CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MINITED PROPERTY. Date Received ELECTIONS ADMINISTRATION NAME NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 1463 Fair ground Rd. Rio Grande City TX 78582 AREA CODE PHONE NUMBER EXTENSION Change of Address 5 CANDIDATE/ **OFFICEHOLDER** PHONE 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged Villarrea STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** 205 W. Main Street (Residence or Business) AREA CODE 8 CAMPAIGN **TREASURER** PHONE (956) 487-3739 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 01/07/2025 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Day Description Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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 **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 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

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Rene Fuentes	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)	\$ 1,000.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,600.79			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	15.			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 51,967.51			
	swear, or affirm, under penalty of perjury, that the accompanying report is tru equired to be reported by me under Title 15, Election Code.	e and sorrect and includes all information			
	- K				
	Signature of Ca	andidate or officeholder			
	Please complete either option below	v:			
(1) Affidavit					
NOTARY STAMP/SEA	AL				
Sworn to and subscribed	d before me by this the	, day of,			
20, to certif	y which, witness my hand and seal of office.				
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declarat					
My name is Ken	e Fuentes and my date of birth is	October 27, 1960			
My address is	163 Fairground Road, Rio Granda City	D. 78582 Start			
Executed inStarr	(street) (city)	state (zip ode) (country)			
Executed in	County, State of form on the Granday of (month)	(year)			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	OOVER	DILLI F G S
19 FILER NAME Rene Frentes	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1,600.79
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	\$	
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 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 t	form.	1 Total pages Schedule A1:	
2 FILER NAME	Rene Fuentes		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (William CarHon Robertson or 5 6 Contributor address; City;	usameJ. Robertson State; Zip Code	7 Amount of contribution (\$)	
2/20/25	2400 N. 10th Stc C McAllen -		\$1,000.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2025

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) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address: City; State; Zip Code **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date J. "Eddie" Guerra City; Zip Code State; (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** 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

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 FIRST 3 CANDIDATE / Date Received OFFICE USE ONLY **OFFICEHOLDER** Rene Mr. NAME SUFFIX NICKNAME LAST **Fuentes** STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER MAILING ADDRESS** 1463 Fairground Road Rio Grande City TX 78582 Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand And Production **OFFICEHOLDER** (956 487-5571 PHONE Receipt # FIRST MS / MRS / MR MI 6 CAMPAIGN TREASURER Mr. Calixtro Date Processed NAME LAST SUFFIX NICKNAME Date Imaged Villarreal Jr. STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE 7 CAMPAIGN TREASURER **Rio Grande City** 78582 205 W. Main St. TX **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 487-3739 (956 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED /2024 30 06 01 / 2024 01 / THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Description X General Special 2024 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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'S KNOWLEGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S AND OFFICEHOLDER'S KNOWLEGE OR CONSENT. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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

SAIIII AIGI			
15 C/OH NAME		16 Filer ID (E	thics 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)	\$	41,522.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
. 2 2 2	4. TOTAL POLITICAL EXPENDITURES	\$	8,635.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	32,887.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0
re	quired to be reported by me under Title 15, Election Code. Signature of Ca	ndidate or Off	iceholder
	Please complete either option below	/ :	
(1) Affidavit NOTARY STAMP/SE Sworn to and subscribed 20	Oliva Unne Janet Molina		
Signature of officer administ	ering oath Printed name of officer administering oath	Title	of officer administering oath
(2) Unsworn Declarat	ion	Succession.	
My name is	, and my date of birth is		(86)
wy addiess is		state) (zip o	ode) (country)
Executed in	County, State of , on the day of (month	, 20	
	Signature of Candid	date/Officehold	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Con		nmissi	on Filers)	
21		LE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$;	36,001.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5,521.65
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	8,635.62
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO 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#:			7 Amount of contribution (\$) 1,001.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
o (interpretation	,		,		
Date		: (ID#:)	Amount of contribution (\$)		
1/28/2024	OSCAR TORRES Contributor address; City; 105 Hollywood Blvd. Victoria T	State; Zip Code X 77904	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)		
Date	Full name of contributor out-of-state PAC	G (ID#:)	Amount of contribution (\$)		
1/17/2024	Contributor address; City; 6144 E. US Hwy 83 RIO GRANDE CI	State; Zip Code TY TX 78582	1,500.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)		
03/01/2024	DAVID T. VILLARREAL Contributor address; City; 1305 FM 649 RIO GRANDE CIT	State; Zip Code Y TX 78582	250.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME RENE FUENTES			3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) MELISANDRA MENDOZA			7 Amount of contribution (\$)	
03/4/2024	6 Contributor address; City; PO BOX 50 RIO GRANDE (State; Zip Code CITX 78582	1,000.00	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)	
04/21/24	WYATT RANCHES OF TEXAS LLC Contributor address; City;	State; Zip Code	15,000.00	
	PO DRAWER 10 REALITOS			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ons)	
Date	Full name of contributor out-of-state PAC (ID#:) BRADFORD A. WYATT		Amount of contribution (\$)	
04/21/24		State; Zip Code	5,000.00	
	PO DRAWER 10 REALITOS	S TX 78376		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)	
04/24/36 RUFINO GARZA Contributor address; City; State; Zip Code 3779 N. BENTSEN PALM DR. MISSION TX 78574 2,000.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED	

