CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY 2-26 HE ELECTIONS ADMINISTRATO **OFFICEHOLDER** Mr. Desi L. NAME WHERE ELECTIONS OF THE PARTY OF Date Received NICKNAME LAST SUFFIX Olivarez APT / SUITE #: ZIP CODE 4 CANDIDATE / STATE: ADDRESS / PO BOX; CITY; 121 Ala Blanca Rio Grande City, Texas 78582 OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE PHONE NUMBER EXTENSION AREA CODE Date **OFFICEHOLDER** (956 735 4099 PHONE Receipt # MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER Desi Ms. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged Olivarez STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY: STATE: ZIP CODE CAMPAIGN TREASURER 121 Ala Blanca Rio Grande City, Texas 78582 **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE CAMPAIGN TREASURER PHONE 6956 735 4099 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day 10 PERIOD Year Month COVERED 2 26 24 24 THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Other Description Primary Runoff General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Constable Pct. 3 Constable Pct. 3 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

| CAMPAIGN | N FINANCE REPORT | COVER SHEET PG 2 | | |
|--|--|--|--|--|
| 15. C/OH NAME Desi L. Olivarez | | 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) | \$ | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 1,000.00 | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY \$ | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true guired to be reported by me under Title 15, Election Code. | and correct and includes all information | | |
| | Signature of Car | ndidate or Officeholder | | |
| | | | | |
| Please complete either option below: | | | | |
| (1) Affidavit | MARIA RUTH GARCIA My Notary ID # 124009134 Expires January 26, 2028 | | | |
| NOTARY STAMP/SEA | | 214 01 | | |
| Sworn to and subscribed | V | Le day of February | | |
| 20 24, to certify which, witness my hand and seal of office. Maria Ruth Garcia Motory Moria Ruth Garcia Motory | | | | |
| Signature of officer administer | | Title of officer administering oath | | |
| OR | | | | |
| (2) Unsworn Declaration | | | | |
| My name is | , and my date of birth is | | | |
| My address is | | | | |
| | | state) (zip code) (country) | | |
| Executed in | County, State of, on the day of(month |) , 20 (year) . | | |
| | Signature of Candid | late/Officeholder (Declarant) | | |

| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT | | | | FORM C/OH COVER SHEET PG 1 |
|--|----------------------------------|-----------------------------|--|--|
| The C/OH Instruction C | 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 Desi | мŧ L. | OFFICE USE ONLY |
| LACTAGE | NICKNAME | LAST Olivarez | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX 121 Ala Blar | | city; state; zip code e City, Texas 78582 | Date Received |
| 5 CANDIDATE/ | AREA CODE | PHONE NUMBER | EXTENSION | |
| OFFICEHOLDER PHONE | (956) | 735 4099 | | Date Hand-delivered or Date Postmarke |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | MI | Date Processed |
| NAME | NICKNAME | LAST | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS | (NO PO BOX PLEASE); APT / S | SUITE #; CITY; | STATE; ZIP CODE |
| (Residence or Business) | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| 9 REPORT TYPE | January 15 July 15 | 30th day before e | [] | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| | July 15 | 8th day before ele | Reporting Limit | Final Report (Attach C/OH - PK) |
| 10 PERIOD COVERED | Month 1 | Day Year / 1 / 24 | THROUGH 2 | Day Year / 5 / 24 |
| 11 ELECTION | ELECTION DA | ATE | ELECTION TYPE | |
| | Month Day | Year Primary | Runoff Other Description | |
| | 3 / 5 | Z4 General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (If known Constable Pct. | |
| 14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE N | | | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | _ | |
| Additional Pages | ■ GENERAL | COMMITTEE ADDRESS | | |
| SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TR | EASURER ADDRESS | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Desi L. Olivarez | | 16 F | iler ID (Ethics Commission Filers) | |
|--|--|------------------------------|--------------------------------------|--|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC | OF LOANS, OR | \$ 0.00 | |
| 10 Ann 1997 | 2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR (| | \$ 0.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPEN | IDITURE. | \$ 0.00 | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 0.00 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MA | AINTAINED AS OF THE LAST DAY | \$ 0.00 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIO | | \$ 0.00 | |
| 1 | ear, or affirm, under penalty of perjury, that the a | | correct and includes all information | |
| Signature of Candidate or Officeholder Please complete either option below: | | | | |
| NOTARY STAMP/SEA | | | | |
| Sworn to and subscribed | efore me by | this the | day of, | |
| 20, to certify which, witness my hand and seal of office. | | | | |
| Signature of officer administe | ng oath Printed name of officer admir | nistering oath | Title of officer administering oath | |
| | OR | | | |
| (2) Unsworn Declaration | n | | | |
| My name is | | _, and my date of birth is | | |
| My address is,,, | | | | |
| | (street) | (city) (state) | (zip code) (country) | |
| Executed in | County, State of, on th | day of (month) | , 20 | |
| | - | Signature of Candidate/Of | fficeholder (Declarant) | |

