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. 3 CANDIDATE / MS / MRS / MR FIRST ME **OFFICE USE ONLY OFFICEHOLDER** Mr. Rene NAME Date Received 10-2024 CL CONTROL ELECTIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATIONS ADMINISTRATION ADMINIS NICKNAME LAST SUFFIX **Fuentes** 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; STATE ZIP CODE **OFFICEHOLDER MAILING ADDRESS** Rio Grande City TX 78582 1463 Fairground Road Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered **OFFICEHOLDER** 食 (956 487-5571 PHONE Receipt# 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** Mr. Calixtro Date Process NAME LAST NICKNAME SUFFIX Date Imaged Villarreal Jr. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 205 W. Main St. 78582 Rio Grande City TX **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 487-3739 (956 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 01 / 16 /2024 07 / 01 / 2023 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Dav Description General Special 05 /2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Sheriff Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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 COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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)	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,918.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,488.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	S O
(1) Affidavit	Signature of Ca Please complete either option below	andidate or Officeholder
NOTARY STAMP/SEA	-	
Sworn to and subscribed		day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	on On	
My name is	, and my date of birth is	S
My address is	(street) (city) (s	(state) (zip code) (country)
Executed in	(city) (street) (street) (city) (city) (street) (city) (street) (city) (city) (street) (city) (city) (street) (city) (ci	, , , , , , , , , , , , , , , , , , , ,
	Signature of Candid	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5,350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		^{\$} 568.79
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 3,488.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

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 RENE FUE	NTES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
10/31/2023	6 Contributor address; City; State; Zlp Co. PO BOX 3246 EDINBURG TX 78540	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:R. SERGIO RAMIREZ, MD	Amount of contribution (\$)
11/06/2023	Contributor address; City; State; Zip Co	50.00 8572
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/28/2023	Contributor address; City; State; Zip Co. 701 E. EISENHOWER ST. RIO GRANDE CITY TX 7856	7
Principal occup	eation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/06/2023	Contributor address; City; State; Zip Cox 824 RANCHERS CLUB LN DRIFTWOOD TX 7861	300.00
Principal occup	Deation / Job title (See Instructions) Employer (Se	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 RENE FUE	NTES		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2024	5 Full name of contributor out-of-state PAC SANTA CRUZ PROPERTIES LTD		7 Amount of contribution (\$)
01/11/2024	6 Contributor address; City; 2810 N. CLOSNER BLVD EDINBURG		2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	HEEDED
I	AT I WOLL WASHINGTON COLLEGE	OI IIIIO OOIIEDOEE VOI	

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.

Th	e instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME RENE FUENTES			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 568.79
5 Date 10/27/2023	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code 78584	8 Amount of Contribution \$ In-kind contribution description 568.79 BUMPER STICKERS AND POSTCARDS Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) CE SALESMAN		er (FOR NON-JUDICIAL)(See Instructions) EZ INSURANCE
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FO			n 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	Zip Code	Amount of In-kind contribution Contribution \$ description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense 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 (and the property and listed shove)

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **RENE FUENTES** 4 Date 5 Payee name NATIONAL PRINTING 01/01/2024 6 Amount (\$) 7 Payee address; State: Zip Code City; **1300 TRENTON STE 115 MCALLEN** TX 3,073.22 78504 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 ADVERTISING EXPENSE **BANNERS / SIGNS PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 11/20/2023 NATIONAL PRINTING Zip Code Amount (\$) Payee address; City; State: TX **1300 TRENTON STE 115 MCALLEN** 415.68 78504 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE OUTDOOR BANNER **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

23

	See CTA Instruction Guide for detailed instruct	tions.	1 Total pages filed:
2 CANDIDATE NAME	MS/MRS/MR FIRST RENE NICKNAME LAST FUENTES	MI SUFFIX	OFFICE USE ONLY Filer ID # Date Restricted
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: 1463 Fairgrounds Rd. Rio Gra	STATE; ZIP CODE ande City TX 78582	Date Mand-defivered of Scottler
4 CANDIDATE PHONE	(956) 844-0122	EXTENSION	Receipt#
5 OFFICE HELD (If any)	SHERIFF, STARR COUNTY, TEXAS		Date Imaged
6 OFFICE SOUGHT (if known)	SHERIFF, STARR COUNTY, TEXAS		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI CALIXTRO	NICKNAME VILLAR	LAST SUFFIX RREAL JR
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business	STREET ADDRESS; APT / SUITE #; 205 W. MAIN ST.	CITY:	STATE; ZIP CODE TX 78582
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 487-3739	EXTENSION	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Color I am aware of my responsibility to the Election Code. I am aware of the restrictions in title from corporations and labor organizations. Signature of Candidate	file timely reports as	required by title 15 of
	GO TO PAG	E 2	

