# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commiss	ion Filers) 2 Total page	es filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFI	CE USE ONLY
IVAIVIL	NICKNAME	Roboles	SUF	FIX Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	3315		Pena Lordo,	code TX 046 REC'D CITY	SEP DEE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	763 - 3	EXTENSION	Pale Haho dala	ered លិះ ប៉ង់ខែ Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Montgo	12 t	Receipt #	Amount \$
I W WIL	NICKNAME	LAST Set linus	SUF	FIX Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S	•	STATE	
(Residence or Business)	200	34 Yullon	Lored	o TX	78095
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	/				
3 REPORTIFE	January 15	30th day before e		treasur (Officel	ay after campaign er appointment nolder Only) eport (Attach C/OH - FR)
10 PERIOD			Reporting L	imit	
COVERED	Month O7	Day Year / 01 / 2022	THROUGH C	Month Day	7022
11 ELECTION	ELECTION DA	Year Primary	Runoff Ot	FION TYPE her sscription	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH		st 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL EXPENS MAY HAVE BEEN MADE WITHOU	DITURES MADE BY POLITICAL T THE CANDIDATE'S OR OFFICE	EHOLDER'S KNOWLEDGE OR
, ,	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
	·	GO TO	PAGE 2		
l		30 10	IAGLZ		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6.860°
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ 697.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code	
	l last	
	Signature of Can	didate or Officeholder
	Diagonal and the state of the second of the least	
_	Please complete either option below:	
- 1	ANGELIG	
•	ANGELICA ARISPE Notary ID #131412425	
(1) Affidavit	My Commission Expires February 3, 2026	
1	. Colidally 3, 2026	
NOTARY STAMP/SEA	before me by Marine Rebeles this the	114 004
Sworn to and subscribed	before me by Maure Rebeles this the _	11th day of October.  Deputy Cety Sector
20 DO to certify	which, witness my hand and seal of office.	
(leelei	ars Angelica Anspe	Deputy Cety Secretary
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
(=, Silswolli Decidiati	OII	
My name is _	, and my date of birth is _	
My address is		
	· · · · · · · · · · · · · · · · · · ·	ate) (zip code) (country)
Executed in	County, State of , on the day of	20
	county, state of, of the day of(month)	Zo (year)
	Signature of Candida	ate/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	mmissic	n Filers)
	Marine Rebeles			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6	3,860
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	SV.
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	g
4.	SCHEDULE E: LOANS		\$	.Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ (	597.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	Ç,
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	.O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	Ø

### SCHEDULE A1

The	Instruction Guide explains how to com	nplete this form.	1 Total pages Schedule A1:
2 FILER NAME	Maxine Rebeles		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut	-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Cristina Goon	62	
8-4-22	Cristina Coan 6 Contributor address; Ci	ty; State; Zip Code	\$ 500
8 Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date		-of-state PAC (ID#:)	Amount of contribution (\$)
8-4-22	Jaine Di'C	itur Stator Zin Code	
	Contributor address, C.	iry, State; Zip Code	\$ 100
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		-of-state PAC (ID#:)	/ introduction (4)
8-5-22	Virginia Palad Contributor address; Ci	ty: State: Zip Code	* 600
			* 500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date	led lie	-of-state PAC (ID#:)	Amount of contribution (\$)
9-2-22	************************************	ty; State; Zip Code	*25
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	l ctions)
	ATTACH ADDITIONAL If contributor is out-of-state PAC, pleas	. COPIES OF THIS SCHEDULE AS I e see Instruction guide for additional	