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		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
05/02/2024	6 Contributor address; City; State; Zip Code PO BOX 17428 AUSTIN TX 78760	1,100.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05/21/24	NICHOLAS LAMANTIA Contributor address; City; State; Zip Code	1,000.00		
	230 LOMBARDY AVE EL PASO TX 7992			
Principal occup	pation / Job title (See Instructions) Employer (See I	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05/29/24	Contributor address; City; State; Zip Code	150.00		
	419 E. 2ND ST. RIO GRANDE CITY TX 785	582		
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
06/06/24	RGC HIX HOSPITALITY LLC Contributor address; City; State; Zip Code	1,000.00		
5274 E US HWY 83 RIO GRANDE CITY TX 78582				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
`				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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		3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) 500.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date 06/17/24	Full name of contributor out-of-state PAC (ID#:) RENE P. MONTALVO Contributor address; City; State; Zip Code PO BOX 16 RIO GRANDE CITY TX 78582	Amount of contribution (\$) 1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date 06/17/24	Full name of contributor out-of-state PAC (ID#:) RENE P MONTALVO	Amount of contribution (\$)		
00/17/24	Contributor address; City; State; Zip Code PO BOX 112 RIO GRANDE CITY TX 78582	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date 04/24/36	Full name of contributor Out-of-state PAC (ID#:) S.F. VALE Contributor address; City; State; Zip Code	Amount of contribution (\$) 2,000.00		
PO BOX 156 RIO GRANDE CITY, TX 78582				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL CODIES OF THIS COLUMN F AS AN			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	e Instruction Guide explains ho	w to complete th	nis form.	1 Total pages Schedule A1:
FILER NAMI RENE FU				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) MIKE EAST		7 Amount of contribution (\$)	
4/17/24	6 Contributor address; PO BOX 69	city; SARITA	State; Zip Code TX 78385	2,000.00
Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state F	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	ne of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ions)
			II.	

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:		
PENE FUENTES			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 5,521.65		
5 Date 02/26/2024	Nicolasa Moreno		8 Amount of Contribution \$ 9 In-kind contribution description 2,888.65 9x7 Banner, (4) 8x15 banner (2) 7x21 banner (2) 150" x 294" banner Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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		Amount of In-kind contribution description		
01/24/24	Contributor address; City; State;	Zip Code	l linen finish		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. 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.

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 RENE FUENTES			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 5,521.65	
5 Date 06/11/2024	6 Full name of contributor □ out-of-state PAC (ID#: Jose A. Garcia		8 Amount of Contribution \$ 9 In-kind contribution description 2,250.00 2 billboards month of June	
0071112021	7 Contributor address; City; State; 118 Kennedy Rio Grande City TX 7	Zip Code 8582	l 2024 	
10 Principal occi Retired	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	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		Amount of In-kind contribution Contribution \$ description 180.00 Campaign Signage	
06/21/24	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / 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

The	e Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		ate; Zip Code		
			Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	· ·
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outsi	l . ide of Texas. Complete Schedule T.
Principal occ	upation / 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			
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN	LE AS NEEDED	
14	contributor is out-of-state PAC please see Inst			roquiromente

