2-25	Stripes	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 35	1401 Sandmore Ave	Pasadena, TX 77506
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Transportation Related Expense	Fuel Campaign
	(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	Payee name	
2-2-25	Maisey V. Hasenore	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 40	10635 Seaford Dr.	Houston, TX 77089
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Contact Labor	Assembly Yard Signs
	<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	
2-2-25	Check Point #5	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 34.42	2221 Red Bluff Dr	Pasadena, TX 77506
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Transportation Related Expense	Fuel Campaign Yard Signs
	<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: 12	2 FILER NAME Donald Ybarra	3 Filer ID (Ethics Commission Filers)
4 Date 2-5-25	5 Payee name Tractor Supply	
6 Amount (\$) \$317.61	7 Payee address; 1914 Main St Pearland, TX	City; State; Zip Code Pearland, TX 77581
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description T-shirt for signs
	(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 2-6-25	Payee name O'day Rental & Supply	
Amount (\$) \$34.62	Payee address; 6614 Broadway Pearland TX	City; State; Zip Code Pearland TX 77581
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description 2:0 ties for signs
	<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 2-7-25	Payee name Ink Spot Printing	
Amount (\$) \$650.56	Payee address; 2301 Shaver Pasadena, TX	City; State; Zip Code Pasadena, TX 77502
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Ink costs
	<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: <u>12</u>	2 FILER NAME <u>Donald Gboran</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2-7-25</u>	5 Payee name <u>Chris Boyce</u>	
6 Amount (\$) <u>\$200</u>	7 Payee address; City; State; Zip Code <u>18107 McKay Rd Alvin, TX 77511</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>	(b) Description <u>4x4 Signs</u>
	(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 <u>2-7-25</u>	Payee name <u>Melissa Sanchez</u>		
Amount (\$) <u>\$4000</u>	Payee address; City; State; Zip Code <u>4620 N. Braswood Blvd #96 Houston, TX 77096</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>	Description <u>Block Walker Field Evaluation</u>	
	<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 <u>2-11-25</u>	Payee name <u>Human Age Digital</u>		
Amount (\$) <u>\$4000</u>	Payee address; City; State; Zip Code <u>2700 Post Oak Blvd 21FL Houston TX 77047</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Digital Ads</u>	
	<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: 12	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 2-14-25	5 Payee name Ashton Bokras	
6 Amount (\$) \$1240	7 Payee address; City; State; Zip Code 2601 Brumerey St Apt 2203 Houston, TX 77030	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block Walker
	(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 2-14-25	Payee name Beky Cordell LLC		
Amount (\$) \$240	Payee address; City; State; Zip Code 8181 Taylor Lane Conroe, TX 77303		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Hoodie / Campaign Shirts	
	<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 2-14-25	Payee name Murphy Express		
Amount (\$) \$40	Payee address; City; State; Zip Code 510 Southmore Pasadena TX 77506		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description Fuel Campaign Around City	
	<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: <u>12</u>	2 FILER NAME: <u>Donald Ybarra</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>2-15-25</u>	5 Payee name: <u>Auto Zone</u>	
6 Amount (\$): <u>\$ 33.51</u>	7 Payee address; City; State; Zip Code: <u>1302 Preston Ave Pasadena, TX 77503</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>Other</u>	(b) Description: <u>Zip Ties for 4x4</u>
	(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: <u>2-27-25</u>	Payee name: <u>7 Eleven</u>	
Amount (\$): <u>\$ 34.23</u>	Payee address; City; State; Zip Code: <u>3933 Fairmont Pliny Pasadena TX 77504</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Transportation Related Expense</u>	Description: <u>Fuel 4x4 delivery & campaign city</u>
	<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: <u>2-27-25</u>	Payee name: <u>La Guadalupe Bakery & Cafe</u>	