## SCHEDULE A1

Date   5 Full name of contributor	ine	Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A1:
9-2-22 6 Contributor address; City: State: Zip Code #/O  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)    Amount of contribution (\$)	FILER NAME	Maxine Repeles	3 Filer ID (Ethics Commission File
9-2-22 6 Contributor address; City; State; Zip Code \$100  Principal occupation / Job title (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  9 Employer (See Instructions)  Amount of contribution (\$)  9 Employer (See Instructions)  Amount of contribution (\$)  9 Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  9 Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	Date	La out of state file (Isin.	
Date Full name of contributor   out-of-state PAC (ID#:	9-2-22		ate: Zin Codo
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Gan  Gan  Gan  Gan  Gan  Gan  Gan  Ga	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Gan Galan  Contributor address;  City: State: Zip Code  Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Employer (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City: State: Zip Code	Date		Afficient of Contribution (\$)
Date Full name of contributor   out-of-state PAC (ID#:	9-5-22	Contributor address; City; St	tate; Zip Code
9-14-22 Contributor address; City; State; Zip Code  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Kaila Pacheco  9-14-22 Contributor address; City; State; Zip Code	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor    Out-of-state PAC (ID#:	Date	<u> </u>	/ who drive of contribution (4)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)    Kaila Pacheco   Contributor address; City; State; Zip Code 25	9-1422	Contributor address; City; St	ato: Zin Codo
4-14-22 Contributor address; City; State; Zip Code  Amount of contribution (\$)	Principal occu	pation / Job title (See Instructions)	 Employer (See Instructions)
9-14-22 Contributor address; City; State; Zip Code 25	Date	out or state 1740 (IDIF.	) Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tate; Zip Code 25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Maxine Rebeles		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Full name of contributor out-of-state PAC (  Gilberto Gon Zule)		7 Amount of contribution (\$)
9-19-22	6 Contributor address; City;	State; Zip Code	b 50
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
9-21-22	Koren Goy fon Contributor address; City;	State; Zip Code	± 50
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

ii iiio roqu		ic tills page	m the report.	
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.
<b>10</b> Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIÅL)	<b>.</b>		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	II E AS NEEDED	
	If contributor is out-of-state PAC, please see Instruct			a requirements.

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

Date		The Instruction Guide explains how to complete this	s form.	1 Total pages Sched	lule B:
Solution	FILER NA	ME		3 Filer ID (Ethics C	Commission Filers)
7 Pledgor address: City: State: Zip Code    Check if travel outside of Texas. Complete Schedule	TOTAL	OF UNITEMIZED PLEDGES		\$	
7   Pledgor address;   City;   State:   Zip Code   Check if travel outside of Texas. Complete Schedule   Check if travel outside of Texas. Complete Schedu	Date	6 Full name of pledgor out-of-state PAC (ID#:	)		
Date					 
Date    Full name of pledgor			<b>T</b>		I.     ide of Texas. Complete Schedule
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor   out-of-state PAC (ID#	U Principal o	occupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Pledge \$ In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Pledge \$ In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Date		-		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Pledge \$ Instructions  Pledge \$ Instructions  Pledge \$ Instructions  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description  Pledge \$ Instructions  Date  Pull name of pledgor out-of-state PAC (ID#: Pledge \$ Instructions)  Pledgor address; City; State: Zip Code  Check if travel outside of Texas. Complete Schedule 1 Instructions					 
Date  Full name of pledgor out-of-state PAC (ID#				Check if travel outs	. ide of Texas. Complete Schedule 1
Pledgor address; City; State; Zip Code    Check if travel outside of Texas. Complete Schedule Te	Principal o	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
Pledgor address; City; State; Zip Code  Check if travel outside of Texas. Complete Schedule Texa	Date				T .
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of In-kind contribution description  Pledger address; City; State; Zip Code					,   
Date  Full name of pledgor				Check if travel outs	ide of Texas. Complete Schedule 1
Pledge \$   description  Pledgor address; City; State; Zip Code	Principal o	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
Check if travel outside of Texas. Complete Schedule 7	Date	Full name of pledgor	)		
		Pledgor address; City; State	e; Zip Code		 
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				Check if travel outs	l ide of Texas. Complete Schedule 1
	Principal o	ccupation / Job title (See Instructions)	Employer (See	Instructions)	

#### LOANS SCHEDULE E

ii the requested	information is not applicable, DO NO	I include this page in the re	port.
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	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	On / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	Check if personal fun account (See Instruction	ds 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 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	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 Coll	ateral	— Check if personal fun	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	ion (See Instructions)	Employer (See Instructions)	
- micipal Occupati	ion (See monucuons)	Employer (See Instructions)	-
If le	ATTACH ADDITIONAL COPender is out-of-state PAC, please see Inc	PIES OF THIS SCHEDULE AS NEI	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol / Gift/Awards/Memorials Expense Prir	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense iting Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Musing Robeles	5	3 Filer ID (Ethics Commission Filers)
4 Date 9-6-22	5 Payee name  Website Dog	nulh	
6 Amount (\$) \$ 76,54	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sched	(b) Description	
PURPOSE OF EXPENDITURE	Adue tising	Websit	
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n. TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-18-22	Porty City		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu		1 n 1n
	Check if travel outside of Texas. Complete Schedul	_ / /	n. TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-18-22	Garilla LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description	
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin	n. TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	al Committee Legal Services Salaries/V  The Instruction Guide explains how to c	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Maxing Robeli	és.	3 Filer ID (Ethics Commission Filers)
4 Date 9-19-22	5 Payee name  Daniel Custillo	)	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
EXPENDITURE	Frent Expense  (c) Check if travel outside of Texas. Complete Schedule T.	Photogram  Check if Austin,	a, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-24-22	Satori Restauron	7	
Amount (\$)	Payee address;	City;	State; Zip Code
+32.31			
BUBBBB	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Hospitality	Canvas.	ses Food
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-25-22	Safai Restaurant	4	
Amount (\$)	Payee address;	City;	State; Zip Code
369,63			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Hospitality	Conva	ises Fad
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE!	DED

## 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Reverage Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		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	The Instruction Guide explains	•	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Maxine	Rebeles	3 Filer ID (Ethics Commission Filers)
4 Date 9- 29-27	5 Payee name  H- E- B		
9-2922 6 Amount (\$) 35.59	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Hospitality	Wat	las
U	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
:	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

# **UNPAID INCURRED OBLIGATIONS**

# SCHEDULE F2

		BUILD HELD	7-12-20-21-21-11					
		EXPENDITURE	CATEGORIE	S FOR BO	X 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Pollin opense Printin Salari	Repayment/Re Overhead/Re g Expense ng Expense es/Wages/Con to complete	ntal Expense	Transpor Travel In Travel O	District ut Of District	g Expense ent & Related Expense v not listed above)
1 Total pages Schedule F2: 2 FILER NAME						3 Filer II	D (Ethics Co	ommission Filers)
4 TOTAL OF UNITE	MIZED UN	IPAID INCURRED	OBLIGATION OF THE PROPERTY OF	ONS		\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;	· · ·		City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Nor	ı-Political				
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at th	ne top of this schedul	( <b>b)</b> D	escription			
	(c)	Check if travel outside of Texas	. Complete Schedule 1		Check if Au	stin. TX. office	eholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/C		ndidate / Officeholder r	name	Office so	ught		Office he	ld
Date	Payee	name					.:	
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political	No	n-Political				
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at th	ne top of this schedul	e) [	Description			
		Check if travel outside of Texa	as. Complete Schedule	Т. [	Check if A	ustin. TX. offic	ceholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ndidate / Officeholder i	name	Office so	ught		Office he	ld
	ATTA	CH ADDITIONAL CO	OPIES OF TH	S SCHED	ULE AS NE	EDED		

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

		The 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; Cit	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	/; 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$
<b>5</b> Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
	(c) Check if travel outside of Texas. Complet	e Schedule T. Check if Ai	ustin. TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	nis schedule) Description	
	Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	/Wages/ContractLabor complete this form.	Other (enter a category n	ot listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
<b>4</b> Date	5 Payee name	<u> </u>		, , , , , , , , , , , , , , , , , , , ,
6 Amount (\$)	7 Payee address;	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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exper	nse
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX. officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX. officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

