CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** Julian NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 612 N. 49th St. McAller TX 78501 AREA CODE PHONE NUMBER EXTENSION Change of Address CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 458-9976 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN 8/11 **TREASURER** NAME Date Processed NICKNAME Date Imaged Vela STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE: ZIP CODE **TREASURER ADDRESS** 4504 3rd Street McAllen Texas (Residence or Business) 8 CAMPAIGN TREASURER PHONE (956) 451-5861 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 1/1/2025 **THROUGH** 11 ELECTION ELECTION DATE ELECTION TYPE Other Description Cit Primary Runoff Month 5 / 3 /2025 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) City of McAllen Commissioner Dist. 3 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPÉNDITURES 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 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 CIOH NAME			
1	an O. Quintani	119	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE E	TITICAL CONTRIBUTIONS (OTHER TI JARANTEES OF LOANS, OR ELECTRONICALLY)	HAN \$
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS LOANS, OR GUARANTEES OF LOAN	\$ 5,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TCAL EXPENDITURE.	\$ 34.88
	4. TOTAL POLITICAL EXPE	NDITURES	\$16,082.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE U	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS TING PERIOD	
18 SIGNATURE I sw requ	vear, or affirm, under penalty of perjury uired to be reported by me under Title 15	/, that the accompanying report is t 5, Election Code.	true and correct and includes all information
		Signature of (Candidate or Officeholder
	Please com	plete either option belo	·W:
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed be		exas 8 026 8 miles the	3_ day of
(· () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hich, witness my hand and seal of office.	ou Campos	Notary
Signature of officer administerin	g oath Printed name of of	fficer administering oath	Title of officer administering oath
2) Unsworn Declaration	i	OR	
/ly name is		, and my date of birth i	s
/ly address is		1	
Section of the Section of the	(street)		(state) (zip code) (country)
xecutea in	County, State of	, on the day of (mont	, 20 (year)
		Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers)			
Julian O. Quintanilla			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5,450	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$.	
4. SCHEDULE E: LOANS		\$ 7500	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 16,082.07	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL O	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	\$		

SCHEDULE A1

		10.1		
The	e Instruction Guide explains how to	o complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	O. Quintanilla			3 Filer ID (Ethics Commission Filers)
Date		out-of-state PA	C (ID#:	7 Amount of contribution (\$)
-14-25	6 Contributor address;		State; Zip Code	500
Delegies I see	1708 Stonegate Or	Mission		
Frincipal occi.	pation / Job title (See Instructions)		9 Employer (See Instri	uctions)
Date			O (ID#:	Amount of contribution (\$)
-14-25	OS min Vargas Contributor address;	City;	State; Zip Code	500
	2005 & Griffin PKWy	Mission	TX 78572	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date			: (ID#:)	Amount of contribution (\$)
-14-25	Kirk Alexander Clar Contributor address;	City;	State; Zip Code	500
	215 E Ithaca Aue	McAllen	TX 78501	
Principal occup	ation / Job title (See Instructions)		Employer (See Instru	uctions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	500
	1201 N. BOWERROS	d Richa	ardson TX 7508	
Principal occup	ation / Job title (See Instructions)	Í	Employer (See Instru	actions)
				•
	ATTACH ADDITION If contributor is out-of-state PAC, pl		F THIS SCHEDULE AS I ction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers
Julian	O. Quintanilla		•
Date	5 Full name of contributor ul-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	William Nunnery	3.7.1.	
-14-25	6 Contributor address; City;	State; Zip Code	500
	2603 San Lucas Mission T	X 78572	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		harber , was a shifteen nerrolling was the same and the s	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Jurge Genzalez		(v)
14-25	JUMSE GENZALEZ Contributor address; City;	State; Zip Code	500
	2900 N. Tlyas Blud, Weslace	tv aurea	•
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:	Amount of contribution (\$)
	Rutchebeth Contreras		
-14-25	Rutchebeth Contreras Contributor address; City;	State; Zip Code	500
	1102 travis St. Mission -	TX 78572	•
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
T			
Date	Full name of contributor out-of-state PAC (II	D#:	Amount of contribution (\$)
	Paul Rodriguez Contributor address; City;	*.0.00 * * * * * * * * * * * * * * * * *	
14-25	Contributor address; City;	State; Zip Code	250
	4401 S. H. St., McAllen	TX 78503	
	ation / Job title (See Instructions)	Employer (See Instruction	ons)
			41
			•
		·	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHEDULE AS NE	EDED.