Amount (\$): <u>\$ 64</u>	Payee address; City; State; Zip Code: <u>4690 Burke Rd Suite #160 Pasadena TX 77504</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Food/Beverage Expense</u>	Description: <u>Meal volunteers</u>
	<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: 12	2 FILER NAME Donald Johnson	3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Payee name Morrisos Auto 16 Seafood Restaurant	
6 Amount (\$) \$1328.09	7 Payee address; City; State; Zip Code 2726 Spencer Hwy Pasadena TX 77504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Campaign Fundraiser
	(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 3-1-25	Payee name Lowes Home Center LLC	
Amount (\$) \$52.00	Payee address; City; State; Zip Code 5400 Fairmont Pkwy Pasadena TX 77505	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Safety Vest
	<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 3-2-25	Payee name Kroger Fuel #354	
Amount (\$) \$36	Payee address; City; State; Zip Code 3550 Spencer Hwy Pasadena TX 77504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Expense	Description Fuel Campaign vehicle
	<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: 12	2 FILER NAME Donald Ybarra	3 Filer ID (Ethics Commission Filers)
4 Date 3-7-25	5 Payee name Lowe's Home Center LLC	
6 Amount (\$) \$48. ⁰⁰	7 Payee address; City; State; Zip Code 5400 Fairmont Pkwy Pasadena, TX 77505	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Zip Ties for 4x4s
	(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 3-8-25	Payee name Ashton Baknos		
Amount (\$) \$400	Payee address; City; State; Zip Code 2601 Gramercy St Apt 2203 Houston, TX 77030		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Black Walker	
	<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 3-8-25	Payee name Melissa Sander		
Amount (\$) \$4000	Payee address; City; State; Zip Code 4620 W. Brasswood Blvd #96 Houston TX 77096		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Black Walker	
	<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: 12	2 FILER NAME Donald Yboon	3 Filer ID (Ethics Commission Filers)
4 Date 3-10-25	5 Payee name Human Age Digital	
6 Amount (\$) \$7000	7 Payee address; City; State; Zip Code 2700 Post Oak Blvd #21 Houston TX 77056	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Ads.
	(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 3-29-25	Payee name Ashton Bohms	
Amount (\$) \$1250	Payee address; City; State; Zip Code 2601 Gramercy St Apt 2203 Houston, TX 77038	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Black Walker
	<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 3-29-25	Payee name Campaign Warriors	
Amount (\$) \$1280	Payee address; City; State; Zip Code 14237 E. Sam Houston Pkwy N #700 Houston TX 77074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Field Work
	<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: <i>12</i>	2 FILER NAME <i>Orlando Yborn</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-29-25</i>	5 Payee name <i>Las Fuentes Refresqueria Y Taqueria</i>	
6 Amount (\$) <i>\$82.51</i>	7 Payee address; City; State; Zip Code <i>1001 Harris Ave Pasadena, TX 77506</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description <i>Food Blackwalkers/Volunteers</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>3-30-31</i>	Payee name <i>Las Fuentes Refresqueria Y Taqueria</i>	
Amount (\$) <i>\$50</i>	Payee address; City; State; Zip Code <i>1001 Harris Ave Pasadena, TX 77506</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Food Blackwalkers/Volunteers</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>4-1-25</i>	Payee name <i>LA Fisheria</i>	
Amount (\$) <i>\$148</i>	Payee address; City; State; Zip Code <i>213 Milam St Houston, TX 77002</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Campaign meeting</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: <i>12</i>	2 FILER NAME <i>Donald Ybarra</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-2-25</i>	5 Payee name <i>inkSpot Printing</i>	
6 Amount (\$) <i>\$519.⁶⁰</i>	7 Payee address; City; State; Zip Code <i>2301 S. Shawr Pasadena TX 71502</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Push Cards</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>4-2-25</i>	Payee name <i>Art Blue</i>	
Amount (\$) <i>\$281.⁸⁹</i>	Payee address; City; State; Zip Code <i>366 Summer St Somerville, MA 02144</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Online Bank Fees</i>
	(c) <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
	(c) <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