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

#### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Business name 6 Amount (\$) Business address; City; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; Zip Code State; 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	-9-46-1			
	The Instruction Guide explains how to con	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) 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.)	e instructions regarding type o	f 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 o	f 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 o	f information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schee	dule 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; Sta	te; 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	ate; Zip Code	
	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	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	ate; Zip Code	
	Purpose for which amount is received	political 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 Instru	ction Guide	explains	s how to complete	this form.		1 Total pages Schedule T:
2	FILER NAME					-	3 Filer ID (Ethics Commission Filers)
4 1	Name of Contributor /	Corporation	or Labor C	Organization / Pledgo	or / Payee		
5 (	Contribution / Expend	iture reported	on:				
		Ö					
	Schedule A2	∐ Sche	dule B	Schedule B(J	) Schedul	le C2	Schedule D Schedule F1
	Schedule F2	Sche	dule F4	Schedule G	Schedul	е Н	Schedule COH-UC Schedule B-SS
6	Dates of travel	7 Name of	person(s	) traveling			
		8 Departui	e city or n	name of departure loc	cation		
		9 Destinati	on city or	name of destination	location		
10	Means of transportati	on	11 Purpo	ose of travel (including	ig name of confe	rence, s	eminar, or other event)
	Name of Contributor /	Corporation	or Labor (	Organization / Pledgo	or / Payee		
(	Contribution / Expend	iture reported	on:				
		□ Sobo	dule B	Cabadula P/I		I- 00	
	Schedule A2			Schedule B(J	)	le C2	Schedule D Schedule F1
	Schedule F2		dule F4	Schedule G	Schedul	le H	Schedule COH-UC Schedule B-SS
[	Dates of travel	Name of	person(s	) traveling			
		Departu	e city or r	name of departure lo	cation		
		Destinat	on city or	name of destination	location		
	Means of transportati	ion	Dura	and of travel (in alcelia			
	Means of transportati	on	Fulp	ose of traver (includii	ig name of come	rence, s	eminar, or other event)
I	Name of Contributor /	Corporation	or Labor (	Organization / Pledgo	or / Payee		
(	Contribution / Expend	iture reported	on:				
	Schedule A2	Schedu	le B	Schedule B(J)	Schedule 0	<b>3</b> 0	Schedule D Schedule F1
	Schedule F2	Schedu		Schedule G	Schedule I		Schedule D Schedule F1.  Schedule COH-UC Schedule B-SS
ι	Dates of travel	Name of	person(s	) traveling			
		Danart	o oite or	name of departure lo	nation		
		Departu	e city or i	iame of departure loc	cation		
		Destinat	on city or	name of destination	location		
	Means of transportat	ion	Purp	ose of travel (includin	ng name of confe	rence, s	eminar, or other event)
		Αī	TACH A	DDITIONAL COPIE	S OF THIS SCH	IEDULI	E 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	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any n contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	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 filling 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	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 understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER plete this section <i>only</i> 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 treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder

Image# 202105149446817761

**FEC** 

# STATEMENT OF **ORGANIZATION**

PAGE 1 / 5

FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mijente PAC PO Box 15320 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mijente@nextlevelpartners.net (Check if address is changed) Optional Second E-Mail Address |tania@mijente.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) D D DATE 2021 2. C00738039 FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Stanger, Howie, , Type or Print Name of Treasurer M M D D Stanger, Howie. , , Signature of Treasurer [Electronically Filed] Date 05 14 2021 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

				-	Page 2
	COMMITTEE				
Candidat	te Committee:				
(a)	This committee is a principal cam	paign committee. (Comp	lete the candidate inf	ormation belov	v.)
(b)	This committee is an authorized of information below.)	ommittee, and is NOT a	principal campaign o	committee. (Co	mplete the candidate
Name of Candidate			<u> </u>		
Candidate Party Affilia	Office	. Havea	Ossats	Beritant	State
rarty Alilla	ation Sought	: House	Senate	President	District
(c)	This committee supports/opposes	only one candidate, and	I is NOT an authorize	d committee.	
Name of Candidate					
Party Co	mmittee:				
(d)	This committee is a	(National, State or subordinate) c	ommittee of the		(Democratic, Republican, etc.) Par
Political .	Action Committee (PAC):				
(e)	This committee is a separate seg	regated fund. (Identify co	nnected organization	on line 6.) Its co	onnected organization i
	Corporation	Corpor	ation w/o Capital Stoo	ck	Labor Organization
	Membership Organization	Trade /	Association		Cooperative
	1. 4.20 0.3				
	in addition, this cor	nmittee is a Lobbyist/Reg	istrant PAC.		
(f) <b>x</b>	This	more than one Federal		T a separate	segregated fund or pa
(f) <b>x</b>	This committee supports/opposes	more than one Federal nmittee)	candidate, and is NC	T a separate :	segregated fund or pa
(f) <b>x</b>	This committee supports/opposes committee. (i.e., nonconnected con	more than one Federal nmittee) s a Lobbyist/Registrant F	candidate, and is NC		segregated fund or pa
	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee	more than one Federal nmittee) s a Lobbyist/Registrant F	candidate, and is NC		segregated fund or pa
	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee	more than one Federal nmittee) is a Lobbyist/Registrant Fis a Leadership PAC. (Ide	candidate, and is NC PAC. entify sponsor on line 6	S.) et proceeds for	two or more political
Joint Fun	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee In addition, this committee Indraising Representative:  This committee collects contribution	more than one Federal nmittee) s a Lobbyist/Registrant F s a Leadership PAC. (Ideas, pays fundraising expendence of which is an authors, pays fundraising expense, pays fundraising expense.	candidate, and is NC PAC. entify sponsor on line 6 nses and disburses neized committee of a fe	et proceeds for deral candidate	two or more political
<b>Joint Fun</b> (g) (h)	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee In addition, this committee In addition, this committee Indraising Representative:  This committee collects contribution committees/organizations, at least of the committees of the commit	more than one Federal nmittee) s a Lobbyist/Registrant F s a Leadership PAC. (Ideas, pays fundraising expendence of which is an authorise, pays fundraising expendence of which is an authorized contribution.	candidate, and is NC PAC. entify sponsor on line 6 nses and disburses neized committee of a fe	et proceeds for deral candidate	two or more political
<b>Joint Fun</b> (g) (h)	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee In addition, this committee In addition, this committee Indraising Representative:  This committee collects contribution committees/organizations, at least of this committee collects contribution.	more than one Federal nmittee) s a Lobbyist/Registrant F s a Leadership PAC. (Ideas, pays fundraising expendence of which is an authorise, pays fundraising expendence of which is an authorized contribution.	candidate, and is NC PAC. entify sponsor on line 6 nses and disburses neized committee of a fe	s.)  et proceeds for deral candidate or proceeds for andidate.	two or more political
<b>Joint Fun</b> (g) (h) Coi	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee In addition, this committee In addition, this committee Indraising Representative:  This committee collects contribution committees/organizations, at least of the committees of the commit	more than one Federal nmittee) s a Lobbyist/Registrant F s a Leadership PAC. (Ideas, pays fundraising expendence of which is an authorise, pays fundraising expendence of which is an authorized contribution.	candidate, and is NC PAC. entify sponsor on line of nses and disburses ne ized committee of a fe nses and disburses ne mmittee of a federal c	ot proceeds for deral candidate at proceeds for andidate.	two or more political
Joint Fun (g) (h) Coi	This committee supports/opposes committee. (i.e., nonconnected con In addition, this committee In addition, this committee In addition, this committee Indraising Representative:  This committee collects contribution committees/organizations, at least of the committees of the commit	more than one Federal nmittee) s a Lobbyist/Registrant F s a Leadership PAC. (Ideas, pays fundraising expendence of which is an authorise, pays fundraising expendence of which is an authorized contribution.	candidate, and is NO PAC.  entify sponsor on line of the second disburses and disburses need to the second disburses need to the second disburses and disburses need to the second disburses n	et proceeds for deral candidate et proceeds for andidate.	two or more political

	<del></del>
FEC Form 1 (Revi	
Mijente PAC	vanie
	tod Organization Affiliated Committee Joint Fundraining Penragentative as Landarship DAC Courses
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Conr	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons
May, Full Name	Jennifer, , ,
Mailing Address	PO Box 15320
maining / laar ees	
	Washington DC 20003
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 202 - 505 - 1657
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the name and address of e.g., assistant treasurer).
Full Name Stang	ger, Howie, , ,
Mailing Address	PO Box 15320
	Washington
Title or Decision	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 - 505 - 1657
Faul and Standard Control	receptione flumber