LOANS SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS	\$			
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date		
Y N					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	.1		
14 Description of Coll	ateral	15 Check if personal fur account (See Instruc	nds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Dringing Course	ion (Occ Instructions)	24 = - (2 - 1 - 1 - 1)			
20 Principal Occupat	ion (see instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fun	ds were deposited into political		
поле		account (See Instruc			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code	*		
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
		IES OF THIS SCHEDULE AS NE			
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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **RENE FUENTES** 1 4 Date 5 Payee name 02/27/24 NATIONAL PRINTING 6 Amount (\$) 7 Payee address; City: State; Zip Code 1300 TRENTON STE 115 2,868.62 MCALLEN TX 78504 8 (a) Category (See Categories listed at the top of this schedule) (b) Description ADVERTISING EXPENSE **PURPOSE BANNERS / SIGNS** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/21/24 Aaron Marroquin Jr. (Start Studio) Amount (\$) Pavee address: City; State: Zip Code 717.00 3235 Encino Strut. Rio Grande City TX ADVERTISING EXPENSE PURPOSE TARPS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/26/24 The Grafix Express LLC Amount (\$) Payee address; City; State: Zip Code 5,050.00 230 W. Newcombe Ave. Pharr TX 78577 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE BANNERS / SIGNS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

_									
	EXPENDITURE CATEGORIES FOR BOX 10(a)								
A	dvertising Expense coounting/Banking lonsuiting Expense ontributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ials Expense	Office Ove Polling Ex Printing Ex Salaries/W		Transpor Travel in Travel O	District at Of District	Expense nt & Related Expense not listed above)
1	Total pages Schedule F2:	2 FILER	NAME			,	3 Filer II) (Ethics Co	mmission Filers)
4	TOTAL OF UNITEN	MIZED UN	IPAID INCUR	RED OBLIG	SATION	S	\$		
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10	PURPOSE OF Expenditure	(a) Catego	ry (See Categories list	ed at the top of this s	schedule)	(b) Description			
		(c)	Check if travel outside o	f Texas. Complete Sci	hedule T.	Check if Aus	itin, TX, office	holder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		didate / Officehol	der name	O	ffice sought		Office held	I
	Date	Payee	name						
•	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical			
i	PURPOSE OF Expenditure	Catego	ry (See Categories list	ed at the top of this s	schedule)	Description			
			Check if travel outside	of Texas. Complete S	chedule T.	Check if Au	ıstin, TX, offic	eholder living e	xpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officehol	der name	O	ffice sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Consulting 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) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (\$) City; State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** (b) Description 10 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** (c) 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 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Printing Expense
Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee nar	ne				
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
8 PURPOSE OF	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description		
EXPENDITURE	()					
9		check if travel outside of Texas.			, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder nan	ne 	Office sought		Office held
Date	Payee nam	ne				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)	Description		
	C	theck if travel outside of Texas.	Complete Schedule T.	Check if Austin.	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ite / Officeholder nam	16	Office sought		Office held
Date	Payee nam	ne e				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	See Categories listed at the	top of this schedule)	Description		
	С	heck if travel outside of Texas. C	Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder nam	le	Office sought	(Office held
	ATTA	CH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEEDI	ED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundralsis Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule H:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name			L	
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	:hedule)	(b) Description		
	(c) C	heck if travel outside of Texas. Complete Sch	iedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule)	Description		
	Cł	eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	релѕе
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought	(Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule)	Description		
	Cł	eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Ol		te / Officeholder name		Office sought	(Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS S	SCHEDULE AS NEED	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regarding type	a of Information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of Information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type	of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received	8 Amount (\$)		
	6 Address of person from whom amount is received; City; Stat	e; Zip Code		
	7 Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if p	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; State	e; Zip Code		
	Purpose for which amount is received Check if p	olitical contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Stat	e; Zip Code		
	Purpose for which amount is received Check if p	olitical contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of person(s) traveling				
8 Departure city or name of departure location				
9 Destination city or name of destination location				
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
pour pour pour pour pour pour pour pour				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	NAME 2 Filer ID (Ethics Commission File	lers)	
3	SIGNA	ATURE		
	l do not	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that nating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept aign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder	t any	
4		RWHO IS NOTAN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••		
	A	CAMPAIGN FUNDS		
	Chec	ck only one:		
		I do not have unexpended contributions or unexpended interest or income earned from 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.			
	B.	ASSETS		
	Chec	ck 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 political contributions. I under that I may not convert assets purchased with political contributions or interest or other income from political contribution personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with requirements of Election Code, § 254.204.	ions to	
		Signature of Candidate		
5	OFFIC	CEHOLDER		
~		mplete this section only if you are an officeholder		
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurfile. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required reports an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased value political contributions or interest or other income from political contributions.	rt as	
		Signature of Officeholder	==	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			T	. O Table and Sled	
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filen	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received 10- 7- 2024	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	FUENCES; APT / SUITE #;	CITY; STATE; ZIP CODE	ELECTIONS ADMINISTRA	
ADDRESS Change of Address	14103 Fai	iground Rd. Rio	Grande City TR 78582	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 844-0122	EXTENSION	Date Hand-deliver or Day Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # ***********************************	
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged	
		Villarreal			
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE	
(Residence or Business)	205 W.M	lain St.	Rio Grande City	78582	
8 CAMPAIGN TREASURER PHONE	(956)	PHONE NUMBER 487-3739	EXTENSION "		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 01 / 2024	THROUGH 9	Day Year / 30 / 2024	
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	E	
12 OFFICE	Sherin	G	13 OFFICE SOUGHT (If know		
14 NOTICE FROM POLITICAL				MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'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 TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
NOTES 1521 1522 152	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,441-25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,687. **
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 5,687. °.5 ST DAY \$ 556,641. 28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	
	Signature of Ca	indidate or Officeholder
	Diseas complete either entire helev	***
	Please complete either option below	V:
(4) A FE 1 - 14		
(1) Affidavit		
NOTABY OTAMBICEA		
NOTARY STAMP/SEA	-	
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
		Title of officer administering oath
Signature of officer administer	ring oath Printed name of officer administering oath	Title of bilicer administering batti
The same of the sa	OR:	
(2) Unsworn Declarati	on	
My name is RENE	FUENTES, and my date of birth is	10/27/60
My address is 1463	FAIRGROUND RD RIG GIZNA- City	JEX. 78582, STARA
		state) (zip code) (country)
Evenuted in	4	- 1
Executed in	(month	, 20 <u>24</u> . (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (E	ics Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28, 200° ¹ \$ 1,241. ²⁵	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,241.25	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5887.5	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIO	NS \$	
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 RETURN TO FILER	NED \$	

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	1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	NE FLENTES					
7.00						
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)			
	ALVAROSILSE [GLESIAS					
- 1 1	6 Contributor address; City;		500.02			
.///~/	6 Contributor address, Sky,	didio, Elp dodd	300.			
	3589 W. TURTLE DR RIO GRANDE	CM TX 78582				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
7	NS. AGENT					
	NS. /16EN'I					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	T 2- A		/ Thouse of Continuation (w)			
-11.	LSAAC PENA					
1/10/24	LSAAC PENA Contributor address; City;	State; Zip Code	1500			
		1 To. 76567				
	1105 W. HOUSTON ST Rio Grando					
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	· ·			
	LawyER	LAW Office of I	serc Pena			
	_					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	JOSE ALMENTO BARRERA					
7/12/24	JOSE ALBERTO BARRERA Contributor address; City;	State: Zin Code	\$5000.00			
1110101		1	3000.			
	334 OAK ST. Rip Grando City	Tx 78582				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
	EMS	STARE CO. HOSP	ITAL			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	GEORGE E. G					
-1 1-1			n e ^e			
7/15/24	Contributor address; City;	State; Zip Code	B 2000.05			
	2901 CENTRAL BLUD BROWNIZ	LE TEX 78526				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	1 Total pages Schedule A1:							
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
l .									
ILE!	RENE FUENTES								
4 Date	5 Full name of contributor 🔲 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)						
, .			42500.°°						
7/18/24	6 Contributor address; City;	State; Zip Code	7500,						
	334 OAK ST. Rio Granda City	Tx 18582							
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)						
	EM 5	STARR CO.	HOSPITAL						
		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Date	_	C (ID#:)	Amount of contribution (\$)						
	ROEL A GONZALEZ & ROSA E.	SONZALEZ	e -1						
7/19/24	Contributor address; City;	State; Zip Code	1000						
	164 MIMOSA ST Rio Grande C.	14 Tex 78582							
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)						
	RETIRED	TEACHER							
	FEITHER	7077-170							
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)						
	RIVERWINDS, INC. SUB-WAY	<i>•</i>	,						
7/19/24	RIVERWINDS, INC. SUB-WA; Contributor address; City;	State; Zip Code	91000						
	610 N. SMITH ST. HEBBRON	VILLE, TEX 7836)							
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	Instructions)						
		943-WAY	RES7.						
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)						
	RIVERSIDE BUILDING MATER	IAZE LLC							
			man a second						
8/14/24	Contributor address; City;	State; Zip Code	500						
•	6144 U.S. HWY 83 RicGrande	347 JEX 78582							
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)						
	UMBER YARD								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	1 Total pages Schedule A1:				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
_		RENE FUENTES					
4				7 Amerint of contribution (C)			
4	Date		e PAC (ID#:)	7 Amount of contribution (\$)			
		REYNA HOMES					
	8/14/24	6 Contributor address; City;	State; Zip Code	\$1500°C			
	- / / / - /			7500			
		6144 U.S. Hwr 83 Ro 600 well	City 1x 78582				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)			
		HOME BUILDERS					
-							
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)			
		ALLIARD : TLSE IBLESIA	s ·				
	8/21/24	ALUARO J ILSE TELESIAS Contributor address; City;	State: Zip Code	\$500.05			
	0,0,,			300.			
		3589 W. Turtle PR Rib Grzun	6 City Tx 78582				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
		INS. AGENT	X 5 ·				
	Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)			
		WYATT PHONHES OF TEX	116				
9	1/16/24	WYATT RANCHES OF TEX Contributor address; City;	State; Zlp Code	A. ot			
′	,,,,,	Contributor address, City,	State, Zip Code	\$10,000.at			
		P.O. PRAWER 10					
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
		WEALN G	, , ,	-			
	/C/4	- DEAL OF					
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)			
		_					
	HUGO BERLANGA						
	9/17/24	Contributor address; City;	State; Zip Code	9/000.05			
	CORPORTINITIAL TRANSPORT						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	RETIRED						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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	1 Total pages Schedule A1:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
RENE FUENTES								
				7 Amount of contribution (\$)				
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of Continuation (4)				
	ANTONIO FAZCON			A of				
9/20/24	ANTO VID FAZCO W 6 Contributor address;	City;	State; Zip Code	#1700°=				
	2768 PHARMACY RD.							
		KIB BIZINIP (19		<u></u>				
	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)				
4	Decrop							
Date	Full name of contributor	□ out-of-state PA	C (ID#:)	Associate of contain the (C)				
Date		_	, , , ,	Amount of contribution (\$)				
	AIDA LILIANA SOS	ZA.						
9/20/24	Contributor address;	City;	State; Zip Code	500.00				
	122 14 04			300.				
	137 LA PALOMA CIR	KIB Grande (TH TEX 78582					
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)				
D 4	Full name of contributor	Court of state PA	C (ID#:)					
Date	Full name of contributor	U out-or-state PAC	(ID#:)	Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
			creo creat was record					
	Contributor address;	City;	State; Zip Code					
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Commission

