The C/OH Instruction (The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Elegra,	MI	OFFICE USE ONLY		
NAME	NICKNAME	Ve la sa ce	SUFFIX	Date Regelved IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE # €		* * *		
Change of Address	ļ					
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	735- 8437	EXTENSION	Date Hand Only App br Date Fostmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Eleazar	MI	Date Processed		
	NICKNAME	Ve lasque	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER		(NO PO BOX PLEASE); APT / SI	UITE#; CITY; Rio Gronde Ci	STATE; ZIP CODE		
ADDRESS (Residence or Business)	103 Ked	wood Id.	110 Growae Li	24 /V. 1020-		
			ENTENDION			
8 CAMPAIGN TREASURER PHONE						
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	2	16 /24	THROUGH 2	126/24		
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE Runoff Other			
	Month Day	rear ——	Description Special			
	3/5/	7 9 - 3				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n) ·		
14 NOTICE FROM POLITICAL	THE ASSESSMENT LACES	SELIAL NED TUESE EVAEUDITIDES	E MAY GAVE REEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
_	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-				
1 2 2	4. TOTAL POLITICAL EXPENDITURES	\$ -0-				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* - O -				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ _ O _				
	ear, or affirm, under penalty of perjury, that the accompanying report is true red to be reported by me under Title 15, Election Code.	and correct and includes all information				
	Signature of Sandidate or Officeholder					
	Please complete either option below	:				
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed be	fore me by this the _	day of,				
20, to certify wh	ich, witness my hand and seal of office.					
Signature of officer administering	g oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
Mv name is	, and my date of birth is _					
	(street) (city) (st	ate) (zip code) (country)				
Executed in	County, State of, on the day of(month)					
	Signature of Candida	ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

19	FILER NAME Elias! Leasar Velasquez J., 20 Filer ID (Ethics of	Commission Filers)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ~0-					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-					
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	\$					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occi	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)
	Contributor address; City;	State; Zlp Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL E AS M	FEDED
	If contributor is out-of-state PAC please see Instr		

Revised 11/15/2022

The C/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
TVAIVILE .	NICKNAME	Ve lasau	SUFFIX	Date Received 2-5-2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		relwood Rd.	CITY; STATE; ZIP CODE	LECTIONS ADMINISTRATIONS ADMIN
5 CANDIDATE/ OFFICEHOLDER PHONE	(954)	PHONE NUMBER 735 8437	EXTENSION	Date Hand delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Eleazar LAST	M1 SUFFIX	Date Processed
	NONAME	Velasgu		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S Redward R	GUITE #; CITY;	STATE; ZIP CODE City TX. 78582
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 7	PHONE NUMBER 735-8437	EXTENSION	
9 REPORT TYPE	January 15	30th day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 12 / 24	THROUGH 1	Day Year / 24
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if know	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER, <i>THESE EXPENDITURES</i>	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		=
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME E/Eazar	"Elias" Velo	usquez Jr.	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PO	DLITICAL CONTRIBUTIONS (OTHER GUARANTEES OF LOANS, OR	R THAN	\$ -0-
	2. TOTAL POLITICAL CO	DNTRIBUTIONS S, LOANS, OR GUARANTEES OF L	OANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.		\$ -0-
	4. TOTAL POLITICAL EX	PENDITURES		\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF T	HE LAST DAY	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPO	UNT OF ALL OUTSTANDING LOANS ORTING PERIOD	S AS OF THE	\$ -0-
	ear, or affirm, under penalty of pel ired to be reported by me under Title	rjury, that the accompanying reported to 15, Election Code.	t is true and c	orrect and includes all information
		II (1.6.	1
		Layen	elliging	<i></i>
		Signature	of Candidate	or Officeholder
	Please	omplete either option b	olow:	
	Flease C	omplete etther option b	CIOW.	
(4) A (2) 1 1				
(1) Affidavit				
NOTARY STAMP/SEAL				
		ماء	:_ 4	day of
Sworn to and subscribed be	atore me by		is the	day of,
20, to certify when	hich, witness my hand and seal of of	ffice.		
Signature of officer administering	g oath Printed name	e of officer administering oath		Title of officer administering oath
received the second	19747	OR		J. J. J. J. T. S. S. S. V. V. V.
(2) Unsworn Declaration	1			
My name is		, and my date of I	birth is	
Mv address is				
,	(street)			(zip code) (country)
	• •	• • • •		
Executed in	County, State of	, on the day of _	(month)	, ²⁰
			((7/
		Signature of	Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Cor	nmission Filers)
	Elearar "Elias" Velasquez Ja	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
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	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
		6 Contributor address; City; State; Zip Code	******
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	ation / Job title (See Instructions) Employer (See In	structions)
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	eation / Job title (See Instructions) Employer (See In	structions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip Code	
	Principal occup	eation / Job title (See Instructions) Employer (See In	structions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	CTA Instruction Gui	de for detaile	d instruction	ns.	1 Total pages filed	2
2	CANDIDATE	MS/MRS/MR	FIRST		Mi	OFFICE	USE ONLY
	NAME	Mr.	Eleazar			Filer ID #	\$Ag.
		NICKNAME	LAST		SUFFIX	Early Red ived as a # 9 s	Carlos Car
		Elias	Velasque	z		8	The state of the s
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; AI 103 Redwood Road	די / SUITE #;	CITY; Rio Grande	STATE; ZIP CODE City, Texas 78582	Day ranodelivered o	RE ELECTIONS
4	CANDIDATE PHONE		HONE NUMBER		EXTENSION	Receipt #	Dinbunt S
		(956) 735 - 843	7			Date Processed	
5	OFFICE HELD (If any)	Rio Grande City Gru	lla ISD Board	Member		Date Imaged	
6	OFFICE SOUGHT (if known)	County of Starr Com	missioner Prec	einet #3			
7	CAMPAIGN TREASURER NAME		RST	MI	NICKNAME	LAST	SUFFIX
	7 47 51975au	Mr. E	leazar		Elias	Velasquez	
8	CAMPAIGN TREASURER STREET ADDRESS residence or business)	STREET ADDRESS; 103 Redwood Road	AA.	PT / SUITE.#;	city; Rio (STATE; Grande City, Texas	ZIP CODE 5 78582
9	CAMPAIGN TREASURER	AREA CODE PH	HONE NUMBER		EXTENSION		
	PHONE	(956) 735-843	7				
10	CANDIDATE SIGNATURE		·		apter 573 of the Te		
		the Election Co		ibility to file	e timely reports a	s required by t	itle 15 of
		I am aware of the from corporation			5 of the Election (tions.	Code on contri	butions
		Llegan	Close	data		///aq/a	23
			GO	TO PAGE	2		

