#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MI OFFICE USESNLY Javier **OFFICEHOLDER** 9 NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** PO BOX 830179 MAILING son Antonio TX.78283 **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER 275-1691 (210) PHONE Receipt # Amount \$ Placidu LAST Selener MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; CAMPAIGN ZIP CODE 214 Porkvin Ar. **TREASURER ADDRESS** universel City TX, 78148 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER** 422-0378 PHONE (210) 9 REPORT TYPE 15th day after campaign January 15 Runoff 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD **COVERED** 02/15/24 04/30 /2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Description 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,400.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 32, 343,00		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA     OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	\$ 8,146.33		
18 SIGNATURE   I s	wear, or affirm, under penalty of perjury, that the accompanying report is ru	le and correct and includes all information		
	puired to be reported by me under Title 15, Election Code.	y and contour and includes all information		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Signature of Ca	apdidate or Officeholder		
	u			
	Please complete either option below	<b>v:</b>		
	THE PROPERTY OF THE PROPERTY O	ROBERT VARGAS, III		
(4) A (C 4 - 1)		lotary Public, State of Texas Comm. Expires 11-29-2026		
(1) Affidavit		Notary ID 134081456		
	- William	Modely 12		
NOTARY STAMP/SEA				
NOTAKT STAMP/SEAL	-			
Sworn to and subscribed	before me by Shrriff Javiry Salazer this the	15th day of Juli/		
4	•	,		
to centry	which, witness my hand and seal of office.			
	Poberd Vargas JIII	Notory		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
My address is		***************************************		
my address is	· · · · · · · · · · · · · · · · · · ·	(atata) (zip godo) (zavita)		
E t. d.	• • •	state) (zip code) (country)		
Executed in	County, State of , on the day of(mont	, 20 h) (vear)		
	, (mont	, , , , , , , , , , , , , , , , , , , ,		
	Signature of Candi	date/Officeholder (Declarant)		

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,400,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$37,343,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$127.20

### **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
2 FILER NAME	Jeurer Selener	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC (ID#:)  Levy 500 vis  6 Contributor address; City; State; Zip Code  823 Arron Pkmy SATX, 78216	7 Amount of contribution (\$)
03/12/24		1500.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
05/15/24	7806 Forest Ru Lmock 176737	300,00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/26/24	Contributor address; City; State; Zip Code  1:0 Elizabeth Ann Cd. 78213	1500.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)  Marilyn Stanton White	Amount of contribution (\$)
02/25/24	Contributor address: Gity; State; Zip Code 6917 Rosin Hood Way Schertz TX 76154	100.00
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	ions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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ТТ	he Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
FILER NAM	E	
	Javer Solezer	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor addresses	Esury PAC
3)18/24	a 200 Breedry \$108 St. 7	e; Zip Code
Principal occ	ination / lob title (See test in	I
•	9 Er	nployer (See Instructions)
Date	Full name of contributor	000 2089
	CWA Cope PCC	Amount of contribution (\$)
r 1	Contributor address: City; State	
1/24/24	501 3rd St. NW Washington DC	2000) 1500:00
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
1.1.	Contributor address	; Zip Code
7/4/24	720 Plasentin Rd. SMTX. 7	8214 3000.00
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
18/24	Contributor address: City; State	
Principal occup	otion / Joh till - (O - )	ployer (See Instructions)
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor o 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 Javier Sclover		3 Filer ID (Ethics Commission Filers)	
4 Date 02 25 24	5 Payee name			
6 Amount (\$)	7 Payee address; 1955 Market H	JO City;	State; Zip Code	
21.91	Son Francis (	, ca a410	<b>,</b>	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Trave	1 3	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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Amount (\$)	Payee address: 3319 Hillerst	City;	State; Zip Code	
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DUDDOG	Category (See Categories listed at the top of this schedule)	Description		
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Date	Payee name			
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGORIES			
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	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

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·	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense			
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#### SCHEDULE F1

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### SCHEDULE F1

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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
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		The Instruction Guide explain	s how to co	omplete this form.		
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7. 79		gress; 500 Terry S Are		io, ext q	4158	Zip Code
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	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder livir	ng expense
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		heck if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livin	g expense
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If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CATEGORIES			
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6 Amount (\$)	7 Payee address: 727 Freder SA 7x. 78	101	State; Zip Code	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

	EXPENDITURE CATECORIES	S FOR BOY (/-)	
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### SCHEDULE F1

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#### SCHEDULE F1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

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	Check if travel outside of Texas. Complete Scheo	dule 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 NEEDED				

ii uie requesteu iii	formation is	not applicable, <b>DO NOT i</b>	nclude t	his page in the re	eport.
		EXPENDITURE CATE			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made It Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rej Fees Office Or Food/Beverage Expense Politing & Printing &			ayment/Reimbursement emead/Rental Expense pense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	s how to c	omplete this form.	
1 Total pages Schedule F1	2 FILER NAME  Tovier Solorer 3 Filer ID (Ethics Commission Filers)				
4 Date 66 05 24	5 Payee name Robert Verges				
6 Amount (\$)	7 Payee ad	Idress; a 3395 tmay	13	City;	State; Zip Code
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8 PURPOSE	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description	
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	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austii	n, TX, officeholder living expense
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		Check if travel outside of Texas. Complete Sci	redule T.		, TX. officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

if the requested information is not applicable, DO NOT include this page in the report.					
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	3y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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4 Date 04/11/24	5 Payee na	me Hotel Pas	مل ما	el Norte	
6 Amount (\$)	7 Payee add	dress;	-1 11	City;	State; Zip Code
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8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	1-	Jule1		84.	le conventur
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austir	n. TX, officeholder living expense
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		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin.	, TX. officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate	e / Officeholder name	-	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

		not applicable,	DO NOT II	iciuae i	nis page in the r	eport.	
		EXPENDIT	JRE CATEG	ORIES	OR BOX 8(a)		
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		The Instruction (	Guide explains	how to co	omplete this form.		,
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4 Date 66/11/29 6 Amount (\$)	5 Payee nar	me Mail	chimy	7	-		
(4)	7 Payee add	Iress; 675	Ponce	dri	ean City; # 5	ර <b>ා</b> State;	Zip Code
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	/-> <del></del>	heck if travel outside of Te		l			
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06/22/24	ayee na.,	ule	~				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

If the requested information is not applicable, DO NOT include this page in the report.			
	EXPENDITURE CATEGORI		
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4 Date 124/24	7 Payee address: 10 And 2-1		
6 Amount (\$)	7 Payee address: 100 And 2 dori	Crcity;	State; Zip Code
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8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
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	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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OF EXPENDITURE	Event Experse	Dec	01
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

If the requested in	formation is not applicable, DO NOT includ	e this page in the report.
Advertising Expense	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
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4 Date or rs /24	5 Payee name	es cetholic chuch
6 Amount (\$) <b>4</b> 0. ₩	7 Payee address; 501 N.St.	City; State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contribution	church Andrew
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
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	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Ad Expuse	Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
03)05 ~4 Amount (\$)	Payee address; 8015 W. 2nd	
974-75	Payee address: 8615 W. Znot Somerset, TX	SA City; State: Zip Code
,	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Ad Experce	96545
	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 NEEDED

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 B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District Other (enter a category not listed above)		
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4 Date 05/24	5 Payee name	a Productus		
56 Arriount (\$)	7 Payee address; LoZ Cy	press (City: en State; Zip Code	***************************************	
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	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin, TX, officeholder living expense		
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Date	Payee name			
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PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description		
OF EXPENDITURE	Ad Expuse	signs		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
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#### 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 Candidate/Officeholder/Political Committee

Event Expense 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

Contributions/Donations Made By Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (errier a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 2 FILER NAME

Savin Sal-zer

5 Payee name

Texas Ay M Club

7 Payee address; Lus wish Ave City:

Cestle Hills TX, 78213 3 Filer ID (Ethics Commission Filers) 4 Date Zip Code 1500.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** 225 EXPENDITURE Event Pondol Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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

### SCHEDULE K

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 K:			
2 FILER NAME  Javrer Selezar  3 Filer ID (Ethics			s Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	Ameron	te; Zip Code			
	6 Address of person from whom amount is received; City; Sta  YUO Te  Secttle VA 78109	127.20			
05/31/2	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; St	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; St	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					