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to which declaration applies Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- **2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- **7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

(20100 00)	πission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST RENE NICKNAME LAST FUEN	MI	Date Received 1 - 23 - 2029
4 ORIGINAL REPORT TYPE	January 15 Ru July 15 Exc imi 30th day before election	noff Final reporting	Receipt # Amount 1
5 ORIGINAL PERIOD COVERED	01/ 01/ 23	Month Day HROUGH 07 / 16 / 2	Year Date Processed Year Date Inagent
6 EXPLANATION OF CO	RRECTION		A STATE OF THE STA
	K WAS DISCOVERED AFTER FI	LING OF REPORT AND THERE	FOR WAS INCOMPLETE
SIGNATURE I swea	ar, or affirm, under penalty of	perjury, that this corrected r	eport is true and correct.
Checl	k ONLY if applicable:		
		The state of the s	good faith and without an intent to
Other reports	e Louison on efferm that a	ing this corrected report not late	er than the 14th business day after the I swear, or affirm, that any error or
		-	
			andidate/Officeholder
l) Affidavit	Please co	emplete either option be	low:
NOTARY STAMP/SEAL			
worn to and subscribed t	before me by	this	the day of
0, to certify w	vhich, witness my hand and seal of offic		, vay oi,
gnature of officer administeri	ng oath Printed name o	of officer administering oath	Title of officer administering oath
		OR	
) Unsworn Declaration	n		
name is		ond my data (Clin)	
address is		, and my date of birth	1 IS
	(street)County, State of	(city)	(state) (zip code) (country)
			, ∠V
		(mc	onth) (year)

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 CANDIDATE / FIRST **OFFICEHOLDER** OFFICE USE ONLY Mr. Rene NAME NICKNAME 23-2024 LAST SUFFIX **Fuentes** 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 1463 Fairground Road Rio Grande City TX 78582 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (956 487-5571 PHONE 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Calixtro NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Villarreal Jr. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 205 W. Main St. **ADDRESS** Rio Grande City TX 78582 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 487-3739 (956 9 REPORT TYPE X January 15 30th day before election 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 Month Year COVERED 07 / 01/2023 01 / 16 /2024 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Dav Other Description General Special 03 / 05 / 2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Sheriff Sheriff 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	16 Filer ID (Et	nics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
5201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,918.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	3,488.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$	0
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed to the s	which, witness my hand and seal of office.		
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of o	fficer administering oath
TEST THOUSE	OR		C. C. C.
(2) Unsworn Declaration	n		
My name is	and my data of high is		
My address is	, and my date of birth is		
-	4.4	e) (zip code	
Executed in	County, State of, on the day of(month)	, 20	
	(month)	(yea	ar)
	Signature of Candidate/	/Officeholder ([Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$10,350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$568.79
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$3,488.90
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

	e Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
2 FILER NAME RENE FUI			3 Filer ID (Ethics Commission Filers
4 Date 10/31/2023	DR. ADALBERTO GARZA	PAC (ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; PO BOX 3246 EDINBUI	State; Zip Code RG TX 78540	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 11/06/2023	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)
1/00/2023	*********	State; Zip Code N TX 78572	50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 1/28/2023	Full name of contributor out-of-state PA HERNANDEZ FUNERALS LLC	C (ID#:	Amount of contribution (\$)
	Contributor address; City; 701 E. EISENHOWER ST. RIO GRANDE C	State; Zip Code	2,000.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 2/06/2023	Full name of contributor out-of-state PAG	/	Amount of contribution (\$)
	Contributor address; City; 824 RANCHERS CLUB LN DRIFTWOOD	State; Zip Code TX 78619	300.00
	ion / Job title (See Instructions)	Employer (See Instruction	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