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

Revised 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:				
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)			
	RENE FUENTES						
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$				
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		Contribution \$				
7/29/24	ROMEG GONZALEZ 7 Contributor address; City; State;	Zip Code	3281.25	BUMPER STICKERS			
	1403 GARCIA ST ROMA TEX	18584	Check if travel outsi	de of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	AL)(See Instructions)			
	INS. AGENT						
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 spous	se (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Full name of contributor		Amount of	In-kind contribution			
Date			Contribution \$	description			
7/24	NoELIA GUILLEN Contributor address; City; State;	Zip Code	960.01	BANNER			
·	OLD HWY 83 GARCENG TEX	18584	Check if travel outside	de of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDIC)	AL)(See Instructions)			
RE	TIBLED TEACHER						
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	ontributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services			ng Expense Travel In District ing Expense 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 FILER NA		3 Filer ID (Ethio	cs Commission Filers)			
4 Date	5 Payee na	RENE FUENTE					
7/29/24							
6 Amount (\$)	7 Payee ad	GRAFIX EXPRESS		City;	State;	Zip Code	
6 2700°L	230	W. NEWCOMBE AL	IE	PHARR	TEX	78577	
8	(a) Category	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING			4'x8' s	4'x8' SIENS		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense	
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
8/1/24	Isn	NAEL GUERRA I					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
4312.°E	2505	MAJESTIC PARM	Da.	Rio Granda City	TEX	78582	
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE							
OF EXPENDITURE	ADV	ADVERITISING 8'X12' BANNERS					
	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		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
8/13/24	ENRI	OUF GONZALEZ					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
*2000°	100 P	PEER RUN	Rio Gi	RANDE CITY	TEX	78582	
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	ADV	ERTIBING		BILL BOA	ir O		
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
	ALL	ACT ADDITIONAL COPIES	OI 11113 C				

