

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:

15

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) <input checked="" type="checkbox"/>	FIRST Ornold	MI	OFFICE USE ONLY	
	NICKNAME	LAST Jones	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
<input type="checkbox"/> Change of Address	P.O. Box 68 Pasadena, TX 77501				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
	(832)	689-4680		2025 MAY -5 AM 9:54 CITY SECRETARIAT	
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) <input checked="" type="checkbox"/>	FIRST Steve	MI	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST Halverson	SUFFIX	Receipt #	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
(Residence or Business)	1013 W. Elaine Pasadena, TX 77506				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
	(713)	894-3521		Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 04 / 04 / 2025 THROUGH 04 / 26 / 2025				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	05	03	2025		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	City Council District G		Mayor		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

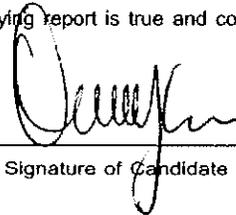
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 80,133 ⁰³
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,433 ⁴³
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,577 ³²
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 Yance, and my date of birth is [REDACTED]

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

Executed in Harris County, State of Texas, on the 26 day of April, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Orlando Ybarra</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,525
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 64,608. ⁰³
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	\$ 31,433. ⁴³
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: 4
2 FILER NAME <i>Donald Young</i>		3 Filer ID (Ethics Commission Filers)
4 Date 4-4-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles Shepherd</i>	7 Amount of contribution (\$) \$ 50
6 Contributor address; City; State; Zip Code <i>16906 Spring Forest Dr. Houston TX 77059</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-16-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Garcia</i>	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code <i>46 E. Riverchase Dr. Houston TX 77042</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Hildebrand</i>	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code <i>3416 Creechbent Dr. Baytown, TX 77521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-11-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Campos</i>	Amount of contribution (\$) \$ 50
Contributor address; City; State; Zip Code <i>11362 Crestbrook Park Ln Tomball, TX 77355</i>		
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: 4
2 FILER NAME Orlando Ybarra		3 Filer ID (Ethics Commission Filers)
4 Date 4-10-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Murky	7 Amount of contribution (\$) \$ 2000
6 Contributor address; City; State; Zip Code 10802 Roaring Brook Ln Houston, TX 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Singh	Amount of contribution (\$) \$ 5000
Contributor address; City; State; Zip Code 12511 Still Harbort Houston, TX 77041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artemio Muniz	Amount of contribution (\$) \$ 400
Contributor address; City; State; Zip Code 10202 Jensen Dr. Houston, TX 77093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-19-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvalene Patrick	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 904 W. Ellaine Houston, TX 77066		
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: 4
2 FILER NAME Donald Ybarra		3 Filer ID (Ethics Commission Filers)
4 Date 4-22-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed. Gonzalez	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code P.O. Box 70683 Houston, TX 77270		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-23-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latinos Victory Fund	Amount of contribution (\$) \$ 900
Contributor address; City; State; Zip Code P.O. Box 34104 Washington DC 20043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-23-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Boyer	Amount of contribution (\$) \$ 2500
Contributor address; City; State; Zip Code 9326 Reid Lake Houston TX 7706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-23-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Malak	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 11221 Richmond Ave, Houston, TX 77082		
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: 4
2 FILER NAME Donald Johnson		3 Filer ID (Ethics Commission Filers)
4 Date 4-23-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Samm Malyak	7 Amount of contribution (\$) \$1000
6 Contributor address; City; State; Zip Code 3150 W. Hampton Dr. Houston, TX 77082		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Hill	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 1770 St. James Place #440 Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Shepherd	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 16906 Soaring Forest Dr. Houston TX 77059		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Carlesso Sandoz	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 611 Center Pasadena, TX 77506		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 4-15-25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Garcia Campaign</i>	8 Amount of Contribution \$ \$17,008⁵²	9 In-kind contribution description <i>Direct Mail</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 4-23-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian Garcia Campaign</i>	Amount of Contribution \$ \$45,099⁵¹	In-kind contribution description <i>Direct Mail</i>
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.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>County Commissioner</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Harris County</i>	
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: <u>2</u>	
2 FILER NAME <u>Donald Johnson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4-23-25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Adrian Garcia Campaign</u>	8 Amount of Contribution \$ <u>\$2,500</u>	9 In-kind contribution description <u>Consulting Fees</u>
7 Contributor address; City; State; Zip Code <u>P.O. Box 56386 Houston TX 77256</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>County Commissioner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Harris County</u>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Donald Ybarra	3 Filer ID (Ethics Commission Filers)
4 Date 4-5-25	5 Payee name Melison Sanchez	
6 Amount (\$) \$4800	7 Payee address; City; State; Zip Code 4620 N. Braeswood Blvd #90 Houston, TX 77096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contact Labor	(b) Description Black Walkers
	(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 4-5-25	Payee name Ashlyn Boknos	
Amount (\$) \$1120	Payee address; City; State; Zip Code 2601 Grumery St Apt 2203 Houston, TX 77030	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contact 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 4-5-25	Payee name Campaign Warriors	
Amount (\$) \$3840	Payee address; City; State; Zip Code 14237 E. San Houston Hwy #200 Houston, TX 77044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cashier 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>	2 FILER NAME: <u>Donald Ybars</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>4-5-25</u>	5 Payee name: <u>Las Fuentes Refresqueria Y Taqueeria</u>	
6 Amount (\$): <u>\$100.38</u>	7 Payee address; City; State; Zip Code: <u>1001 Harris Ave Pasadena, TX 77506</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <u>Food/Beverage Expense</u>	(b) Description: <u>Food Blockworkers/Volunteers</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date : <u>4-9-25</u>	Payee name : <u>Human Age Digital</u>	
Amount (\$) : <u>\$14,000</u>	Payee address; City; State; Zip Code : <u>2700 1st Oak Blvd #21 Houston, TX 77056</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Advertising Expense</u>	Description : <u>Campaign 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date : <u>4-19-25</u>	Payee name : <u>Daniel Fuentes</u>	
Amount (\$) : <u>\$100</u>	Payee address; City; State; Zip Code : <u>1009 Joseph St Pasadena, TX 77506</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Contract Labor</u>	Description : <u>Block Worker</u>
	<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: 6	2 FILER NAME: Ornith Gibson	3 Filer ID (Ethics Commission Filers)
4 Date: 4-19-25	5 Payee name: Pasadena Volunteer Fire Department	
6 Amount (\$): \$ 300	7 Payee address; City; State; Zip Code: 923 Shaw Ave, Pasadena, TX 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense	(b) Description: Food Sponsorship for FO Events
	(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: 4-19-25	Payee name: Las Fuentes Refrigeracion Y Taqueria	
Amount (\$): \$ 104.25	Payee address; City; State; Zip Code: 1001 Harris Ave Pasadena, TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Food/Beverage Expense	Description: Food Blackwalkers
	<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: 4-19-25	Payee name: Murphy Express	
Amount (\$): \$ 34.68	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 Related Expense	Description: Fuel Campaign
	<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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Orlando Uffner	3 Filer ID (Ethics Commission Filers)
4 Date 4-19-25	5 Payee name MARISCOS RUTA 16 Y MAS	
6 Amount (\$) \$ 141.84	7 Payee address; City; State; Zip Code 2726 Spencery Hwy Pasadena, TX 7504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food Campaign Meeting
	(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 4-20-25	Payee name Grant Martin Campaigns	
Amount (\$) \$ 2338.28	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) Advertising Expense	Description Text Message Blast
	<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 4-20-25	Payee name Ink Spal Printing	
Amount (\$) \$ 206.76	Payee address; City; State; Zip Code 2301 Shreve St Pasadena TX 75022	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Orlando Ybarra	3 Filer ID (Ethics Commission Filers)
4 Date 4-25-25	5 Payee name Ink Spot Printing	
6 Amount (\$) \$179.70	7 Payee address; City; State; Zip Code 2301 Shaver St Houston TX 7702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Pack Cards
	(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 4-25-25	Payee name Ashton Boknos	
Amount (\$) \$1,070	Payee address; City; State; Zip Code 2601 Gurney St Apt 2203 Houston, TX 77030	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block Walker
	<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 4-25-25	Payee name Campaign Operations	
Amount (\$) \$2,920	Payee address; City; State; Zip Code 14237 E. Sam Houston Hwy # 230 Houston TX 77044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Rolls
	<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.

1 Total pages Schedule F1: 6	2 FILER NAME Donald Ybarr	3 Filer ID (Ethics Commission Filers)
4 Date 4-25-25	5 Payee name Las Fuentes Reposteria Y Taqueria	
6 Amount (\$) \$51.43	7 Payee address; City; State; Zip Code 1001 Harris Ave Pasadena, TX 77506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Food Campaign Staff
	(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 4-25-25	Payee name Pasadena Food Mart	
Amount (\$) \$ 25	Payee address; City; State; Zip Code 529 Pasadena Blvd Pasadena TX 77506	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Related Expense	Description Fuel Campaign Workers to Bills
	<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 4-25-25	Payee name Act Blue	
Amount (\$) \$131.00	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Fees
	<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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