CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	v to complete this form.	1 Fiter ID (Ethics Commission Filors)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	Gerardo	A		EUSEONLY
NAME	NICKNAME Gerry	Lozano	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	C; APT / SUΠE #; C	CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		nd or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS #MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Moreno		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	3008	Vera Ave	Elinburg	TX.	18539
8 CAMPAIGN TREASURER PHONE	AREA CODE	93-8299	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele		(Officehold	offer campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Reporting Limit		
COVERED		16/2021	THROUGH 0 /	14 /20	
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	21.4	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEMOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MAN MAY HAVE BEEN MADE WITHOUT THE CAND LED TO REPORT THIS INFORMATION ONLY IF TO	ADE BY POLITICAL CO	DEERE MANUE COOK OR
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
	* 00 d + 00000	GO TO I	PAGE 2		The state of the s

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME Gerardo	A Lozano	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTF PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	S
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	\$ 4,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,446 34
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	\$ 27,000.00
	Signatu Please complete either option) O X D
(1) Affidavit	ELIZABET RODRIGUEZ Notary Public, State of Texas Comm. Expires 03-14-2023 Notary ID 12848143-6	Sa Notary Public, State be Faxes 1 a Notary Public State be Faxes 1 a Notary Public State be Faxes 1 a Notary Public State by Faxes 1 a State by Faxes 1 a State by Faxes 1 a State by Faxes 2 a State by Faxes 1 a State by Faxes 2 a State by F
Sworn to and subscribed	efore me by Crerardo A. "Gerry" Lozano hich, witness my hand and seal of office.	this the 4 day of October.
Signature of officer administer	Elizabet Rodriguez	Notary Public Title of officer administering oath
	OR OR	
(2) Unsworn Declaration	1	
My name is	, and my date of	of birth is
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on theday of	(month) (coars)
	Signature	of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	Gerardo A. Lozano	ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4.0000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 2700000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$ 31.146.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	ITIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 500 00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	URNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

			-	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gera	rdo A. Lozano		
4			: (ID#:)	7 Amount of contribution (\$)
		Andres Lozano		
	9/10/21	Andres Lozano Contributor address; City;	State: Zip Code	47 00
		2-2 111/ 1511	- 7001-	\$2,00000
		P.O. Box 414 Edinburg		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Andres Luzano		Amount of contribution (\$)
	9/17/21			\$2,000,00
	111/1/51		State; Zip Code	-2,000
		P.O. Box 414 Elinburg	TX 78540	
	Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor Out-of-state PAC	(10#)	Amount of contribution (\$)
	NO SPERMANCE			Another Commodion (\$)
			State; Zip Code	
		Contributor address; City;		
		Contributor address; City;		
	Principal occup	Contributor address; City; ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Principal occup			ions)
		ation / Job title (See Instructions)		ions)
	Principal occup		Employer (See Instruct	Amount of contribution (\$)
		ation / Job title (See Instructions)	Employer (See Instruct	
		ation / Job title (See Instructions)	Employer (See Instruct	
		ration / Job title (See Instructions) Full name of contributor	Employer (See Instruct	
	Date	Full name of contributor	Employer (See Instruct (ID#:) State; Zip Code	Amount of contribution (\$)
	Date	ration / Job title (See Instructions) Full name of contributor	Employer (See Instruct	Amount of contribution (\$)
	Date	Full name of contributor	Employer (See Instruct (ID#:) State; Zip Code	Amount of contribution (\$)
	Date	Full name of contributor	Employer (See Instruct (ID#:) State; Zip Code	Amount of contribution (\$)
	Date	Full name of contributor	Employer (See Instruct (ID#:) State; Zip Code	Amount of contribution (\$)
	Date	Full name of contributor	Employer (See Instruct (ID#:) State; Zip Code	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