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

	to complete th	is form.		1 Total pages Schedule A1:
-				3 Filer ID (Ethics Commission Filers
5 Full name of contributor SANTA CRUZ PROPER	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; 2810 N. CLOSNER BLVD	city; EDINBURG		Zip Code 78541	2,500.00
pation / Job title (See Instructions)		9 Emp	loyer (See Instru	ctions)
Full name of contributor GEORGE E. GAVITO	ou!-of-state PAr	C (ID#:	<i>)</i>	Amount of contribution (\$)
Contributor address; 3005 OLD ALICE RD APT. 500-D	City; BROWNSVILI		Zîp Code 78521	5,000.00
ation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address;	City;			
ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
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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. 2 FILER NAME RENE FUENTES 3 Filer ID (Ethics Commission Filers) 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date	T	he instruction Guide evolutes beauti		4 Total control	
RENE FUENTES 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor			rm.	1 total pages Sche	edule A2:
South Contributor Contri				3 Filer ID (Ethics Commission Filers)	
ROMEO GONZALEZ 7 Contributor address; City: State; Zip Code 1403 N. GARCIA ST ROMA TX 78584 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) INSURANCE SALESMAN 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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) 17 Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 18 Contributor's employer/law firm (FOR JUDICIAL) 19 In-kind contribution \$ description (FOR NON-JUDICIAL) (See Instructions) (FOR JUDICIAL) 19 Check if travel outside of Texas. Complete Schedule (Texas) (Tex	4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 568.79	
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If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributor's e	mployer/law firm (FOR JUDICIAL)	Law firm o	of contributor's spouse	e (if any) (FOR JUDICIAL)
	If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	if c	ATTACH ADDITIONAL COPIES OF THIS ontributor is out-of-state PAC, please see Instruction	S SCHEDULE	AS NEEDED	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

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 Glft/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	Salari Salari	es/Wages/Contract Labor	Travel Out Of Dist Other (enter a cate	rict egory not listed above)	
1 Total passa Calada a	The Instruction Guide explains how	to complete this form.		,	
1 Total pages Schedule F	1: 2 FILER NAME RENE FUENTES		3 Filer ID (Ethics Commission Filer		
4 Date 01/01/2024	5 Payee name NATIONAL PRINTING				
6 Amount (\$)	7 Payee address;				
3,073.22	1300 TRENTON STE 115 78504	city; MCA	State; LLEN	Zip Code TX	
8	(a) Category (See Categories listed at the top of this schedule)				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	(b) Description BANNERS / SIO	GNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	The state of the s	Office held	
Date	Payee name				
11/20/2023	NATIONAL PRINTING				
Amount (\$)	Payee address;	Olt			
415.68	1300 TRENTON STE 115 78504	City; MCALLI	State; EN	Zlp Code TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description OUTDOOR BANNER			
	Check if travel outside of Texas. Complete Schedule T.	Charle if Austin 7	**************************************		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held			
Date	Person				
	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Toyan Committee and	Check if Austin, TX, officeholder living expense			
omplete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		officeholder living exp	ense	
omplete ONLY if direct spenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, Office sought		ffice held	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST RENE NICKNAME LAST FUEN	Date Received 1-23-2024			
4 ORIGINAL REPORT TYPE	ORIGINAL REPORT January 15 Runoff Final report				
5 ORIGINAL PERIOD COVERED	Month Day Year 07 / 01 / 23 TH	Month Day Year ROUGH 07 / 16 / 23	Date line god		
6 EXPLANATION OF CO	PRRECTION		***************************************		
DONATION CHEC	CK WAS DISCOVERED AFTER FI	LING OF REPORT AND THEREFOR V	VAS INCOMPLETE		
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected report	is true and correct.		
Ched	ck ONLY if applicable:				
Semiannual mislead or t	reports: I swear, or affirm, that to misrepre-sent the information of	he original report was made in good ontained in the report.	faith and without an intent to		
✓ date Hearne	ts: I swear, or affirm, that I am fill ed that the report as originally file the report as originally filed was	ing this corrected report not later than d is inaccurate or incomplete. I swea made in good faith.	n the 14th business day after the ar, or affirm, that any error or		
			L- (Office backdon)		
		Signature of Candida	te/Omcenoider		
(1) Affidavit	Please co	omplete either option below:			
NOTARY STAMP/SEA	AL.				
Sworn to and subscribed	before me by	this the	day of,		
20, to certify	y which, witness my hand and seal of off	ice.			
Signature of officer administ	ering oath Printed name	of officer administering oath	Title of officer administering oath		
	The Street Review of the	OR	7		
(2) Unsworn Declarat	ion				
My name is		, and my date of birth is _	e		
8			1		
	(street)	(city) (sta	te) (zip code) (country)		
Executed in	County, State of	, on the day of(month)	, 20 (year)		
		Signature of Candidat	e/Officeholder (Declarant)		
Remember To Atta	nch Any Part Of The Campaign	Finance Report Form Needed To R	eport And Explain Corrections		