SCHEDULE A1

The	e Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:	
2 FILER NAME	5 Full name of contributor Out-of-state PAC (ID#)		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#)		7 Amount of contribution (\$)	
3-14-25	5 Full name of contributor out-of-state PAC (ID#: James Darling 6 Contributor address; City; St 1225 S. Per King St McAllen apation / Job title (See Instructions)	tate; Zip Code	100	
8 Principal occu	upation / Job title (See Instructions) 9	Employer (See Instructi	ons)	
Date	Full name of contributor		Amount of contribution (\$)	
3-14-25	Brandon Joshua Jing Mon La Contributor address; City: st 4908 Oleander Ave McAllen TX	ate; Zip Code	100	
Principal occup	1998 Uleander Ave McAllen TX pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor		Amount of contribution (\$)	
	Contributor address; City; Sta	ate; Zip Code		
Principal occup	ation / Job title (See Instructions)	 Employer (See Instruction	ins)	
Date	Full name of contributor		Amount of contribution (\$)	
	Contributor address; City; Sta	ate; Zip Code		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructio	ns)	
		,,,,		
	ATTACH ADDITIONAL COPIES OF THI If contributor is out-of-state PAC, please see Instruction	IS SCHEDULE AS NEI guide for additional rep	EDED porting requirements.	

SCHEDULE A1

			- Salitantia
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	O-Quintanilla		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
	Raymond Jankins #		
3-11-25	6 Contributor address; City; State;	Zip Code	500
	1724 W. Pineridge Lane, McAllen Ty pation / Job title (See Instructions) 9 Empl	(78503	
8 Principal occu	pation / Job title (See Instructions) 9 Empl	loyer (See Instruction	ns)
Date	Full name of contributor		Amount of contribution (\$)
	Encore Fine Properties LLC	•	γ who are or oblighed the γ φ
3-11-25		Zip Code	500
	817 No Ware Road, McAllen TX	72501	
Principal occup	-10 m - 1 m	oyer (See Instruction	s)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Trma Garza Contributor address; City; State:		, , , , , , , , , , , , , , , , , , ,
3-11-25	Contributor address; City; State;	Zip Code	500
	501 Chula Vista St. McAllen	TX 78501	<u></u>
Principal occup		oyer (See Instruction	s)
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instruction:	5)

			The state of the s
		2.00	
	ATTACH ADDITIONAL COPIES OF THIS SO If contributor is out-of-state PAC, please see Instruction guid	CHEDULE AS NEED	DED
	Prodoc see manucating and	o ioi auditional repo	rung requirements.

LOANS

SCHEDULE E

	- The montation is not applicable, DO NO		port.
The	e Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME JUlian (O. Quintanilla		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 3-14-25 6 Is lender a financial	7 Name of lender □ out-of-state F Julian D. Quintan 8 Lender address; City;		9 Loan Amount (\$) 7,500 10 Interest rate
Institution? Y (N)	612 N. 49th St. McAl		O°lo 11 Maturity date ルックを
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political iions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

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 Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Glft/Awards/Memorials 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) O. Quintunilla Julian 5 Payee name 2-7-25 6 Amount (\$) Marco Perez 7 Payee address: City; State; Zip Code 1700 2008 W. Jonguil McAllen TX 78501 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF EXPENDITURE Consulting Expense Campaign Management 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name 2-13-25 Marco Perez Zip Code 3000 2008 W. Junguil M CALLEN TX 78501 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Campaign Management OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name 2-18-25 Debi Lou Productions Amount (\$) Payee address; Zip Code 300 2708 Primrose Ave McAIIINTX 7850 Y Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense | Full Page Ad in program EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	Vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:		<u> </u>	the mint of the control of the mile of
	Julian O. Quintanilla		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	
2-24-25	Herbert Silva		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1000	8513 W. 10th McAllen T	X 78504	
8:	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Contract Labor	Sign distri	bu fila
	(c). Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought:	Office held
Date	Payee name		
2-26-25	Becomer Studio		
Amount (\$)	Payee address;	City;	State; Zip Code
35S	809 Cedar Ave, McAller 7	X 78501	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	I		
OF EXPENDITURE	Cuntract Labor	Graphic 1	Design
	Check if travel outside of Texas. Complete Schedule T.	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		
Date	r ayee name		
1-23-25	City of McAller		
Amount (\$)	Payee address;	City;	State; Zip Code
250	1300 W. Houston Ave, M	cAllen T	X 78501
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		•	
OF	Fees	Filing Fe	20
EXPENDITURE	(64)	i iling Pe	
	Check if travel outside of Texas. Complete Schedule T.	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			

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Mages (C

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form,	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Julian O. Quintan	110	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	119 1	
2-26-25 6 Amount (\$)	Brand Boosters		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1948.50	301 N. McCall Suite 6	McAllen T	X 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		10	
EXPENDITURE	Advertising Expense	5:515	
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
2-28-25	Herbert Silva		
Amount (\$)	Payee address;	City;	State; Zip Code
550	8513 N. 1042 McAllen	TX 7850	1
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Contract Labor	Signs dis	stribution
	Check if travel outside of Texas. Complete Schedule T.	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
Barrier	David		
Date	Payee name		,
3-10-25	Texas Democratic Par	ty	
Amount (\$)	Payee address;	City;	State; Zip Code
305	314 Highland Blud A	stin Texas	5 78752
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other (Data management)	Van Access	5
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin,	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			

