CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	_{FIRST} Mario	MI	OFFICE USE ONLY		
NAIVIE	NICKNAME	LAST Morones	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 311 Wildrose	; APT / SUITE #; 6 e Floresville TX 78	CITY; STATE; ZIP CODE 114			
Change of Address	4554 00D5	OHOAF AHMADED	- FVTENDON			
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	777-6032	EXTENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr.	_{FIRST} David	Mi	Receipt #	Amount \$	
NAME	NICKNAME	LAST	CHECK	Date Processed		
	Roland	Castro suffix		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	l .	(NO PO BOX PLEASE); APT / S 97 W Floresville T		STATE;	ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		***************************************	
TREASURER PHONE	(210)	685-5072	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	election Runoff		fter campaign ppointment er Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month 2	Day Year / 15 / 24	THROUGH 4	Day Yea / 26 / 24		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 5 / 4 / 24 General Special					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Council Place 2	1)		
14 NOTICE FROM POLITICAL	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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,056.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	F THE \$
re	ewear, or affirm, under penalty of perjury, that the accompanying report is truequired to be reported by me under Title 15, Election Code. Signature of Code. Please complete either option below	Andidate or Officeholder
20 24, to certify Margaret Signature of officer administe (2) Unsworn Declarati	Printed name of officer administering oath OR	Notary Title of officer administering oath
My address is		
	, , ,	state) (zip code) (country)
Executed in	County, State of , on the day of(mont	n) , 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics ario Morones	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,056.75
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to com	plete this form.
		•• Complete only if "Report Type" on page 1 is n	narked "Final Report" ••
1	С/ОН	INAME	2 Filer ID (Ethics Commission Filers)
		Morones	
		IATURE	
	desigr	ot expect any further political contributions or political expenditures in conr nating a report as a final report terminates my campaign treasurer appointr aign contributions or make any campaign expenditures without a campaigr	ment. I also understand that I may not accept any
			Signature of Candidate / Officeholder
4		R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Che	eck only one:	
		I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.
	**************************************	I have unexpended contributions or unexpended interest or income ear may not convert unexpended political contributions or unexpended interest or unexpended interest or unexpended contributions or unexpended interest or income earned on filling this final report. Further, I understand that I must dispose of unex interest or income earned on political contributions in accordance with the second contributions.	terest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended
	B.	ASSETS	
	Che	eck only one:	
	~	I do not retain assets purchased with political contributions or interest of	or other income from political contributions.
	35000044	I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	nterest or other income from political contributions to
5		CEHOLDER omplete this section <i>only</i> if you are an officeholder ••	
	00	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended can officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as m political contributions, or assets purchased with
		-	Signature of Officeholder

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

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

The Instruction Guide explains how to	complete this form.			
2 FILER NAME Mario Morones	3 Filer ID (Ethics Commission Filers)			
5 Payee name 1st Source Digital				
7 Payee address;	City;	State;	Zip Code	
(a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Campaign sign		S		
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	in, TX, officeholder living expense		
Candidate / Officeholder name	Office sought	C	Office held	
Payee name				
Payee address;	City;	State;	Zip Code	
Category (See Categories listed at the top of this schedule)	Description			
Check if travel outside of Texas. Complete Schedule T.	neck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name Office sought Office held ect C/OH				
Payee name			1900 P. C.	
Payee address;	City;	State;	Zip Code	
Category (See Categories listed at the top of this schedule)	Description			
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Candidate / Officeholder name	Office sought	C	office held	
	2 FILER NAME Mario Morones 5 Payee name 1st Source Digital 7 Payee address; (a) Category (See Categories listed at the top of this schedule) Advertising (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule)	2 FILER NAME Mario Morones 5 Payee name 1st Source Digital 7 Payee address; City: (a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Campaign Sign (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Payee name Payee address; City: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Office sought Payee name Payee address; City: Category (See Categories listed at the top of this schedule) Description Check if Lustin, Candidate / Office holder name City: Category (See Categories listed at the top of this schedule) Description Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule) Check if Category (See Categories listed at the top of this schedule)	2 FILER NAME Mario Morones 5 Payee name 1st Source Digital 7 Payee address; City: State; (a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Campaign signs (c) Check if ravel outside of Texas. Complete Schedule T. Candidate / Office holder name Payee name Payee address; City: State; Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Candidate / Office holder name Office sought Category (See Categories listed at the top of this schedule) Payee address; City: State; Category (See Categories listed at the top of this schedule T. Candidate / Office holder name Office sought Category (See Categories listed at the top of this schedule T. Candidate / Office holder name Candidate / Office holder name Payee name Payee address; City: State; Category (See Categories listed at the top of this schedule) Description Check if ravel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp	