

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR      FIRST      MI  
MR      EDGAR      J  
-----  
NICKNAME      LAST      SUFFIX  
RINCON

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
  
Change of Address

ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
1903 S LILI DR      PHARR      TX      78577

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
(956)      566-7089

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR      FIRST      MI  
MRS      RADELA  
-----  
NICKNAME      LAST      SUFFIX  
BUCARDO

7 CAMPAIGN  
TREASURER  
ADDRESS  
  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  
1903 S LILI DR      PHARR      TX      78577

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE      PHONE NUMBER      EXTENSION  
(956)      483-5399

9 REPORT TYPE

January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)  
 July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month      Day      Year      THROUGH      Month      Day      Year  
04 / 06 / 23      04 / 27 / 23

11 ELECTION

ELECTION DATE      ELECTION TYPE  
Month      Day      Year      Primary      Runoff      Other Description  
05 / 06 / 23      General      Special

12 OFFICE

OFFICE HELD (if any)      13 OFFICE SOUGHT (if known)  
PHARR CITY COMMISSIONER PLACE 1

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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	GENERAL	COMMITTEE NAME
	SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received 4/28  
CC 4:48pm

**APR 28 2023**

CITY OF PHARR  
CITY CLERK'S OFFICE  
PHARR, TEXAS

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

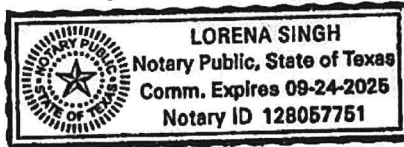
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Edgar Rincon</i>		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)	\$ 2,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,304.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,240.90

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.

*XE Edgar Rincon*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Edgar Rincon this the 28 day of April,  
2023, to certify which, witness my hand and seal of office.  
Lorena Singh Lorena Singh Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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)

# 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  
**EDGAR J RINCON** 3 Filer ID (Ethics Commission Filers)

4 Date <b>04/20/23</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>CARLOS G CORDERO</b>	7 Amount of contribution (\$) <b>\$1,000</b>
6 Contributor address; <small>City; State; Zip Code</small> <b>1807 SEBASTIAN ST MISSION TX 78572</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>04/19/23</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>MARTE ALEJANDRO GARZA</b>	Amount of contribution (\$) <b>\$1,000</b>
Contributor address; <small>City; State; Zip Code</small> <b>801 BRAZOS ST MISSION TX 78572</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
Contributor address; <small>City; State; Zip Code</small>		

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: <b>1 of 2</b>	2 FILER NAME <b>EDGAR J RINCON</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/24/23</b>	5 Payee name <b>JOACIM HERNANDEZ</b>
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6 Amount (\$) <b>\$1,000</b>	7 Payee address; <b>2112 DARTMOUTH AVE</b>	City; <b>MCALLEN</b>	State; <b>TX</b>	Zip Code <b>78504</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING SERVICES</b>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/13/23</b>	Payee name <b>THE MONITOR</b>
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Amount (\$) <b>\$1,000</b>	Payee address; <b>1400 E NOLANA AVE</b>	City; <b>MCALLEN</b>	State; <b>TX</b>	Zip Code <b>78504</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/07/23</b>	Payee name <b>RGV TACOS EL GUERO</b>
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Amount (\$) <b>\$333.72</b>	Payee address; <b>5928 S CAGE BLVD</b>	City; <b>PHARR</b>	State; <b>TX</b>	Zip Code <b>78577</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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.

<b>1</b> Total pages Schedule F1: 2 of 2	<b>2</b> FILER NAME EDGAR J RINCON	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/24/23	<b>5</b> Payee name USAA BANK
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<b>6</b> Amount (\$) \$332.11	<b>7</b> Payee address; 10750 McDermott Fwy	City; SAN ANTONIO	State; TX	Zip Code 78288
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) LOAN REPAYMENT	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/13/23	Payee name GODADDY
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Amount (\$) \$258.94	Payee address; 2155 E GoDaddy Way,	City; TEMPE	State; AZ	Zip Code 85284
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/14/23	Payee name COSTCO
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Amount (\$) \$253.94	Payee address; 1501 W KELLY AVE	City; PHARR	State; TX	Zip Code 78577
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>1 of 4</b>	2 FILER NAME EDGAR J RINCON	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1,237.36
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5 Date	6 Payee name TEXAS REGIONAL BANK
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7 Amount (\$)	8 Payee address; 1801 S MCCOLL RD	City; MCALLEN	State; TX	Zip Code 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Debit	Date	Description
\$ 28.02	4/6/23	POS Purchase TX PHARR PARIS BAKERY - SEQ# 030040 4442
\$ 14.90	4/6/23	POS Purchase TX 956-2839787 TACO FIESTA SEQ# 010031 4442
\$ 30.77	4/7/23	POS Purchase TX SAN JUAN TST* PALENQUE G - SEQ# 079252 4442
\$ 10.77	4/7/23	POS Purchase TX PHARR COSTCO WHSE #11 SEQ# 819487 4442
\$ 106.64	4/10/23	POS Purchase TX PHARR H-E-B #642 SEQ# 064443 4442
\$ 77.61	4/10/23	POS Purchase TX EDINBURG THEHEALTHNUT_2 SEQ# 094463 4442
\$ 33.29	4/10/23	POS Purchase TX EDINBURG THEHEALTHNUT_2 SEQ# 094461 4442
\$ 26.71	4/10/23	POS Purchase TX PHARR H-E-B #642 SEQ# 315218 4442
\$ 26.14	4/10/23	POS Purchase TX PHARR H-E-B #642 SEQ# 064140 4442
\$ 2.15	4/10/23	POS Purchase TX PHARR COSTCO WHSE #11 SEQ# 034937 4442
\$ 8.82	4/11/23	POS Purchase TX PORT ISABEL SUNOCO 03213089 SEQ# 022412 4442
\$ 16.92	4/12/23	POS Purchase TX 956-2839787 TACO FIESTA SEQ# 080015 4442
\$ 19.99	4/13/23	POS Purchase TX MCALLEN WALGREENS STORE E SEQ# 163580 4442
\$ 53.97	4/14/23	POS Purchase TX PHARR H-E-B #642 SEQ# 009281 4442
\$ 46.94	4/14/23	POS Purchase TX 956-928-1161 CHICK-FIL-A #03 SEQ# 061606 4442
\$ 35.81	4/14/23	POS Purchase TX PHARR COSTCO WHSE #11 SEQ# 482324 4442
\$ 20.11	4/17/23	POS Purchase TX EDINBURG AMC 4481 EDINBU 0 SEQ# 077394 4442
\$ 6.59	4/17/23	POS Purchase TX PHARR SUNOCO 00711036 SEQ# 087839 4467
\$ 55.33	4/18/23	POS Purchase TX MCALLEN WALLBANGERS SEQ# 064734 4442
\$ 9.72	4/18/23	POS Purchase TX 956-2839787 TACO FIESTA SEQ# 060024 4442
\$ 22.79	4/19/23	POS Purchase TX MCALLEN WAL-MART #0397 US SEQ# 624347 4467
\$ 23.05	4/20/23	POS Purchase TX 956-6557374 LONDON GRILL & RN SEQ# 028299 4442
\$ 125.00	4/21/23	POS Purchase TX PHARR SQ *ARMANDO TAC SEQ# 262884 4442
\$ 73.59	4/21/23	POS Purchase TX PHARR COSTCO WHSE #11 SEQ# 202461 4442
\$ 16.84	4/21/23	POS Purchase TX PHARR KANS & KEYS #2 SEQ# 063666 4442
\$ 14.14	4/21/23	POS Purchase TX 956-2839787 TACO FIESTA SEQ# 090033 4442
\$ 1.75	4/21/23	POS Purchase MD HUNT VALLEY NAYAX VENDING 6 SEQ# 073355 4442
\$ 1.75	4/21/23	POS Purchase MD HUNT VALLEY NAYAX VENDING 6 SEQ# 073360 4442
\$ 44.72	4/24/23	POS Purchase TX 956-7833544 VILLA DEL MAR R UR SEQ# 059740 4442
\$ 43.26	4/24/23	POS Purchase TX PHARR DOMINO'S 6882 SEQ# 054907 4442
\$ 36.24	4/24/23	POS Purchase TX 956-2839787 TACO FIESTA SEQ# 020047 4442
\$ 19.99	4/24/23	POS Purchase TX PHARR DOMINO'S 6882 SEQ# 054899 4442
\$ 13.35	4/24/23	POS Purchase TX PHARR TORTILLERIA VAL NA SEQ# 046977 4442
\$ 7.99	4/24/23	POS Purchase TX MCALLEN WALGREENS STORE E SEQ# 455703 4442
\$ 28.20	4/25/23	POS Purchase TX PHARR STARBUCKS STORE 70 SEQ# 020123 4442
\$ 15.14	4/25/23	POS Purchase TX PHARR SE40627 SEQ# 087335 4467
\$ 5.76	4/25/23	POS Purchase TX PHARR SE40627 SEQ# 087324 4467

\$ 2.48	4/25/23	POS Purchase TX PHARR SUNOCO 04268751 SEQ# 078034 4442
\$ 37.50	4/26/23	POS Purchase TX MCALLEN THE REPUBLIC OF R SEQ# 008878 4442
\$ 10.54	4/26/23	POS Purchase TX PHARR SE40627 SEQ# 252196 4442
\$ 1.75	4/26/23	POS Purchase MD HUNT VALLEY NAYAX VENDING 6 SEQ# 047949 4442
\$ 1.75	4/26/23	POS Purchase MD HUNT VALLEY NAYAX VENDING 6 SEQ# 047948 4442
\$ 34.66	4/27/23	POS Purchase TX PHARR H-E-B #642 SEQ# 682428 4442
\$ 20.42	4/27/23	POS Purchase TX PHARR RVG TACOS EL GU SEQ# 053508 4442
\$ 1.75	4/27/23	POS Purchase MD HUNT VALLEY NAYAX VENDING 6 SEQ# 023952 4442
\$ 1.75	4/27/23	POS Purchase MD HUNT VALLEY NAYAX VENDING 6 SEQ# 023945 4442
<b>\$ 1,237.36</b>		



# 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>2 of 4</b>	2 FILER NAME EDGAR J RINCON	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 218.39
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5 Date	6 Payee name TEXAS REGIONAL BANK
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7 Amount (\$)	8 Payee address; 1801 S MCCOLL RD	City; MCALLEN	State; TX	Zip Code 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>GAS</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	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Debit	Date	Description
\$ 83.69	4/7/23	POS Purchase TX PHARR H-E-B GAS/CARWA 64 SEC# 087270 4442
\$ 55.23	4/10/23	POS Purchase TX EDINBURG MURPHY EXPRESS US SEC# 541459 4442
\$ 79.47	4/19/23	POS Purchase TX PHARR H-E-B GAS/CARWA 64 SEC# 078026 4442
\$ 218.39		

# 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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>3 of 4</b>	2 FILER NAME EDGAR J RINCON	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 239.97
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5 Date	6 Payee name TEXAS REGIONAL BANK
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7 Amount (\$)	8 Payee address: 1801 S MCCOLL RD	City: MCALLEN	State: TX	Zip Code 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Debit	Date	Description
\$ 89.97	4/10/23	POS Purchase CA 650-5434800 FACEBK QGJSKMBG SEQ# 085744 4442
\$ 75.00	4/24/23	POS Purchase CA 650-5434800 FACEBK PRQ9AQFN SEQ# 064307 4459
\$ 75.00	4/26/23	POS Purchase CA 650-5434800 FACEBK 7D9PRPPN SEQ# 006722 4459
<b>\$ 239.97</b>		

# 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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>4 of 4</b>	2 FILER NAME EDGAR J RINCON	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 430.05
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5 Date	6 Payee name TEXAS REGIONAL BANK
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7 Amount (\$)	8 Payee address; 1801 S MCCOLL RD	City; MCALLEN	State; TX	Zip Code 78503
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT 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	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Debit	Date	Description
\$ 59.51	4/10/23	POS Purchase TX PHARR ACADEMY SPORTS TD SEQ# 866530 4442
\$ 21.63	4/14/23	POS Purchase TX PHARR ACADEMY SPORTS TD SEQ# 435251 4442
\$ 59.54	4/17/23	POS Purchase TX MCALLEN Dicks Sporting S SEQ# 022807 4467
\$ 46.52	4/17/23	POS Purchase TX MCALLEN HOMEGOODS # 067 US SEQ# 000393 4467
\$ 57.85	4/20/23	POS Purchase HK HONG KONG GRADSHOP SEQ# 089513 4467
\$ 30.58	4/20/23	POS Purchase TX MCALLEN OFFICE DEPOT 00 US SEQ# 087471 4442
\$ 124.42	4/24/23	POS Purchase TX MCALLEN BURLINGTON STOR 90 SEQ# 084915 4467
\$ 30.00	4/24/23	POS Purchase TX PHARR LOWE'S #1702 US SEQ# 028341 4442
<b>\$ 430.05</b>		

# 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  
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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME EDGAR J RINCON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/23/23	<b>5</b> Payee name LOWES	
<b>6</b> Amount (\$) \$332.11 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; 707 S JACKSON RD	City; PHARR State; TX Zip Code 78577
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description TENTS / CHAIRS / TABLES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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