FEC Form 1 (Re	evised 02/2009)	Page <b>4</b>
Full Name of Designated Unzue Agent	eta, Tania, , ,	
Mailing Address	PO Box 15320	
	Washington DC 20003	
Title or Position Designated Agent	CITY STATE  Telephone number 202 -	ZIP CODE  505   -   1657
Banks or Other Depos	sitories: List all banks or other depositories in which the committee deposits funds, ho	lds accounts, rents
safety deposit boxes or	maintains funds.	lds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	lds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank	lds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.	lds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank	lds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank 275 Seventh Avenue	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank  275 Seventh Avenue  New York  NY  10001	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank  275 Seventh Avenue  New York  NY  10001	
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank  275 Seventh Avenue  New York  NY  10001	
safety deposit boxes or Name of Bank, Deposite  Ama  Mailing Address  Name of Bank, Deposite	maintains funds. ory, etc.  algamated Bank  275 Seventh Avenue  New York  NY  10001	
safety deposit boxes or Name of Bank, Deposite  Ama  Mailing Address  Name of Bank, Deposite	maintains funds. ory, etc.  algamated Bank  275 Seventh Avenue  New York  NY  10001	ZIP CODE
safety deposit boxes or Name of Bank, Deposito	maintains funds. ory, etc.  algamated Bank  275 Seventh Avenue  New York  NY  10001	ZIP CODE

# FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID:

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Ma.  NICKNAME LAST  Rebs	SUFFIX	Date Received  EC'D CITY SEC OFF  ICT 25 '22 pw2:07		
4 ORIGINAL REPORT TYPE	July 15 Exc	noff Final report ceeded modified reporting it	Date Hand-delivered or Date Postmarked  Receipt # Amount \$		
		Other (specify) th day after treasurer cointment (officeholder only)	Date Processed		
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Imaged		
	07 /01 / 2022 11	HROUGH 69 / 29 / 2022			
6 EXPLANATION OF CO	te addresses for p	political contributors or	n Schedle AI, pg I,pg 2,pg 3		
7 SIGNATURE I SWE	ear, or affirm, under penalty of	f perjury, that this corrected report	is true and correct.		
Che	ck ONLY if applicable:				
	l reports: I swear, or affirm, that on misrepre-sent the information	the original report was made in good f contained in the report.	faith and without an intent to		
date I learn	ts: I swear, or affirm, that I am fi ed that the report as originally file the report as originally filed was	ling this corrected report not later than ed is inaccurate or incomplete. I swea made in good faith.  Signature of Candida	r, or affirm, that any error or		
		Signature of Caridida	te/Onceriolaei		
(1) Affidavit	Please c	omplete either option below:			
NOTARY STAMP/SE	AL				
Sworn to and subscribe	d before me by	this the	, day of,		
20, to certif	y which, witness my hand and seal of o	ffice.			
Signature of officer adminis	tering oath Printed nam	e of officer administering oath	Title of officer administering oath		
		OR			
(2) Unsworn Declara	tion				
My name is MAX	INE LEBELES	, and my date of birth is _	MAPR83		
My address is $\frac{5315}{1}$	ARMANUSO PENLA	LHREDO TX	,78046, VA		
Executed in WEBB	(street) County, State of TX	on the 25 (city) (standard day of OCT (month)	ate) (zip code) (country), 20 (year)		
		Signature of Candida	te/Officeholder (Declarant)		
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

### 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 <u>before</u> 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 <u>on or after</u> 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.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR M3.	FIRST Mexine	MI	OFFICE USE ONLY
	NICKNAME	Rebeles	SUFFIX	Date Received  CCD CITY SEC OFF  CT 25 '22 PM2:07
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	3315	Amondo Pen	city: STATE: ZIP CODE &	mer to the file
5 CANDIDATE/ OFFICEHOLDER PHONE	( 956 )	PHONE NUMBER  763 -	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR M3	Mont somat		Receipt # Amount \$
	NICKNAME	Salinus	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		Yollon		STATE: ZIP CODE
(Residence or Business)			Loredo, Tx	77015
8 CAMPAIGN TREASURER PHONE	(9%)	220 - 15	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED		1 91/2022	THROUGH 09	1 29 / 2022
11 ELECTION	ELECTION DA		ELECTION TYP	E
	Month Day	Year Primary	Description	
	11 /08 /	2022 General	Special	
12 OFFICE	OFFICE HELD (if any)	. 1	13 OFFICE SOUGHT (if know	
		N/H	City Pouna	il Pist I
POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE CONSENT. CANDIDATES AND OFFICEHOLDE			S MAY HAVE BEEN MADE WITHOUT THE CA	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 TREASURER NAME			EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		<b>16</b> Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,860		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0		
	4. TOTAL POLITICAL EXPENDITURES	\$ 697.64		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information		
rec	uired to be reported by me under Title 15, Election Code.			
	Max			
	Signature of Ca	ndidate or Officeholder		
11	Please complete either option below	v:		
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this the	day of,		
20, to certify which, witness my hand and seal of office.				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on	•		
My name is NAXI	, and my date of birth is	ILAPR83		
My address is 331S APMANDO FENA LAPEDO TX 78046, USA				
Executed in WTBB	(street) (city) (city) (County, State of TX, on the TS day of (mont	, 20		
	Signature of Candi	date/Officeholder (Declarant)		

# **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
	Maxin Rebolos		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,860 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 C	CONTRIBUTIONS	\$ 697.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$
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 CONTRIB TO FILER	UTIONS 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	Marine Rebeles	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		
3 1 2 -	6 Contributor address; City; State; Zip Code P. O. BOX 3 CO196 Astin TX 78703	+ 500	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	structions)	
Date	Full name of contributor	, till dank of contribution (4)	
8-4-22	Juine Diez  Contributor address; City; State; Zip Code  15 Palo Grande Promoville TX 78521	1 100	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	structions)	
Date	Full name of contributor	, and an extra data (4)	
8-5-22	Contributor address; City; State; Zip Code P-O-BOX 172 Frank TX 78019	£ 500	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)	
9-2-22	Contributor address; City; State; Zip Code  9010 Mort Culle Pr. Pallas Tx 7524.	3 25	
Principal occu	pation / Job title (See Instructions) Employer (See In		

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	1 Total pages Schedule A1:			
2 FILER NAME	Marine Robets	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:			
92-22	6 Contributor address; City; State; Zip Code  3415 Nava, o Ct. Pullos 7X 75224  Pation / Joh title (See Instructions)	5/0		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Inst	ructions)		
Date	Full name of contributor	Amount of contribution (\$\psi\$)		
9-5-22	Virginia Palacios  Contributor address; City; State; Zip Code  P.O. BOX 172 Energy TX 78019	500		
Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)	ructions)		
i ililoipai ooda		(delions)		
Date	Full name of contributor out-of-state PAC (ID#:	γιποαπι οι σοπιπρατίστι (ψ)		
9-14-22	Contributor address; City; State; Zip Code  212 Flores Ave. Loredo TK 78040	P 1/X		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)		
9-14-22	Contributor address; City; State; Zip Code  2647 (ardigan (1. Orange Park FL. 3206)	+25		
Principal occu	pation / Job title (See Instructions) Employer (See Inst	ructions)		

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.				Total pages Schedule A1:
2	FILER NAME	Marine Robeles	3	Filer ID (Ethics Commission Filers)
4	Date 9-/9-22	5 Full name of contributor □ out-of-state PAC (ID#:)  Gilbrio Gonzale Z  6 Contributor address; City; State; Zip Code  326 Altopano M. Loredo Tx 78095	7	Amount of contribution (\$)
		326 AttoDano Dr. Loredo TX 78093		
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions	)
	Date	Full name of contributor		Amount of contribution (\$)
	9-21-22	Contributor address; City; State; Zip Code  17 15 Wood/ond Pr. Loredo Tx 78045  Pation / Job title (See Instructions)  Employer (See Instructions)		\$50
		113 Woodland Dr. Loredo Tx 78045		
	Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions	
	Date	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				)
	Date	Full name of contributor		Amount of contribution (\$)
		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			)	

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