

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Joel

NICKNAME

LAST

SUFFIX

Villarreal

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 1365
Rio Grande City, Texas 78582

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

573-1815

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Joel

NICKNAME

LAST

SUFFIX

Villarreal

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

369 S. Ebony St.
Rio Grande City, Texas 78582

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956)

5731815

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

/

1

/

26

THROUGH

Month

Day

Year

6

/

30

/

26

11 ELECTION

ELECTION DATE

Month

Day

Year

11

/

3

/

26

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Starr County Judge

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

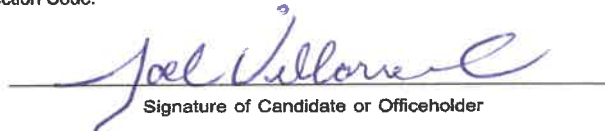
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Joel Villarreal		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,199.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,977.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,652.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Joel Villarreal, and my date of birth is 06/07/1968.
My address is 369 S. Ebony St, Rio Grande City, Texas, 78582, USA.
(street) (city) (state) (zip code) (country)
Executed in Starr County, State of Texas, on the 15 day of July, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Joel Villarreal		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,199.56
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,977.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 1
2 FILER NAME Joel Villarreal		3 Filer ID (Ethics Commission Filers)
4 Date 06/08/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Border Health PAC 6 Contributor address; City; State; Zip Code 612 W Nolana St. McAllen, Tx 78504	7 Amount of contribution (\$) 10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A2:			
2 FILER NAME Joel Villarreal						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 4,199.56			
5 Date 05/20/2026		6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Project Red TX				8 Amount of Contribution \$ 4,199.56		9 In-kind contribution description Graphics/Signs/Cards	
		7 Contributor address; City; State; Zip Code 1108 Lavaca Street Austin, Tx 78701				Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)						11 Employer (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's 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)									
Date		Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code				Amount of Contribution \$		In-kind contribution description	
						Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)						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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joel Villarreal	3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Payee name Honorio Garza	
6 Amount (\$) 1,786.12	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Signs	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 03/03/2026	Payee name Tractor Supply	
Amount (\$) 339.24	Payee address; City; State; Zip Code 4503 Rattler Drive Rio Grande City, Tx 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Metal Fence Posts	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/OH	Candidate / Officeholder name	Office sought Office held
Date 03/04/2026	Payee name Sign Works	
Amount (\$) 303.10	Payee address; City; State; Zip Code 308 W Main St. Rio Grande City, TX 78582	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description Car Stickers/pushcards/
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Joel Villarreal	3 Filer ID (Ethics Commission Filers)
4 Date 06/24/2026	5 Payee name Starr County Town Crier	
6 Amount (\$) 549.36	7 Payee address; City; State; Zip Code PO Box 209 Rio Grande City, Tx 78582	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertisement	(b) Description Political Ads
	(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	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 <u>ONLY</u> if direct expenditure to benefit C/OH	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 <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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received



Date Hand Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

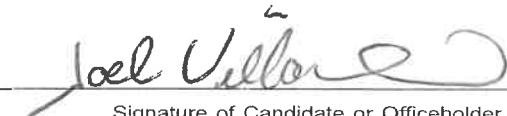
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME JOEL VILLARREAL		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)	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 870. ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,630. ⁰⁰
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,500. ⁰⁰

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

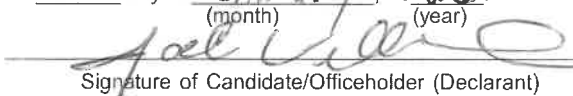
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **JOEL VILLARREAL**, and my date of birth is **6/07/1968**
My address is **369 South Ebony St**, **R6C**, **TX**, **73582 USA**
(street) (city) (state) (zip code) (country)
Executed in **STARR** County, State of **Texas**, on the **15** day of **January**, 20 **26**.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOEL VILLARREAL

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 12,500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 870.00
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: <u>1</u>
2 FILER NAME <u>JOEL VILLARREAL</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 JOEL VILLARREAL		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 750.00	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: Project Red Tx	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code 1108 Louisa St Austin TX 78701	750	
		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's 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)			

Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)			8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code				
				Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS

SCHEDULE E

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 E: 1	
2 FILER NAME JOEL VILLARREAL				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 12/15/2025	7 Name of lender ☐ out-of-state PAC (ID#: _____) JOEL VILLARREAL			9 Loan Amount (\$) 12,500.00	
6 Is lender a financial Institution? ☐ Y ☒ N	8 Lender address; City; State; Zip Code 369 S. Eby St RBC TX 78582			10 Interest rate —	
				11 Maturity date —	
12 Principal occupation / Job title (See Instructions) Behavioral Health Clinician			13 Employer (See Instructions) Garcia Family Wellness		
14 Description of Collateral none			15 Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor			19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code				
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		

Date of loan	Name of lender ☐ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? ☐ Y ☐ N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing 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		2 FILER NAME JOEL VILLARREAL		3 Filer ID (Ethics Commission Filers)	
4 Date 10/11/2025		5 Payee name RGC Rotary			
6 Amount (\$) 195.00		7 Payee address; 615 E. Main St Check if individual's residence address.		City; RGC	State; Zip Code TX 78582
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution/Donation		(b) Description Fund Raiser-Event + Non-Profit		
	(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					
Date 10/6/2025		Candidate / Officeholder name Juan Morin / South Texas Photo Video			
Amount (\$) 475.00		Payee address; 1209 Olmos St Check if individual's residence address.		City; RGC	State; Zip Code TX 78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Advertisement Video		
	☐ 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					
Date 11/13/2025		Candidate / Officeholder name South Texas Photo Video			
Amount (\$) 200.00		Payee address; 1209 Olmos St Check if individual's residence address.		City; RGC	State; Zip Code TX 78582
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Political Sign/Picture		
	☐ 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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED