CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

								0
The C/OH Instruction	Guide explains h	ow to comp	lete this form.	1 Filer	ID (Ethics C	ommission Filers)	2 Total page	es filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	E	FIRST DGAR			мı J	RECID	CE USE ONLY
	NICKNAME	R	INCON			SUFFIX	Date Received	4:55 pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B 1903 S LIL		APT / SUITE #;	CITY, HARR,	STATE; TX	ZIP CODE 78577	CI CITY	TY OF PHARR CLERK'S OFFICE
Change of Address							PI	HARR, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)		-7089		EXTENSIO	DN		ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	R	FIRST ADELA			МІ	Receipt #	Amount \$
NAME	NICKNAME		LAST			SUFFIX	Date Processed	
			UCARDO			oor in	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1903 S LILI		PLEASE); APT / S	UITE #;	CITY; PHAR	R	STATE; TX	zip code 78577
(Residence or Business)								
8 CAMPAIGN TREASURER	AREA CODE	PHONE	NUMBER		EXTENSIO	N		
PHONE	(956)	483-	-5399					
9 REPORT TYPE	January 15		30th day before e	lection	Runot	ff .	treasure	after campaign r appointment lder Only)
	July 15	Annual State Control	8th day before ele	ction		ded Modified ting Limit	Present Laboratory Control of the Co	port (Attach C/OH - FR)
10 PERIOD COVERED	Month 02	17	Year / 23	THRO	UGH	Month 04	Day 2	ear 3
11 ELECTION	ELECTION D	ATE			Е	LECTION TYPE		7
	Month Day 05 / 06	Year / 23	Primary ■ General	Run		Other Description		
12 OFFICE	OFFICE HELD (if any)	•			JGHT (if known)	MISSIONE	R PLACE 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. TH	IESE EXPENDITURES	MAY HAVE BEL	EN MADE WIT	HOUT THE CANDID	ATE'S OR OFFICEH	DMMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
,	COMMITTEE TYPE	COMMITTE	E NAME					
Additional Pages	GENERAL	COMMITTE	E ADDRESS					
	SPECIFIC	COMMITTE	E CAMPAIGN TREA	SURER NAME				
		COMMITTE	E CAMPAIGN TREA	ASURER ADD	RESS			
			GO TO F	PAGE 2				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		•		
15 C/OH NAME			16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE	RANTEES OF LOANS, OR	ER THAN	\$
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA		LOANS)	\$ \$20,30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPEND	DITURES		\$15,779.8
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF 1	THE LAST DAY	\$ \$4,545.2
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN		S AS OF THE	\$
	wear, or affirm, under penalty of perjury, t uired to be reported by me under Title 15, E		t is true and co	rrect and includes all informat
	*		Julio of Candidate	
		Signature	of Candidate of	or Officeholder
	Please comp	lete either option b	elow:	
(1) Affidavit	HILDA PEDRAZA Notary Public, State of Texas My Commission Expires July 15, 2026 NOTARY ID 12427237-6			
NOTARY STAMP/SEAL				
Sworn to and subscribed I	pefore me by Hilda Edga thich, witness my hand and seal of office. Hilda P	r Rincon thi	s the <u>loth</u>	day of April,
to certify w	hich, witness my hand and seal of office.	lealing	mat	ten D. blin
Signature of officer administeri		er administering oath		Title of officer administering oath
		OR		The of officer administering oath
2) Unsworn Declaratio		OK .		
/ly name is		, and my date of b	irth is	
				·
	(street)	(city)	(state) (z	
xecuted in	County, State of	, on the day of	month)	, 20 (year)
		Cianatura of C	Candidata/Office	ander (Danlarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

'	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME EDGAR	RINCON		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/23	5 Full name of contributor out-of-state PA FABIAN GOMEZ	C (ID#:)	7 Amount of contribution (\$) \$5,00
	6 Contributor address; City; 9105 SEGUIN DR PHARR	State; Zip Code TX 78577	
8 Principal od	ccupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 03/20/23	Full name of contributor out-of-state PAG HECTOR GARCIA	C (ID#:)	Amount of contribution (\$) \$2,500
	Contributor address; City; 801 BONA TERRA DR, PHARR,	State; Zip Code	
Principal occ CFO	supation / Job title (See Instructions)	Employer (See Instructi ANAVALE PRODUC	
Date 03/20/23	Full name of contributor out-of-state PAC HUGO JIMENEZ	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 2300 S 49TH ST MCALLEN	State; Zip Code	
Principal occ DEO	upation / Job title (See Instructions)	Employer (See Instruction CEBSA	ons)
Date 03/21/23	Full name of contributor out-of-state PAC RUBEN SOLIS	(ID#:)	Amount of contribution (\$)
	Contributor address; City; 112 E EXPRESSWAY 83 LA JOYA	State; Zip Code TX 78560	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction RUBER LLC	ons)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

EDGAR J RINCON 4 Date 03/23/23 5 Full name of contributor ROBERTO FANTINI 6 Contributor address; City; State; Zip Code 9800 S KEYSTONE DR PHARR TX 78577 8 Principal occupation / Job title (See Instructions) CEO Date 1 Full name of contributor ALBERTO SEVILLA Contributor address; Oity; State; Zip Code PHARR TX 78577 City; State; Zip Code Out-of-state PAC (ID#:	Amount of contribution (\$) \$2,50 D STORAGE Amount of contribution (\$) \$2,500
ROBERTO FANTINI 6 Contributor address: City; State; Zip Code 9800 S KEYSTONE DR PHARR TX 78577 8 Principal occupation / Job title (See Instructions) CEO Date Full name of contributor ALBERTO SEVILLA Contributor address; City; State; Zip Code 9800 S KEYSTONE DR PHARR TX 78577 Principal occupation / Job title (See Instructions) CEO Date Full name of contributor Out-of-state PAC (ID#:	\$2,50 D STORAGE Amount of contribution (\$)
6 Contributor address; 2ip Code 9800 S KEYSTONE DR PHARR TX 78577 8 Principal occupation / Job title (See Instructions) Date Full name of contributor ALBERTO SEVILLA Contributor address; 2ip Code FlRST PRODUCE COL Principal occupation / See Instructions) Contributor address; 2ip Code PHARR TX 78577 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	D STORAGE Amount of contribution (\$)
Date Date Date Date Date Date Date Date	Amount of contribution (\$)
ALBERTO SEVILLA Contributor address; City; State; Zip Code 9800 S KEYSTONE DR PHARR TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) SOLSTICE GROWERS Date 3/29/23 Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code 9800 S KEYSTONE DR PHARR TX 78577 Principal occupation / Job title (See Instructions) Employer (See Instructions) SOLSTICE GROWERS Date ALBERTO DIAZ Contributor address; City; State; Zip Code	·
Date SOLSTICE GROWERS Full name of contributor out-of-state PAC (ID#:) ALBERTO DIAZ Contributor address; City; State; Zip Code	
ALBERTO DIAZ Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	mount of contribution (\$) \$1,500
Principal occupation / Job title (See Instructions) EMPloyer (See Instructions) SPRING VALLEY FRUIT	'S
Date Full name of contributor out-of-state PAC (ID#:) A ALAN GARCIA	mount of contribution (\$)
Contributor address; City; State; Zip Code 2112 S SHARY RD MISSION TX 78572	
Principal occupation / Job title (See Instructions) EMPloyer (See Instructions) EMAVOCADOS	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		,				
The	e Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:		
2 FILER NAME EDGAR J F				3 Filer ID (Ethics Commission Filers)		
4 Date 03/29/23	5 Full name of contributor SVITLANA ARNESON		AC (ID#:)	7 Amount of contribution (\$)		
00/23/20	6 Contributor address; 1902 S LILI DR	city; PHARR	State; Zip Code TX 78577			
8 Principal occu RETIRED	upation / Job title (See Instructions)		9 Employer (See Instruc RETIRED	ctions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	l pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
	ATTACH ADDITION		F THIS SCHEDULE AS NE			

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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 Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Revised 8/17/2020

Travel In District Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EDGAR J RINCON 4 Date 5 Payee name 03/24/23 **TOPGOLF PHARR** 6 Amount (\$) 7 Payee address; City; State: Zip Code \$3,174.71 1901 I-2 PHARR TX 78577 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **EVENT EXPENSE** KICKOFF **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date **BRAND BOOSTERS** 03/29/23 Amount (\$) Payee address: City; State; Zip Code \$4,728.91 301 N MCCOLL RD SUITE G **MCALLEN** TX 78501 Category (See Categories listed at the top of this schedule) Description ADVERTISING EXPENSE **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 04/04/23 JOACIM HERNANDEZ Amount (\$) Payee address: City; State; Zip Code 2112 DARTMOUTH AVE **MCALLEN** \$2,000 TX78504 Category (See Categories listed at the top of this schedule) Description CONSULTING SERVICES **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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense 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)

4 Date 03/24/23 CCC 6 Amount (\$) 7 18 \$200 21	Payee name OLORAMA LLC Payee address; 4 N 16TH ST Category (See Categories listed at the top of this schedule) DVERTISING EXPENSE	City; MCALLEN (b) Description PHOTOS AND Check if Austin	State; TX VIDEO	Zip Code	
03/24/23 CCC 6 Amount (\$) 7 F \$200 21 8 PURPOSE OF EXPENDITURE (c) 9 Complete ONLY if direct expenditure to benefit C/OH Date PAMOUNT (\$) PAMOUNT (\$) \$154.66 CFC	OLORAMA LLC Payee address; 4 N 16TH ST Category (See Categories listed at the top of this schedule) DVERTISING EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	MCALLEN (b) Description PHOTOS AND Check if Austin	TX VIDEO		
\$200 21 8	4 N 16TH ST Category (See Categories listed at the top of this schedule) DVERTISING EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	MCALLEN (b) Description PHOTOS AND Check if Austin	TX VIDEO		
8 PURPOSE OF EXPENDITURE (c) 9 Complete ONLY if direct expenditure to benefit C/OH Date 03/27/23 Amount (\$) \$154.66 PURPOSE	Category (See Categories listed at the top of this schedule) DVERTISING EXPENSE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	(b) Description PHOTOS AND Check if Austin) VIDEO	78501	
PURPOSE OF EXPENDITURE (c) 9 Complete ONLY if direct expenditure to benefit C/OH Date 03/27/23 Amount (\$) \$154.66 PURPOSE All OF EXPENDITURE (c) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	PHOTOS AND			
OF EXPENDITURE (c) 9 Complete ONLY if direct expenditure to benefit C/OH Date F 03/27/23 PA Amount (\$) P \$154.66 16	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin			
9 Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder name		n TX officeholder livin		
Date F O3/27/23 PA P S S S S S S S S S		Office sought	Check if Austin, TX, officeholder living expense		
03/27/23 PA Amount (\$) P \$154.66 16	Payee name			Office held	
Amount (\$) P \$154.66 16					
\$154.66 16° PURPOSE FO	APPADEAUX PHARR				
PURPOSE FO	Payee address;	City;	State;	Zip Code	
PURPOSE FO	10 W EXPY 83	PHARR	TX	78577	
OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OOD/ BEVERAGE EXPENSE	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	 	Office held	
Date P	Payee name				
03/27/23 WA	ALK-ON'S				
	ayee address; W TRENTON RD	City; EDINBURG	State;	Zip Code 78539	
Acceptance of the second of th	ategory (See Categories listed at the top of this schedule)	Description	·		
PURPOSE FUI OF EXPENDITURE	OD/ BEVERAGE EXPENSE				
	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 S	SCHEDULE AS NEFT	NED.		

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	Other (enter a cate)	gory not listed above)
1 Total pages Schedule F1	2 FILER NAME EDGAR J RINCON		3 Filer ID (Ethio	cs Commission Filers
4 Date 03/29/23	5 Payee name HELLO RGV		7	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$300	3413 N 22ND ST	MCALLEN	TX	78501
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
03/31/23	ORATORY ACADEMY			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$750	505 S IRONWOOD ST	PHARR	TX	78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description		
Check if travel outside of Texas. Complete Schedule T.			, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/31/23	EXPEDIA			
Amount (\$) \$224.29	Payee address;	City; SEATTLE	State; WA	Zip Code 98119
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TRAVEL OUT OF DISTRICT	HOTEL		
	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 NEED	DED	
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Printing Expense
Calabas Mages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1	EDGAR J RINCON	5	3 Filer ID (Ethio	cs Commission Filer
4 Date 03/13/23	5 Payee name USAA BANK			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,500.00	10750 MCDERMOTT FWY	SAN ANTONIC	XT C	78288
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LOAN REPAYMENT/ REIMBURSEMENT	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder livin	g expense
9 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
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	expense
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
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. T	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 S	SCHEDULE AS NEED!	ED	``

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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 I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ove Polling Ex nse Printing E: Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F4:	2 FILER		2000 B 1880 C 18	- 00-00-00 - 00-00-00-00-00-00-00-00-00-	3 Filer ID (Ethics	Commission Filers)
	EDGAR	J RINCON			,	
4 TOTAL OF UNITEM	IIZED EXP	ENDITURES CHAR	GEDTOACF	REDIT CARD	\$1,247.1	3
5 Date	6 Payee I	name REGIONAL BANK	(
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
	1801 S N	ICCOLL RD,		MCALLEN	N, TX	78503
9 TYPE OF						
TYPE OF EXPENDITURE	■ F	olitical	Non-Po	litical		
10		(See Categories listed at the top		(b) Description		
PURPOSE OF	FOOD /	BEVERAGE EXF	PENSE			
EXPENDITURE						
	(c)	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholder nam	e Of	ffice sought	Office I	neld
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
TYPE OF EXPENDITURE	■ Po	olitical	Non-Pol	itical		
	Category	(See Categories listed at the top	of this schedule)	Description		
PURPOSE OF						1
EXPENDITURE						
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candi	date / Officeholder name	e Off	ice sought	Office h	eld
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SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

	LAFENDII	ORE CATEGORIE	S FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	al Committee Legal Services	office ense Pollin als Expense Printir Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
4 7-61	T	- Culae explains now	to complete this form.	Γ-	
1 Total pages Schedule F4:	2 FILER NAME EDGAR J RINCON			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES (HARGED TO A	CREDIT CARD	\$ 458.45	
5 Date	6 Payee name TEXAS REGIONAL E	3ANK			
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
	1801 S MCCOLL RD	ı	MCALLE		78503
9 TYPE OF EXPENDITURE	Political	Nor	n-Political		
10 PURPOSE	(a) Category (See Categories listed TRANSPORTATION	American series of the series	(b) Description GAS		
OF EXPENDITURE					
EXPENDITORE	(c) Check if travel outside of	Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought	Office he	eld
Date	Payee name				
	, ayou name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non	-Political		
	Todosamid	Francisco			
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 Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Office sought	Office he	ld
	ATTACH ADDITIONAL (COPIES OF THIS	SCHEDULE AS NEE	DED	
		OFFICE AND STREET STREET			

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SCHEDULE F4

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	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		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 F4:	2 FILER NAME EDGAR J RINCON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IIZED EXPENDITURES CHARGED T	OACREDIT CARD	\$ 662.16
5 Date	6 Payee name TEXAS REGIONAL BANK		
7 Amount (\$)	8 Payee address; 1801 S MCCOLL RD,	City; MCALLE	State; Zip Code EN, TX 78503
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch ADVERTISING EXPENSE	. , ,	UNIFORMS) / SHIRTS
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Au	ustin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Au	stin, 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 T	HIS SCHEDULE AS NEE	EDED

Forms provided by Texas Ethics Commiss

Reset Form

Reset Page

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 E Candidate/Officeholder/Politic		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 expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME EDGAR J RINCON		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	O TO A CREDIT CARD	_{\$} 181.63
5 Date	6 Payee name TEXAS REGIONAL BANK		
7 Amount (\$)	8 Payee address; 1801 S MCCOLL RD,	city; MCALLE	State; Zip Code N, TX 78503
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this EVENT EXPENSE	s schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	ıstin, 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 this	schedule) Description	
9	Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, 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 O	F THIS SCHEDULE AS NEI	EDED

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 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

4 7-1-1	0 50 50 000	Т		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 02/17/23	5 Payee name CITY OF PHARR	-		
Reimbursement from political contributions intended	7 Payee address; 118 S CAGE BLVD	city; PHARR	State; TX	Zip Code 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) 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
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 expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
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, T	, TX, officeholder living expense	
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDIII E AS NEEDEI	<u> </u>	