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

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

Candidate/Officeholder/Politica	Committee Legal	Services	Salaries/Wa	ages/Contract Labor	Other (enter a cate	egory not listed above)
Credit Card Payment	The	Instruction Guide exp	iains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Eth	ics Commission Filers)
2	RENI	FUENTE	5			
4 Date	5 Payee name					
9/12/24	THE GR	AFIY EXPRE	99 LLC	•		
6 Amount (\$)	7 Payee address			City;	State;	Zip Code
475.00						
7/5.	230 W.	NEWCUMBE	AUE	PHARR	TEX	78577
8		Categories listed at the top of		(b) Description		
PURPOSE						
OF	ADUEX	IT151NG		516N5		
EXPENDITURE						
	(c) Check if	travel outside of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder liv	ing expense
9 Complete ONLY if direct		fficeholder name		Office sought		Office held
expenditure to benefit C/OF						
Date	Payee name					
alanlau						
9/27/24	BUR LADY	OF GUADALU	PE CATH			
Amount (\$)	Payee address;			City;	State;	Zip Code
8200°E	4 1 2 2 2 2 2 2 2	. 4 1 2 6 12				
200	1155 N. F.	N 647	RIO GIZA	de CITY	TEX	18582
	Category (See Ca	ategories listed at the top of the	nis schedule)	Description		
PURPOSE				DONATIO	4.	
OF	GIF	Τ		PONATIO	N	
			to Schadule T			ng evnense
OF	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin	n, TX, officeholder livi	
OF EXPENDITURE Complete ONLY if direct	Check if		te Schedule T.			ng expense Office held
OF EXPENDITURE	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin		
OF EXPENDITURE Complete ONLY if direct	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if	travel outside of Texas. Comple	te Schedule T.	Check if Austin		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / O	travel outside of Texas. Comple	te Schedule T.	Check if Austin	ı, TX, officeholder livi	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / O	travel outside of Texas. Comple	te Schedule T.	Check if Austin	ı, TX, officeholder livi	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Check if Candidate / O Payee name Payee address;	travel outside of Texas. Comple		Check if Austin	ı, TX, officeholder livi	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Check if Candidate / O Payee name Payee address;	travel outside of Texas. Comple		Check if Austin Office sought City;	ı, TX, officeholder livi	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if Candidate / O Payee name Payee address;	travel outside of Texas. Comple		Check if Austin Office sought City;	ı, TX, officeholder livi	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Candidate / O Payee name Payee address; Category (See Ca	travel outside of Texas. Comple fficeholder name	is schedule)	Check if Austin Office sought City; Description	n, TX, officeholder livi	Office held Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Candidate / Or Payee name Payee address; Category (See Ca	travel outside of Texas. Completificeholder name tegories listed at the top of the	is schedule)	Check if Austin Office sought City; Description	ı, TX, officeholder livi	Office held Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Or Payee name Payee address; Category (See Ca	travel outside of Texas. Comple fficeholder name	is schedule)	Check if Austin Office sought City; Description	n, TX, officeholder livi	Office held Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE	Candidate / Or Payee name Payee address; Category (See Ca	travel outside of Texas. Completificeholder name tegories listed at the top of the	is schedule)	Check if Austin Office sought City; Description	n, TX, officeholder livi	Office held Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / O Payee name Payee address; Category (See Ca	travel outside of Texas. Completificeholder name tegories listed at the top of the	is schedule) e Schedule T.	Check if Austin Office sought City; Description Check if Austin, Office sought	State;	Office held Zip Code

