# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Anthony NICKNAME AST AGUIY	D SUFFIX	Date Filed 10/28/24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUPE #: COT OUS CONTIST TO	Je DV.  J 18410	Rebecca Huerta
5 CANDIDATE/ OFFICEHOLDER PHONE	(36) 800-327	EXTENSION	City Secretary  Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR SAVA	Ω2	Date Processed
Ĭ	NICKNAME LAST AGUIN	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUIT	199 DE	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 975-25	EXTENSION 3.7	
9 REPORT TYPE	July 15 30th day before elections and the state of the st		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 97/2027	7 THROUGH	20 20 24
11 ELECTION	Month Day Year Primary  General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	cil District 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACTHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MCONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREAS	SURER NAME	
	COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
	GO TO P	AGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	thony Agrino 16 FI	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,751.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,690.57
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 362.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø
	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	M A	strong Harring
	Signature of Candidat	e or Officeholder
	V Signature of Carlotate	
VI		
	Please complete either option below:	
(1) Affidavit		
STATE CONTRACTOR STATES		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	T.
My name is Anthony My address is 390	Castle Rige Dr. Corpus Chust. TV.	13/1976 28410 USA
Executed in NV4C	2S (street) (state) (dity) (state) (a) (c) (dity) (state) (day of (c) (dity)) (month)	(zip code) (country)
	Signature of Candidate/Off	iceholder (Declarant)

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

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME ANTHONY AGVIND 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,751.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$1,690,5
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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.

	The	Instruction Guide explains how to complete this f	orm.	Total pages Schedule A1:
2	FILER NAME	Anthony Aguind		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	*
		,		*
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Anthony Aquino	District 1	City Council	2024	FORM C/OH	Schedule A1		
ampaign Contributions							
obert Aquino			US, 76016	10/8/2024	\$1,200.00	Insurance Sales	Aquino Insurance Agency
obert Aquino oyce McLelland			US, 76016	10/8/2024	\$1,200.00 \$51.00	Insurance Sales	Aquino Insurance Agency
obert Aquino		Arlington, TX	US, 76016 US, 78414 US, 75935	10/8/2024 10/21/2024 10/21/2024	\$1,200.00	Insurance Sales Retired Pastor	Aquino Insurance Agency

### 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 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	3 FILER NAME ATTUCKY A GO	OLIV	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	· ·	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
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 Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	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 Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	8	ž.
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
5	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED

Anthony Aquino	District 1		City Council	2024	FORM C/OH	Schedule F1
Campaign Expenditures					1 01411 0/011	ochedule i i
10/07/2024 G	ood Guys Signs	5002 N Howard, Tampa, FL 33603	Campaign Road Signs	Advertising	\$219.02	
10/8/2024 C	ooper Signs	115 Wood St, CC, TX 78401	One Month Billboard	Advertising	\$1,200.00	CONTROL OF The French on the Control of the Control
10/24/2024 A	pple.Com	NA-Online	Facebook Ads	Advertising	\$61.42	
10/24/2024 A <sub>l</sub>	pple.Com	NA-Online	Facebook Ads	Advertising	\$51.42	
10/24/2024 M	cDonalds	11202 Leopard St. CC, TX 78410	Campaign Meal	Food/Beverage	\$10.37	
10/25/2024 A <sub>l</sub>	The second control of	NA-Online	Facebook Ads	Advertising	\$1.42	
10/25/2024 A <sub>I</sub>	pple.Com	NA-Online	Facebook Ads	Advertising	\$6.27	
10/25/2024 A	pple.Com	NA-Online	Facebook Ads	Advertising	\$10.81	
10/26/2024 Ap	ople.Com	NA-Online	Facebook Ads	Advertising	\$4.32	
10/26/2024 Ap	ople.Com	NA-Online	Facebook Ads	Advertising	\$6.48	
10/26/2024 Ap	ople.Com	NA-Online	Facebook Ads	Advertising	\$44.28	
10/26/2024 A	ople.Com	NA-Online	Facebook Ads	Advertising	\$57.07	
10/26/2024 SI	nell Oil	10446 I-37, CC, TX 78410	Supplies	Advertising	\$17.69	and the term of the second
					\$1,690.57	