The C/OH Instruction (Guide explains how	to complete this form,	1 Filer 1D (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Eleazar	MI	OFFICE USE ONLY
NAME	NICKNAME Elias	LAST Velasquez	SUFFIX	Date Received 1- 16-24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 103 Redwood Rio Grande (CITY; STATE; ZIP CODE	THE ELECTIONS ADMINISTRA
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	735-8437	EXTENSION	Date Band-dolivered of Date Postmarket
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr NICKNAME	FIRST Eleazar	MI SUFFIX	Date Processes
	Elias	Velasquez		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	103 Redwoo	no po Box PLEASE); APT / S d Road City, Texas 78584		STATE; ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(956)	735-8437		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 23	THROUGH 1	Day Year / 15 / 24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	≣
	Month Day	Year Primary	Runoff Other Description	
	3 / 5 /	General		
12 OFFICE	OFFICE HELD (if any)	SCHOOL BOA	RD STARR COUN	TY COMMISSIONER 3
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAP	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
	ľ	GO TO	PAGE 2	

15 C/OH NAME ELEAZAR "ELIAS" VE	LASQUEZ	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 8,000.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,500.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,500.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00				
	wear, or affirm, under penalty of perjury, that the accompanying report is true united to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Signature of Candidat or Officeholder Please complete either option below:					
(1) Affidavit NOTARY STAMP/SEA						
Sworn to and subscribed	before me by this the	day of,				
	which, witness my hand and seal of office.					
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
		state) (zip code) (country)				
Executed in	County, State of on the day of (month	, 20 (year)				
	Signature of Candid	date/Officeholder (Declarant)				

SUBTOTALS - C/OH

	FILERN	AR "ELIAS" VELASQUEZ	20 Filer tD (Ethics Co.	mmiss	ion Filers)
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	w	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,500.00
2.	1801	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS				
5.	III	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
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 FUN	IDS	\$	
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 CONTRIBUT TO FILER	IONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the i	report.			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:			
2 FILER NAME ELEAZAR	"ELIAS" VELASQUEZ		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) BALTAZAR SALAZAR		7 Amount of contribution (\$)			
12/01/2023	6 Contributor address; City; HOUSTON, TEXAS	2,500.00				
8 Principal occu ATTORNEY	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)			
Date	Full name of contributor LUIS FALCON Contributor address; City; State; Zip Code RIO GRANDE CITY, TEXAS		Amount of contribution (\$)			
12/02/2023			1,000.00			
Principal occupation / Job title (See Instructions) SELF EMPLOYED Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		ions)				
		. 13				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
ELEAZAR "ELIAS" VELASQUEZ					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB		BUTIONS	\$ 7,500.0	00	
5 Date	6 Full name of contributor		8 Amount of	9 In-kind contribution	
	DR DARIA BABINEAUX, MD PA		Contribution \$	description	
12/01/2023	7 Contributor address; City; State; Zip Code		7,500.00	PROMOTIONAL MATERIAL	
	RIO GRANDE CITY, TEXAS 78584			i	
40.5				de of Texas. Complete Schedule T.	
PHYSIC	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF-EMPLOYED			
	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Full name of contributor	V			
Date	-		Amount of Contribution \$	In-kind contribution description	
01/16/2024	ANGELINA VELASQUEZ		500.00	HEATER	
01)10/2024	Contributor address; City; State;	Zip Code		DONATION	
	RIO GRANDE CITY, TEXAS	3	l Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF EMPLOYED		Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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)

Credit Card Fayment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME ELEAZAR "ELIAS" VELASQUEZ	9	3 Filer ID (Ethics Commission Filers)			
4 Date 12/15/2023	5 Payee name DOLLAR GENERAL					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
2,000.00	RIO GRANDE CITY, TEXAS 78582		tes			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PROMOTIONAL CHRISTMAS EVENT SUPPLIES	(b) Description				
	(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/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
01/16/2024	HOME DEPOT					
Amount (\$)	Payee address;	City;	State; Zip Code			
1,500.00	MCALLEN, TEXAS					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) WINTER PROMOTIONAL EVENT	Description				
	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/OF	Candidate / Officeholder name	Office sought	Office held			
Date	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 Texas. Complete Schedule 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 THIS	SCHEDULE AS NEE	EDED			