	report.			
The instruction Guide explains how to complete this form.	1 Total pages Schedule E:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Gerardo A Lozano				
4 TOTAL OF UNITEMIZED LOANS	\$ 27,0000			
5 Date of loan 7 Name of lender				
7/23/2021 Highway District 21 Credit Union	27,000°			
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code	10 Interest rate 4.00%			
ON 600 W. Ferguson Pharr TX 78577	11 Maturity date			
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)				
14 Description of Collateral 15				
none Check if personal f	funds were deposited into political ructions)			
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)			
18 Guarantor address; City; State; Zip Code	•••			
not applicable				
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)	,			
Date of loan Name of lender □ out-of-state PAC (ID#:)	Loan Amount (\$)			
Is lender Lender address; City; State; Zip Code a financial Institution?	Interest rate			
Y N	Maturity date			
Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	unds were deposited into political			
none account (See Instru	uctions)			
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)			
Guarantor address; City; State; Zip Code	•••			
not applicable				
Principal Occupation (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL CODES OF THE COLUMN IN A CANADA				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Offi Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	Gerardo A. Loza:	0.5	3 Filer ID (Ethics Commission Filers)	
4 Date 17/23/21	5 Payee name Volanda Niño			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$1,750.00	919 E LOVE H	Edinbura	Tx 78539	
8	(a) Category (See Categories listed at the top of this sched	(b) Description		
PURPOSE OF EXPENDITURE	Polling Expense	Consulti	ng	
	(c) Check if travel outside of Texas. Complete Schedul		n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	-		
7/23/21	Leo Gomez			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$300.00	7972 E MIL 17 Rd	Edinbur	y TK 78539	
	Category (See Categories listed at the top of this schedu	(e) Description		
PURPOSE OF EXPENDITURE	Polling Expense	Consult	ina	
	Check if travel outside of Texas. Complete Schedul		n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
7/28/21	Print Works			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$5,604.56	1414 Pecan Blud	McAllen	TX 78501	
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF	01	6	· c.	
EXPENDITURE	Advertising	Politica		
Complete ONLY If direct	Check if travel outside of Te.:as. Complete Schedule Candidate / Officeholder name		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) 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) Gerards A. Lozano 5 Payee name Print Works
7 Payee address; Zip Code *4,920.87 1414 Pecan Blud
(a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Political Ma OF Advertising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date John Sanchez
Payee address;

2904 Boboat Ave Zip Code \$4,192.00 Edinburg TX
Description **PURPOSE** Political Printing Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Irene Garza
Payee address: City; State: Zip Code \$1,75000 Edinburg Description 1018 E MCI n fine Category (See Categories listed at the top of this schedule) PURPOSE OF Polling Expense Consulting EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			Personal
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense Programmer Prog	oan Repayment/Reimbursement Office Overhead/Rental Expense Infiling Expense Infiling Expense Infaling Expense Infaling Expense Infaling Expense Infaling Expense	Travel In District Travel Out Of Distri	ipment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)	-
4 Date	5 Payee name				
8/10/21	Challenged Sportsmer	n of America			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$500.00	3700 N. 10th St	maple	TX	78501	
8	(a) Category (See Categories listed at the top of this school	edule) (b) Description	The state of the s		_
PURPOSE					
OF EXPENDITURE	Contribution/ Donatio	ne Sponsorch			
	(c) Check if travel outside of Texas. Complete Sched		n, TX, officeholder livin	ng expense	_
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	****	Office held	
Date	Payee name		44.,,,		
8/11/21	RUHS Band Boos	ter			
Amount (\$)	Payee address;	City;	State;	Zip Code	-
\$ 275.0	80! E Canton Rd	Edinburg	TX	78539	
	Category (See Categories listed at the top of this sched	dule) Description			-
PURPOSE					
OF EXPENDITURE	Contribution Donatio	n Donatio	n		
	Check if travel outside of Texas. Complete Sched		. TX, officeholder living	д ехрелзе	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH					
Date	Payee name				
8/14/21	Sabernation Footb	iall Booster			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$300,00	801 E canton Rd	Edinburg	TX	78539	
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE	1-				
EXPENDITURE	Contribution/Donat	ion Ponati	ion		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	performance and the second second second second	Office held	The second second
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED		=

SCHEDULE F1

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

				THE RESERVE AND ADDRESS OF THE PARTY OF THE
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gifl/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form,	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	r		2 == 10 ===	
i total pages schedule F1.	Gerardo A Lozano		3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee name			
8/24/21	Sportsdecals			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$568.44	P.O. Box 860	Spring Grove	. 1L	60081
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description		
PURPOSE OF EXPENDITURE	Contribution Donatic		n, TX, officeholder livin	0.00000
	Land to the second to the seco		n, 17, onicondum (ivil)	
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit ovor	•	Mp		
Date	Payee name			
8/29/21	RRR Construction			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,50000	13718 N 29+4 Lane	MCALLEN	TX	78501
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE				
OF	Du't.	C- 11		
EXPENDITURE	Polling Expense	Consult	ing	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
experience to benefit 6/01				
Date	Payee name			
8/25/21	Lupe Rodriguez			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 1 -00				
1,500.00				
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE				
OF EXPENDITURE	211. 5.2	Consulti		
	tolling Expense	-07.30141	ng	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	, TX, officeholder living	expense

