

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">11</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Rene</div>	OFFICE USE ONLY
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Peña</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">513 Sullivan City Dr. Sullivan city TX 78595</div>		Date Received <div style="text-align: center; font-size: 1.2em;">5/2/25 2:54 PM</div> <div style="text-align: center; font-size: 1.5em;">Ry Juan</div>
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(956) 533-5684</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <div style="text-align: center; font-size: 1.2em;">Viviana</div>	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST <div style="text-align: center; font-size: 1.2em;">Peña</div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">3706 Tulipan st. mission TX 78573</div>		Receipt # Amount \$
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(956) 533-4189</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <div style="text-align: center; font-size: 1.5em;">04 / 01 / 25    04 / 26 / 25</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">05/03/25</div>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">councilmember p13</div>		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">councilmember P13</div>
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		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

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

8,010

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

29,355.53

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

12,189.55

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

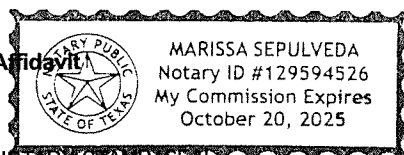
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by

*Rene Pena*

this the

1st

day of

*May*

20 *25*, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

*Marissa Sepulveda*

*Notary*

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,010
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 293553
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Rene Peña</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">03-27-05</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Lineberger Goggan Blair &amp; Sampson LLP</div> 6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">P.O. Box 17428 Austin TX 78760</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 500</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">04-17-05</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Lineberger Goggan Blair &amp; Sampson LLP</div> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">P.O. Box 17428 Austin TX 78760</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 1,000</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">04-21-05</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Viviana Peña</div> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">3706 Tulipan St Mission TX 78573</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 4,260</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="text-align: center; font-size: 1.2em;">04-08-05</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">E.I. Mostachon Transport LLC</div> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">2005 W. 3 mile RD Mission TX 78572</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$ 1,250</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Rene Peña</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-top: 10px;">04-04-25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; margin-top: 5px;">Mag Hauling LLC</div> 6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; margin-top: 5px;">P.O. Box 983 Sullivan city TX 78595</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-top: 10px;">\$1,000</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Rene Pera</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04-21-25</b>	5 Payee name <b>Family Dollar</b>		
6 Amount (\$) <b>43.30</b>	7 Payee address; City; State; Zip Code <b>900 W. Expressway 83 Sullivan City TX 78595</b>		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>04-23-25</b>	Payee name <b>3 Stripe's</b>		
Amount (\$) <b>\$ 60.89</b>	Payee address; City; State; Zip Code <b>800 W. Expressway 83 Sullivan City TX 78595</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date <b>04-21-25</b>	Payee name <b>Sam's club</b>		
Amount (\$) <b>\$ 1,267.93</b>	Payee address; City; State; Zip Code <b>1400 E. Jackson Ave McAllen TX 78503</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food / Beverage Expense</b>		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Rene Pena</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04-21-25</u>	5 Payee name <u>Burger King</u>	
6 Amount (\$) <u>\$ 25.96</u>	7 Payee address; City; State; Zip Code <u>2120 N. Lathama RD mission TX 78572</u>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>04-22-25</u>	Payee name <u>Trevino's Bakery</u>	
Amount (\$) <u>\$ 9.36</u>	Payee address; City; State; Zip Code <u>1100 W. Expressway 83 Sullivan City TX 78595</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>04-22-25</u>	Payee name <u>Fiesta Solution Dulceria</u>	
Amount (\$) <u>101.21</u>	Payee address; City; State; Zip Code <u>1410 N. 492 FM Palmview TX 78574</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage Expense</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Rene Pena</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>04-23-21</i>	5 Payee name <i>H.E.B</i>	
6 Amount (\$) <i>\$ 241.96</i>	7 Payee address; City; State; Zip Code <i>6010 W. Expwy 83 Palmview TX 78572</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>04-23-25</i>	Payee name <i>Dollar general</i>	
Amount (\$) <i>\$ 22.74</i>	Payee address; City; State; Zip Code <i>505 E. Expressway 83 Sullivan City TX 78595</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>04-15-25</i>	Payee name <i>Floreria Lee</i>	
Amount (\$) <i>\$ 50.82</i>	Payee address; City; State; Zip Code <i>1010 S. 10th st Mcallen TX 78501</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Rene Pena</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>04-16-25</i>		5 Payee name <i>Border Town Grocery</i>			
6 Amount (\$) <i>\$ 98.51</i>		7 Payee address; City; State; Zip Code <i>214E Expressway 83 Sullivan City TX 78595</i>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>04-10-25</i>		Payee name <i>Five Below</i>			
Amount (\$) <i>\$ 134.23</i>		Payee address; City; State; Zip Code <i>2515 E. Expressway 83 Mission TX 78372</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 <i>04-15-25</i>		Payee name <i>Sams Club</i>			
Amount (\$) <i>\$ 250.90</i>		Payee address; City; State; Zip Code <i>1400 E. Jackson Ave Mcallen TX 78503</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <u>Rene Pena</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04-03-25</u>	5 Payee name <u>Walmart</u>	
6 Amount (\$) <u>\$ 417.36</u>	7 Payee address; City; State; Zip Code <u>1705 Expressway 83 Penitas Tx 78576</u>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <u>04-03-25</u>	Payee name <u>H.E.B</u>
Amount (\$) <u>\$ 210.36</u>	Payee address; City; State; Zip Code <u>4031 E. Highway 83 Rio Grande city Tx 78582</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER 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 NAME**

**2 Filer ID** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below *only* if you are not an officeholder. \*\***

**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from 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**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from 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 OFFICEHOLDER**

**\*\* Complete 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 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