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	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) (city) (s	, , , , , , , , , , , , , , , , , , , ,
	Signature of Candid	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Con		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 OF LES	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	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)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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 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 10
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 birtl	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
52111111111111111111111111111111111111	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 date 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 out-of-state PAC (ID#:) SANTA CRUZ PROPERTIES LTD			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)
Full name of contributor	out-of-state PAC	(ID#;		Amount of contribution (\$)
Contributor address;	City;			
tion / Job title (See Instructions)			er (See Instruction	
	5 Full name of contributor SANTA CRUZ PROPER 6 Contributor address; 2810 N. CLOSNER BLVD pation / Job title (See Instructions) Full name of contributor GEORGE E. GAVITO Contributor address; 3005 OLD ALICE RD APT. 500-D pation / Job title (See Instructions) Full name of contributor Contributor address;	ENTES 5 Full name of contributor out-of-state P/SANTA CRUZ PROPERTIES LTD 6 Contributor address; City; 2810 N. CLOSNER BLVD EDINBURG upation / Job title (See Instructions) Full name of contributor out-of-state PACE out-of-sta	5 Full name of contributor SANTA CRUZ PROPERTIES LTD 6 Contributor address; City; State; 2810 N. CLOSNER BLVD EDINBURG TX upation / Job title (See Instructions) 9 Emplo Full name of contributor GEORGE E. GAVITO Contributor address; City; State; 3005 OLD ALICE RD APT. 500-D BROWNSVILLE TX Pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#:	ENTES 5 Full name of contributor out-of-state PAC (ID#:

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 C	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 \$ summarized by the form Non-Judicial (if any) (FOR JUDICIAL) 19 Contributor's principal occupation (FOR JUDICIAL) 10 Principal occupation (FOR JUDICIAL) 11 Employer (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's employer/law firm (FOR JUDICIAL) 13 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor of contribution of description 16 If contributor of contributor of contributor of contribution of description 17 Check if travel outside of Texas. Complete Schedule of Texas. Complete S	4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 568.79	
Date Full name of contributor out-of-state PAC (ID#: Contribution \$ In-kind contribution description Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	10/27/2023 10 Principal occi INSURANO 2 Contributor's	ROMEO GONZALEZ 7 contributor address; City; State; 1403 N. GARCIA ST ROMA TX upation / Job title (FOR NON-JUDICIAL) (See Instructions) CE SALESMAN principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	78584 11 Employe GONZALE	Contribution \$ 568.79 Check if travel outs or (FOR NON-JUDICI EZ INSURANCE tor's job title (FOR JU	description BUMPER STICKERS AND POSTCARDS I I Idea of Texas. Complete Schedul AL)(See Instructions) JDICIAL) (See Instructions)
Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 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)		Full name of contributor			In-kind contribution description
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal occup	Contributor address; City; State;			
Law lifth of contributor's spouse (if any) (FOR JUDICIAL)	Contributor's p	rincipal occupation (FOR JUDICIAL)	Contributo	r's job title (FOR JUD	DICIAL) (See Instructions)
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 (Ethi	ics Commission Filers
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.	Check if Austin.	, 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 BANNE	ER	
	Check if travel outside of Texas. Complete Schedule T.	Charle if Austin 7	**************************************	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH		Office sought	X, officeholder living a	expense 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
			OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST RENE NICKNAME LAST	MI SUFFIX	Date Received 1 - 23 - 2024 .
	FUEN ⁷	res	HE ELECTIONS AD
4 ORIGINAL REPORT TYPE	30th day before election	eeded modified reporting	Receipt A Amount
5 ORIGINAL PERIOD COVERED	Month Day Year 07 / 01 / 23 TH	Month Day Year 7	Date Imaged
6 EXPLANATION OF CO	PRRECTION		100000000000000000000000000000000000000
DONATION CHEC	CK WAS DISCOVERED AFTER FI	LING OF REPORT AND THEREFOR W	/AS INCOMPLETE
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected report i	is true and correct.
Chec	ck ONLY if applicable:		
✓ mislead or to	o misrepre-sent the information of	·	
date I learne	s: I swear, or affirm, that I am fil 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.	the 14th business day after the r, or affirm, that any error or
		Olivet was 100 while	h- (OEE ook old ou
		Signature of Candida	te/Officenoider
(1) Affidavit	Please co	omplete either option below:	
NOTARY STAMP/SEA	AL.		
Sworn to and subscribed	before me by	this the	day of,
	which, witness my hand and seal of off		
Signature of officer administ	ering oath Printed name	of officer administering oath	Title of officer administering oath
	TO A PERSON NAMED IN	OR	
(2) Unsworn Declarat	ion		
My name is		, and my date of birth is	
			1
	(street)	` '/'	te) (zip code) (country)
Executed in	County, State of	, on the day of(month)	, 20 (year)
		Signature of Candidate	e/Officeholder (Declarant)
Remember To Atta	nch Any Part Of The Campaign	Finance Report Form Needed To Re	eport And Explain Corrections