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 М OFFICE USE ONLY **OFFICEHOLDER** Mr. Desi NAME Date Received 16.2024 NICKNAME LAST SUFFIX Olivarez APT / SUITE #; 4 CANDIDATE/ ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** 121 Ala Blanca St. Rio Grande City, Texas 78582 **MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** (956 735-4099 PHONE Receipt POUV V MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** NAME LAST NICKNAME SUFFIX Date Imaged D lovaver STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP ÇODE CAMPAIGN TREASURER Als arade Cory, **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE Cu 9 9 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month COVERED 31 / 23 23 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Other Description Runoff 24 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Constable Pct. 3 on stable 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 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 COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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 | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 3 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2355.38 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY \$ | | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. | and correct and includes all information | | | |
| 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 administe | 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 | | | | |
| My address is | ,, | | | | |
| Executed in | (street) (city) (s County, State of , on the day of (month | tate) (zip code) (country), 20 (year) | | | |
| | Signature of Candid | ate/Officeholder (Declarant) | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| Desi L. Olivarez | 20 Filer ID (Ethics Con | mmissio | n Filers) |
|---|-------------------------|---------|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0 |
| 4. SCHEDULE E: LOANS | | \$ | 0 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS | \$ | ٥ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ | ٥ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 6 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU | INDS | \$ | ð |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | A BUSINESS OF C/OH | \$ | 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS | \$ | 0 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER | TIONS RETURNED | \$ | 6 |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| = | | | | | |
|---|---|---|---|--|--|
| | The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• | | | | |
| _ | | | · | | |
| 1 | C/OH N | | 2 Filer ID (Ethics Commission Filers) | | |
| | esi L | Olivarez | | | |
| 3 | SIGNA | TURE | | | |
| | | | | | |
| | | | | | |
| | | expect any further political contributions or political expenditures in connection with m | | | |
| | _ | ting a report as a final report terminates my campaign treasurer appointment. I also u | | | |
| | campaig | n contributions or make any campaign expenditures without a campaign treasurer ap | pointment on file. | | |
| | | Ŕ | 14 LIDA 1 | | |
| | | Signatu | re of Candidate / Officeholder | | |
| | | Signatu | re of Carididate? Officerisider | | |
| _ | | | | | |
| Ļ | | WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. •• | | | |
| | A. | CAMPAIGN FUNDS | | | |
| | Check | only one: | | | |
| | | I do not have unexpended contributions or unexpended interest or income earned from | om political contributions. | | |
| | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. | | | | |
| | В. | ASSETS | , | | |
| | Chool | only one: | | | |
| | Check only one: | | | | |
| | I do not retain assets purchased with political contributions or interest or other income from political contributions. | | | | |
| | | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204. | er income from political contributions to | | |
| | | s | signature of Candidate | | |
| _ | OFFICE | CHOLDED | | | |
| 7 | | EHOLDER plete this section only if you are an officeholder •• | | | |
| | • | I am aware that I remain subject to filing requirements applicable to an officeholder who of the file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions. | after filing the last required report as | | |
| | | Si | gnature of Officeholder | | |

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

| | See | 1 Total pages filed: | | |
|----|---|--|--|--|
| 2 | CANDIDATE | MS/MRS/MR FIRST MI | OFFICE USE ONLY | |
| | NAME | ur. Desi L. | Filer ID # | |
| | | NICKNAME LAST SUFFIX | Date Regreed | |
| | | Olivarez | The second of th | |
| 3 | CANDIDATE MAILING ADDRESS | . ! | Date Registred | |
| | | Texas, 78582 | Dalle Hama-delivered or Postmarked | |
| 4 | CANDIDATE PHONE | AREA CODE PHONE NUMBER EXTENSION | Receipt# *** Amount \$ 3 | |
| | | (956) 735-4099 | Date Processed | |
| 5 | OFFICE HELD (if any) | Starr Co. Constable Pct. 3 | Date Imaged | |
| 6 | OFFICE SOUGHT (if known) | Star Co. Constable Pct. 3 | | |
| 7 | CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI NICKNAME Desi L. Slivare | LAST SUFFIX | |
| 8 | CAMPAIGN TREASURER STREET ADDRESS residence or business) | STREET ADDRESS; APT/SUITE#; CITY; (d) Ala Blanex Roo G-ande C)+ | STATE; ZIP CODE | |
| 9 | CAMPAIGN | AREA CODE PHONE NUMBER EXTENSION | | |
| | TREASURER PHONE | (9 Te) 735 - 4099 | | |
| 10 | CANDIDATE SIGNATURE | I am aware of the Nepotism Law, Chapter 573 of the Te | xas Government Code. | |
| | I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. | | | |
| | I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. | | | |
| | | Signature of Candidate | 1.0/28/2023 Date Signed | |