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 Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Julian O. Quintani	110	•
4 Date	5 Payee name		Annual sum
3-10-25	Herbert Silva		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
300	QC12 A1 10th 20 CAH		. 1
4	8513 N. 10th MCAllen -		4
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	sish distri	ibution
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Estate source so	
3-11-25	Amazon, com		
Amount (\$)	Payee address;	City;	State; Zip Code
162.27	410 Terry Ave North, Sea	He Washi	19ton 98109
	Category (See Categories listed at the top of this schedule)	Description	Ž
PURPOSE			_
OF EXPENDITURE	Event Expense	Purchase	Buckdrop
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
3-12-25	Erika Sanchez Photos	raphy	
Amount (\$)	Payee address;	City;	State; Zip Code
250	2805 W. 26th St. M	CALLED T.	X 78501
	Category (See Categories (Isled at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Exponse	Graphic.	Design
	Check if travel outside of Texas, Complete Schedule T.	Check if Auslin,	, 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 S	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 By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense a category published above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)
	Julian O. Quintanilla 5 Payee name			•
4 Date	5 Payee name			
3-12-25	Ausomely Authentic			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250	3112 Ozark Aue McAlla	entx 78	504	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE				
OF EXPENDITURE	Advertising Expense	Promoting	Autism	Awareness
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, 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			
3-14-25	Herbert Silva			
Amount (\$)	Payee address;	City;	State:	Zip Code
1,220	8513 N. 1044 McAllen	TX 785	04	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	r_			. 1
EXPENDITURE	Contract Labor	Signs & W	distribut	tion
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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			
3-17-25	Brand Boosters			
Amount (\$)	Payee address;	City;	State;	Zip Code
1000				
1837	301 N. McCall Soite 6. W	acalles T	X 7850))
20.00	Category (See Categories listed at the top of this schedule)	Description	<u> </u>	
PURPOSE				
OF EXPENDITURE	Advertising Expense	Printing &	xp+nse	
	Check if travel outside of Texas, Complete Schedule T.	Check If Auslin,	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	*	Office held
expenditure to benefit C/OH				
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
Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Mares/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politic		ning Expense Travel Out Of District aries/Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how		
1 Total pages Schedule F1		3 Filer ID (Ethics Commission Filers)	
	Julian O. Quintan	illa	
4 Date	5 Payee name		
3-17-25	Embissy >-ites		
6 Amount (\$)	5 Payee name Embissy Soites 7 Payee address;	City; State; Zip Code	
499.30	800 Convention Centr BI	vd, McAller TX 78501	
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description	
PURPOSE			
OF EXPENDITURE	Event Expinse	Kickoff Event	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
3-17-25	Becomer Studius		
Amount (\$)	Payee address;	Clty; State; Zip Code	
220	809 Cedar Ave, McAlle.	1 TX 78501	
	Category (See Categories listed at the top of this schedule		
PURPOSE	_		
OF EXPENDITURE	Event Expense	Kickelf Photos	
	Check if travel outside of Texas, Complete Schedule	T. 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		
	•		
3-17-25	Ram Pina		
Amount (\$)	Payee address;	City; State; Zip Code	
300	600 W. Fern Ave #10	McAllon TX 78501	
	Category (See Categories listed at the top of this schedule)		
PURPOSE			
OF EXPENDITURE	Event Expense	Kickoff music	
	Check if travel outside of Texas, Complete Schedule T	T. Check If Austin, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL CODIES OF THE	UIS COUEDIU E AS MEEDED	
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 Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	•	Glft/Awards/Memorials Expense Legal Services The Instruction Guide explai		ense iges/Contract Labor	Travel in District Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:		n O. Quinto	anilla		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee nam	ie			<u> </u>	,
3-24-25	Marca	Derer				
6 Amount (\$)	7 Payee add			City;	State;	Zip Code
1,235	2008	Jongoil M	calle	nTX 7	8501	
8 PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b) Description		
OF EXPENDITURE	Contr	act Labor		Campaisa	Munage	mont
	(c) Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nam	Đ				
3-25-25	ubalo	lo Benavid	es			
Amount (\$)	Payee addr	ess;		Clty;	State;	Zip Code
400	5209	LizeHC da	r. Ec	linburg	TX 78	539
_	Category (S	ee Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Event	Expense		kick off	Expense	
	Check if Iravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officeholder name		Office sought	1	Office held
Date	Payee nam	e				
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
	Category (S	ee Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE						
	Check if travel outside of Texas, Complete Sched		hedule T.	Check if Auslin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	And a	Office sought	le en en en la company de	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED	