CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MC	Anthor	77 E	OFFICE USE ONLY
IVAIVIL	NICKNAME	A GUIN	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 3901 Corp	Castle US Chris	PIDE DY.	Date Filed 19424
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	100-327	EXTENSION	Date rand-delivered or transported Rebecca Huerta City Secretary Receipt Francisco
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	SAVA	SUFFIX	Date Processed
l	MICKINAMIC	Aguir	10	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	(NO PO BOX PLEASE), APT / SL CASTIC)US CNY L	UITE # PIGE DI	STATE; ZIP CODE (). (4)
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 975-25	EXTENSION 537	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day Year	H THROUGH	26/2024
11 ELECTION	ELECTION DAT	ļ <u></u>	ELECTION TYPE	
	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13, QFFICE SQUIGHT (If known	Cil, District I
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	wthony	Agu	NO I	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, L	EMIZED POLITICAL (OANS, OR GUARANT IONS MADE ELECTR	CONTRIBUTIONS (OTHER TH TEES OF LOANS, OR ONICALLY)	AN	\$ Ø
	1	ITICAL CONTRIBU N PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOAN	S)	\$ 5,465.00
EXPENDITURE TOTALS	3. TOTAL UNITE	EMIZED POLITICAL E	XPENDITURE.	1	\$ Ø
	4. TOTAL POL	ITICAL EXPENDITU	RES		\$ 5, lle 2.80
CONTRIBUTION BALANCE	5. TOTAL POLIT OF REPORTI		NS MAINTAINED AS OF THE L	AST DAY	\$ 302,20
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF AL	L OUTSTANDING LOANS AS ERIOD	OF THE	\$ Ø
(1) Affidavit	quired to be reported by ma	-		Candidate c	Man Aguno
NOTARY STAMP/SEAL	-				
Sworn to and subscribed	before me by		this the	e	day of .
20, to certify		nd seal of office.			
Signature of officer administer	ring oath F	Printed name of officer a	administering oath		Title of officer administering oath
		OR			
(2) Unsworn Declaration	on .				
My name is $\frac{400}{200}$ My address is $\frac{290}{200}$	ony Aqui Castell	NO iduje Dr.	and my date of birth in the community of	TX-	3/1976 78410 USA
Executed in NUCC	(street)	FIEXAS,	on the day of Ch	th)	zip code) (country) , 20
			1 / 1/		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME ANINO 20 Filer ID (Ethics (Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,465,00
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 CONTRIBUTIONS	-\$5,162,80
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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.

Th	e Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule At:	
2 FILER NAME	Anthony AquiN	O	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	4 :)	7 Amount of contribution (\$)	
	6 Contributor address; City;	State; Zip Code		
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruct	tions)	
Date	Full name of contributor	¥:	Amount of contribution (\$)	
	Contributor address; City; s	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	#:)	Amount of contribution (\$)	
	Contributor address; City; S	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
Date	Full name of contributor	R	Amount of contribution (\$)	
	Contributor address; City; S	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Campaign Contributions						
Sara Aquino	Corpus Christi TX	Us 78410	7/26/2024	\$25.00		Draggary Center
Randall Hale	Corpus Christi, TX	US, 78410	8/10/2024	\$100.00	Retired	Retired
Crystal Carter	Corpus Christi, TX	US, 78410	8/11/2024	\$30.00	At Home Mom	NA
Joe Willesden	Corpus Christi, TX	US, 78410	8/12/2024	\$500.00	President	ATS Industrial
Judy Roseberg	Corpus Christi, TX	US, 78410	8/13/2024	\$500.00	Retired	Retired
Jairo Ibarra Garcia	Corpus Christi, TX	US, 78410	8/14/2024	\$50.00	Lathe Operator	Faith welding LLC
Robert Aquino	Arlington, TX	US, 76016	8/16/2024	\$1,000.00	Insurance Sales	Aquino Insurance Agency
Vincent Aquino	Corpus Christi, TX	US, 78410	8/16/2024	\$50.00	Student	Calallen Highschool
Pelican's SnoBalls	Corpus Christi, TX	US, 78415	8/21/2024	\$100.00	Owner	Pelican's SnoBalls
Robert Cruickshank Jr	McDonald, OH	US, 44437	8/27/2024	\$50.00	UPS Driver	UPS
Eddie Sharp	Vancouver, WA	US, 98683	8/31/2024	\$200.00	\$200.00 Sys VP Supply Chain	PeaceHealth
Shelly Whitlock	Corpus Christi, TX	US, 78410	9/5/2024	\$500.00	District Manager	Wells Fargo
Laura Milby	Corpus Christi, TX	US, 78410	9/5/2024	\$500.00	Retired	Retired
Richard Milby	Corpus Christi, TX	US, 78410	9/5/2024	\$1,000.00	Retired	Retired
Barbara Whitlock	Corpus Christi, TX	US, 78410	9/5/2024	\$50.00	Retired	Retired
Lloydina Elliott	Corpus Christi, TX	US, 78410	9/5/2024	\$100.00	Retired	Retired
Walter Dean Bearden	Sandia, TX	US, 78383	9/10/2024	\$500.00	Pastor	Journey Church
Pelican's SnoBalls	Corpus Christi, TX	US, 78415	9/17/2024	\$160.00	Owner	Pelican's SnoBalls
Rita Lawson	Corpus Christi, TX	US, 78414	9/17/2024	\$50.00	Retired	Retired
				\$5.465.00		

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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

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 Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries N The Instruction Guide explains how to	Vages/Contract Labor Other (enter a category not listed a complete this form.	bove)
1 Total pages Schedule F1:	3 FILERWAME THONY Agu	3 Filer ID (Ethics Commission	n Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Cod	de
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 .	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Coo	le
PURPOSE OF EXPENDITURE	Category (See Calegories 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 <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 Cod	le
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 <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	