

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Antonio		MI M.	
	NICKNAME "Tony"		LAST Aguirre Jr.		SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 701 Xanthisma Ave.		APT / SUITE #;		CITY; STATE; ZIP CODE McAllen, TX 78504	
	AREA CODE (956)		PHONE NUMBER 867-0035		EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR Ms.		FIRST Linda		MI	
	NICKNAME		LAST Aguirre		SUFFIX	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); 701 Xanthisma Ave.		APT / SUITE #;		CITY; STATE; ZIP CODE McAllen TX 78504	
	AREA CODE (956)		PHONE NUMBER 451-0354		EXTENSION	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 701 Xanthisma Ave.		APT / SUITE #;		CITY; STATE; ZIP CODE McAllen TX 78504	
	AREA CODE (956)		PHONE NUMBER 451-0354		EXTENSION	
8 CAMPAIGN TREASURER PHONE	MS / MRS / MR Ms.		FIRST Linda		MI	
	NICKNAME		LAST Aguirre		SUFFIX	
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	
10 PERIOD COVERED	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
	<input type="checkbox"/> Final Report (Attach C/OH - FR)					
11 ELECTION	Month Day Year 01 / 01 / 2025		THROUGH		Month Day Year 06 / 30 / 2025	
	ELECTION DATE Month Day Year 01 / 01 / 2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) City Commissioner District 1		OFFICE SOUGHT (if known)			
	OFFICE HELD (if any) City Commissioner District 1		OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME			
	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Antonio Ayvane Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-30</i>		5 Payee name <i>ENOUGH MEDIA</i>			
6 Amount (\$) <i>\$5000.00</i>		7 Payee address; <i>McAllen TEXAS</i>		City;	State; Zip Code <i>78504</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>SOCIAL MEDIA ADVERTISEMENT</i>		(b) Description <i>SOCIAL MEDIA</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>5-10</i>		Payee name <i>ENOUGH MEDIA</i>			
Amount (\$) <i>8000.00</i>		Payee address; <i>McAllen TEXAS</i>		City;	State; Zip Code <i>78504</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>SOCIAL MEDIA</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>6-10</i>		Payee name <i>ENOUGH MEDIA</i>			
Amount (\$) <i>10000.-</i>		Payee address; <i>McAllen TEXAS</i>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description <i>Commercial expenses</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

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 <i>Antonio Aguilar Jr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>April 30</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARCOS BARRERA</i> 6 Contributor address; City; State; Zip Code <i>US Allen TEXAS 78504</i>	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>April 30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AARON RIVERA</i> Contributor address; City; State; Zip Code <i>113 W. LAURENSON TX 78504</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>April 30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HALFF ASSOCIATES</i> Contributor address; City; State; Zip Code <i>1201 N. PROSELA RICHARDSON TX</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>April 30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VICTOR CARRERA</i> Contributor address; City; State; Zip Code <i>400 N. 1st St MSA/eco TX</i>	Amount of contribution (\$) <i>250.00</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:
2 FILER NAME <i>Amberly Aguirre Ju</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ronald TAVAREZ</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>MSA/600 TX 78004</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MAXUEL CASTO</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2600 W. RODRIGUES RD - EDINBURG TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MANILA CASTO</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>3202 BLUE STONE EDINBURG TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Red Rock Real Estate</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>2912 S. JACKSON MSA/600</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:
2 FILER NAME <i>Arkansas Association</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-30</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>C 3 Cmty ENTERPRISES LLC</i> 6 Contributor address; City; State; Zip Code <i>2912 S. JACKSON RD MCALLEN</i>	7 Amount of contribution (\$) <i>500. -</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eulodia Ramirez</i> Contributor address; City; State; Zip Code <i>3105 Yellow Hammer Ave MCALLEN</i>	Amount of contribution (\$) <i>500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-30</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALonso Quintanilla</i> Contributor address; City; State; Zip Code <i>MCALLEN TX 78504</i>	Amount of contribution (\$) <i>500. -</i>
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.

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)

\$ 4450.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4450.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 23000.00

4. TOTAL POLITICAL EXPENDITURES

\$ 23000.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 16383.89

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

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 _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4450.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" 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	\$
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 16383.09
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	\$