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

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

	* Harris Annual Control of the Contr	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,	
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense	coan Repayment/Reimbursement Office Overhead/Rental Expense Folling Expense Frinting Expense Islanies/Wages/Contract Labor Inow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
, and project the second secon	Gerando A Lozar	13	Commission Filers)
4 Date	5 Payee name		
8/30/21	Les Gomes		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 500.00	10.0		
500.80	1972 Emile 17Rd	Edinbur	1 TX 78539
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE			
OF EXPENDITURE	Polling Expense	Consultin	9
	(c) Check if travel outside of Texas. Complete Scheo		n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	1	•	
Date	Payee name		-
-1 1		w	
9/7/21	Hidalgo County 4H 7	Foundation city:	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 02		11	
\$25000	Ilelle E Griffin Ph	wy # 231 Miss.	on TX 78572
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE	/		
EXPENDITURE	Contribution / Donatio	n Donation	on
	Check if travel outside of Texas. Complete School	ule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
Date	r ayou mamo		
9/14/21	John Sanchez		
Amount (\$)	Payee address;	City;	State; Zip Code
\$10000			
9688.	2904 Bob cat Ave	Edinburg	Tx 78539
	Category (See Categories listed at the top of this school		
PURPOSE	A		
OF EXPENDITURE	Advertoina	Politi	1 Printing
	Check if travel outside of Texas. Complete Sched	de T. Charle if Austin	TY officebolder living
Complete ONLY if direct	Candidate / Officeholder name	Office sought	, TX, officeholder living expense
expenditure to benefit C/OH		Onice sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains	how to complete this form.		_
1 Total pages Schedule F1:	Gerardo A. Loza	ins	3 Filer ID (Ethics Commission Filers)	1000
4 Date	5 Payee name			
9/15/21	Les Gomer			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$300°	7972 E Mile 17R.	d Edinbur	9 TX 78539	
8	(a), Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE				
OF EXPENDITURE	Polling Expanse	Consulta	MC	
	(c) Check if travel outside of Texas. Complete Sch		n. TX, officeholder living expense	-
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9/17/21	Print Works			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$3,122.47	1414 Pecan Blud	MCAI!m	TX 78501	
	Category (See Categories listed at the top of this sch	hedule) Description		
PURPOSE				
OF EXPENDITURE	Advertising	Political	Signs	
	Check if travel outside of Texas. Complete Sch		n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			-
9/2/21	Homer Jasso			
Amount (\$)	Payee address;	City;	State; Zip Code	-
		720 (730)		
5000				
	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE				
EXPENDITURE	Contribution Donad	Donat		
	Check if travel outside of Texas. Complete Scho	redule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidats/Officeholdcr/Politic Cred: Card Pa, ment	Fees Food/Beverage Expense By Gift/Awards/Memorlals Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expenso Polling Expenso Printing Expenso Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	. (1)	
6 Amount (\$)	7 Payee address;	City:	0
\$ 375.°°	2620 Galveston Au	e McAller	State: Zip Code
8	(a) Category (See Categorics listed at the top of this sch		1/ (83-1
PURPOSE			
OF EXPENDITURE	Contributions Denet	tions Donati	04.
	(c) Check if travel outside of Te::as, Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct excenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
101/21	Belinda Malina		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 7000.00	4225 N. Denkha	us Blud Edin	1000 TX 7856
	Category (See Categories listed at the top of this sche		1/ 107C
PURPOSE OF EXPENDITURE	Polling Expense	(onso)	· ·
	Check if travel outside of Texas. Complete Scheo		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/1/21	1st Annual Smale	in Brusse	
Amount (\$)	Payee address;	City:	State; Zip Code
\$ 25000			and one
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF			
EXPENDITURE	Contributions / Do not	ion Donation	on
	Check if travel outside of Texas. Complete Sched	lule T. 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	TUIS SCHEDIII E AS NEED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholds/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saltries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Arthur States)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) Gerardo A. Corano 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 500.00 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political EXPENDITURE Non-Political 10 (a) Category (See Categories listed at the top of this achedule) (b) Description **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schodule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED